

**Submission
No 31**

INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

Organisation: Member for Bankstown
Name: Ms Tania Mihailuk MP
Position: Member for Bankstown
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Tania Mihailuk MP

Member for Bankstown

31 July 2017

Mr Bruce Notley-Smith
Chair
Legislative Assembly Public Accounts Committee
Parliament House
6 Macquarie St
SYDNEY NSW 2000

Dear Mr Notley-Smith,

RE: INQUIRY INTO THE MANAGEMENT OF HEALTH CARE DELIVERY IN NSW

I write to provide the following submission to the Public Accounts Committee's Inquiry into the Management of Health Care Delivery in NSW (Healthcare Inquiry).

Approximately 20% of New South Wales residents will experience and live with some form of a mental health disorder each and every year— with 45% of the population experiