



Western Australia

## **Roaming Practitioners Bill 2021**

## **Explanatory Memorandum**

Adolescence forms a critical period of cognitive, social, and emotional development in one's life. Strong youth mental health care and support is necessary in fostering this development and enabling young people to prosper. However, rates of mental health disorders among young people are rising at unprecedented rates. In 2020, the World Health Organisation reported that as many as 1 in 5 children and adolescents experience mental health conditions, yet very few seek or receive adequate care.

With statistics suggesting over half of all mental conditions start by the age of 14, early intervention is imperative in order to reduce the severity, duration, and recurrence of mental illness. However, Western Australia's current mental health system fails to facilitate this. Lengthy waitlists to access services in the public healthcare system and insufficient government subsidising of fees to access the private healthcare system render the mental health system incredibly difficult to navigate.

The Roaming Practitioners Bill 2021 seeks to offer a solution to this by implementing a state-wide program in schools that will provide mental health intervention for young people. Multi-disciplinary teams (MDTs) of mental health professionals will be established to rotate across each region in Western Australia, providing support to students; particularly for those who are not supported by their families in regards to mental health. The Supervisory Committee of Roaming Practitioners (SCORP) is also established through this bill and will be responsible for oversight of the work of these multi-disciplinary teams, to guarantee the accountability and success of this mental health initiative.

Early intervention and prevention are at the core of this bill. Young people need access to these services, and the earlier we can intervene, the better.



Western Australia

# Roaming Practitioners Bill 2021

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Western Australia

**A Bill for —  
An Act to establish travelling teams of mental health practitioners to travel  
around the state providing free and confidential mental health  
services for high school students.**

**Part 1—Preliminary**

**1. Short title**

This Bill may be cited as the *Roaming Practitioners Bill 2021*.

**2. Commencement**

This Bill commences on the day on which this Act receives Royal Assent.

**3. Interpretation**

In this Bill, unless the contrary intention appears —

“**CAMHS**” means the Child and Adolescent Mental Health Services;

“**Confidentiality**” means the practice of people or entities protecting another person’s or entity’s information which has been conveyed in confidence and is not readily available to the public;

“**Duty of Confidentiality**” refers to the obligation of medical practitioners to limit access to information discussed in confidence between themselves and a patient’

“**Health Service**” means any activity that involves:

- (1) Assessing, maintaining or improving a person's physical or psychological health.
- (2) Where a person's health cannot be maintained or improved – managing the person's physical or psychological health.
- (3) Diagnosing or treating a person's illness, disability or injury.
- (4) Recording a person's physical or psychological health for the purposes of assessing, maintaining, improving or managing the person's health.
- (5) Dispensing a prescription drug or medicinal preparation by a pharmacist;

**“High School”** means a school which is comprised of students from years seven (7) to twelve (12).;

**“Management Plan”** means a plan which identifies the type of healthcare a patient needs, and what the mental health team are aiming to achieve in the treatment of their mental health challenges;

**“MDT”** means Multi-Disciplinary Team;

**“Metropolitan”** means an area within the City of Perth;

**“Metropolitans Region”** refers to the specific Legislative Council electoral regions of North Metropolitan, South Metropolitan and East Metropolitan;

**“Patient”** means any person that receives a health service from a practitioner;

**“RANZCP”** means the Royal Australian and New Zealand College of Psychiatrists;

**“Region”** means the individual electorates of the legislative council;

**“Rural”** means a geographic area which is located outside major towns and cities, typically with low population density and small settlements;

**“Rural Region”** refers to the specific Legislative Council electoral regions of Mining and Pastoral, Agricultural and South West;

**“SCORP”** means Supervisory Committee of Roaming Practitioners’

**“Student”** means any person who is enrolled as a pupil at a public Western Australian High School;

## **Part 2 — Oversight and Operations**

### **Division 1— Supervisory Committee of Roaming Practitioners (SCORPS)**

#### **4. Establishment of Committee**

- (1) A supervisory committee of roaming practitioners is to be established.
- (2) The SCORP is an agent of the State and as such has the status, privileges, and immunities of the State.
- (3) The SCORP is eligible for proceedings to be taken by, or against its corporate name.

#### **5. Meetings**

- (1) The SCORP must hold a minimum of six (6) meetings per calendar year.
- (2) If rural or regional members are unable to physically attend the meetings, they may participate online.

#### **6. Membership of SCORP**

The SCORP will be comprised of eleven (11) members.

#### **7. Membership of SCORP**

The SCORP will consist of the following members-

- (a) One (1) SCORP Chairperson as selected in Clause 9;
- (b) Two (2) representatives from the Western Australian Department of Health;
- (c) Two (2) representatives from the Department of Education; and,
- (d) One (1) representative from each electoral region of the Western Australian Legislative Council.

#### **8. In the Case of Changed Electoral Boundaries**

In the case of changed Legislative Council electoral boundaries, regional coordinators will be added or subtracted from SCORP as per the adjustment of electorates.

**9. Presiding Officer**

- (1) The Minister for Mental Health will select a Chairperson for the SCORP.
- (2) The Chairperson will preside over all meetings of the SCORP.
- (3) In the event that a Chairperson is absent from a meeting, all members present shall elect an acting Chairperson to preside over the meeting.
- (4) The Chairperson will be notified of any conflicts of interest arising from the membership of the committee and determine whether the member in question shall be permitted to contribute to and remain in the discussion on the issue from which the conflict arose.

**10. Roles of the SCORP**

The SCORP will perform the following functions:

- (a) Jointly oversee the progress of all MDTs across Western Australia, in conjunction with the Department of Health.
- (b) Invite guests who have experience in the contemporary context of medical practice, youth mental health, or youth to attend committee meetings, or consultation prior to committee meetings
- (c) Modifying the structure or qualifications of the teams as a whole using a vote presided over by the Chairperson.
- (d) Handle complaints from patients and reporting practitioners who are the subject of these complaints to the Western Australian Department of Health, the Western Australia Police Force, or the Medical Board of Australia in order to investigate or discipline the practitioner.
- (e) The approval of purchasing of supplies and equipment crucial to the functioning of the MDTs including, but not limited to; mode of transport, office supplies and relevant medical equipment.
- (f) Terminate members of MDTs upon referral by Regional Coordinators as per Clause 20(3).
- (g) Approve the hiring of workers by and for Regional Coordinators.



- (h) Establishing a website detailing MDT services as outlined in Clause 35

**11. Quorum**

- (1) All SCORP members will be required to be present, either in-person or online, in order to constitute a full meeting.
- (2) Meetings relating to specific areas must be attended by the Regional Coordinators of the area in question.

**12. Remuneration**

Members of SCORP will be paid such remuneration and other allowances as determined by the Premier on the recommendation of the Public Sector Commissioner

**13. Members Unable to Act**

- (1) If a member is unable to act as a result of illness, absence, or insolvency, the member must appoint a proxy to attend.
- (2) If that member is unable to act at subsequent meetings, the Western Australian Department of Health will appoint another person to fulfil a similar capacity, either the original proxy or another person deemed fit for service.
- (3) While so acting according to the tenure of their appointment, that person is taken to be a member.
- (4) If a conflict of interest arises, the member of SCORP to whom it relates shall notify the Chairperson in writing no less than two (2) business days after the conflict of interest has arisen or become known to the member.
- (5) As per Clause 9, the Chairperson will determine whether the member in question shall be permitted to contribute to and remain in discussion about the matter to which the conflict of interest relates.

**14. Termination of Members**

A member of the Committee may be terminated by the Western Australian Department of Health on advice of the Public Sector Commissioner on the grounds of —

- (a) Misbehaviour; and/or
- (b) Incapacity;
- (c) Failure to comply with the provisions outlined in Clause 13;
- (d) Should the member in question be a Regional Coordinator, failure to comply with the provisions outlined in Clause 19.

## **Division 2— Regional Coordinators**

### **15. Establishment of Regional Coordinators**

A position known as Regional Coordinator will be established.

### **16. Appointment of Regional Coordinators**

Regional Coordinators will be appointed by the Western Australian Department of Health.

### **17. Number of Regional Coordinators**

For every Western Australian electoral Legislative Council Region, there will be one (1) Regional Coordinator.

### **18. Qualifications of Regional Coordinators**

Regional Coordinators must —

- (a) Reside in the Legislative Council region which they are coordinating;
- (b) Be a citizen or permanent resident of Australia;
- (c) Have any other qualification which the Western Australian Department of Health deems necessary.

### **19. Role of Regional Coordinators**

When performing the role of a regional coordinator, one must —

- (a) Attend SCORP meetings;
- (b) Allocate funding given to their region by SCORP;
- (c) Coordinate the schools MDTs of their region are attending;
- (d) Organise any temporary accommodation for MDTs if they stay overnight in a different location for purposes related to their job as an MDT;
- (e) Authorise and organise repairs of old equipment and orders of new equipment required for the functioning of the MDTs;
- (f) Organise the purchase of vehicles to be used by the MDTs for transport between schools, up to the price of \$25,000.

**20. Jobs Created by the Regional Coordinator**

- (1) Regional Coordinators have the power to create new job positions in order to divide the work of coordinating the MDTs outlined in Clause 19(c), 19(d) and 19(e);
- (2) These employees work under the Regional Coordinator and require their respective Regional Coordinator's approval for any actions relating to the Bill;
- (3) SCORP must approve the appointment of all new employees before they are hired;

**21. Appointment and removal of MDT members**

- (1) Regional Coordinators will be responsible for interviewing, recruiting and appointing members of the MDTs.
- (2) All issues that arise involving management and human resources are to be referred to the Regional Coordinator.
- (3) Should a complaint or serious issue arise concerning a member of an MDT, the Regional Coordinator holds the ability to remove them upon approval from SCORP.

## **Part 3 — Multi-Disciplinary Team**

### **Division 1— Functioning of the MDT**

#### **22. Composition within MDT**

Each multi-disciplinary team will consist of at least one (1) —

- (a) Psychiatrist
- (b) Clinical psychologist
- (c) Case manager

#### **23. Requirements of MDT Members**

- (a) Psychiatrists must meet all the qualifications to practice psychiatry as outlined by the RANZCP;
- (b) Clinical psychologists must be certified as a psychologist with the Psychology Board of Australia;
- (c) Case managers must have a background in social work.

#### **24. Roles of the Psychiatrist**

The psychiatrist has the ability to —

- (a) Assess individual patients in regards to their mental health
- (b) Diagnose patients with mental health conditions; and
- (c) Refer patients to the MDT psychiatrist; and
- (d) Refer patients to Child and Adolescent Mental Health Services (CAMHS) if deemed necessary; and

#### **25. Roles of the Psychologist**

The psychologist has the ability to —

- (a) Perform in-depth assessments of brain functioning and behaviour; and
- (b) Diagnose patients with mental health conditions; and
- (c) Refer patients to the MDT psychiatrist; and
- (d) Refer patients to Child and Adolescent Mental Health Services (CAMHS) if deemed necessary; and
- (e) Provide general and specified talking therapies.

#### **26. Roles of the Case Manager**

The case manager has the ability to —

- (a) Provide talk therapy;
- (b) Create a management plan for the student entailing their plan for rehabilitation, care and support;

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**Part 3** Multi-Disciplinary Team

**Division 2** Distribution of MDTs

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- (c) Provide support and communication with the family or carers;
- (d) Administer and organise appointments for students to visit the practitioners they require. This includes:
  - (i) Coordinating with each school to organise the space for where meetings are to occur; and
  - (ii) Liaising with the psychiatrist and the psychologist to ensure availability for appointments with students.
- (e) Consult with students to determine which team member the students may need to visit; and
- (f) Consult with the schools to organise areas in which the MDTs can function.

**27. Renumerations**

Members of MDTs will be paid such remuneration and other allowances as determined by the Minister for Mental Health on the recommendation of the Public Sector Commissioner.

**Division 2— Distribution of MDTs**

**28. Distribution of MDTs in Metropolitan Areas**

For the South Metropolitan, East Metropolitan, and North Metropolitan Legislative Council regions, there will be at least one (1) MDT per five (5) public schools. More teams may be appointed at the discretion of the SCORP.

**29. Distribution of MDTs in Rural Areas**

For the Mining and Pastoral, Agricultural, and South West Legislative Council regions there will be at least two (2) MDTs per five (5) public schools. More teams may be appointed at the discretion of SCORP

**30. Occurrence of MDT visits**

The frequency of which a particular MDT visits a school will be jointly determined by the relevant Case Manager and Regional Coordinator. This will be decided based on the number of students engaged in the services and the needs of individual schools.

**31. In the Case of Changed Electoral Boundaries**

In the case of changed electoral boundaries, the number of MDTs or Regional Coordinators will change in accordance with the rest of this Bill with the emergence or removal of Legislative Council Regions.

**Division 3— Confidentiality**

**32. Practitioner Confidentiality**

The practitioners on the MDT are bound by the Department of Health’s Patient Confidentiality Policy and the Commonwealth Privacy Act 1998.

**33. Information Sharing with Other Practitioners**

MDTs may disclose confidential patient information to the patient’s health team, including school-based practitioners, only with the explicit consent of the patient.

## **Part 4 — Logistics**

### **Division 1— Organisation of the MDT Service**

#### **34. Eligible Schools**

Only existing and new public schools are eligible to access services provided by MDTs

#### **35. Establishing MDT Office Spaces**

(1) The district offices will function as a meeting and training centre for staff to discuss cases. District offices will be established in the following locations:

- (a) One (1) head office, located in the Perth CBD
- (b) One (1) district office in each Legislative Council area

(2) The locations of district offices should be central to the greatest number of schools in that area. However, the exact location of these offices will be determined by SCORP.

#### **36. The Establishment of a Website**

(1) A website will be established by SCORP. It must —

- (a) Include information about the services provided by the MDT's;
- (b) Include information about the individual MDT members;
- (c) Allow students to book appointments through the website;
- (d) Include a section which allows students to file complaints about the MDTs.

(2) The creation and specifics of the website will be determined by SCORP.

## **Division 2— Organisation of the MDT Service**

### **37. Communication between Schools and MDTs**

- (1) School administrations will liaise with Case Managers to organise visiting times.
- (2) The number of days that the team visits the school a week will be determined by the MDT in conjunction with the Regional Coordinator, based on the number of students engaged in the services, and the different needs of every school.
- (3) Schools must provide sufficient space to facilitate the delivery of MDT services.

### **38. School Information Databases for MDTs**

- (1) Schools collaborating with MDTs must provide the team with a list including the following information:
  - (a) Full names of every student which attends it; and
  - (b) Dates of birth of every student which attends it;
- (2) These lists will be used by the MDTs for the exclusive purpose of cross-referencing the names and details of students on the list with the people who have booked appointments with them at that school.

### **39. Booking Appointments**

Individual students have the ability to book appointments with the MDT members. This can be done through:

- (a) The school administration; or
- (b) The website as outlined in Clause 36



## **Part 5 — Review**

### **40. Review Period**

- (1) A review of this bill by SCORP is to commence four (4) years from the day on which this Act receives royal assent.
- (2) All subsequent reviews will take place every four (4) years.
- (3) The SCORP will submit a report to the Minister of Mental Health and the Department of Health within six (6) months of the conclusion of each review.

### **41. Review Content**

The SCORP will be responsible for reviewing the progress, efficiency and effectiveness of the Roaming Practitioners Bill 2021 and its various provisions including but not limited to –

- (a) The effectiveness of the MDTs in its allocated areas;
- (b) The positive mental health outcomes achieved for students in schools;
- (c) The distribution of resources and MDT employees in each region

### **42. Committee Review**

The Minister for Mental Health will conduct a biennial review into the SCORP that considers several factors which include but are not limited to –

- (a) Efficiency;
- (b) Effectiveness
- (c) Membership composition;
- (d) The need of young people and the mental health challenges they face.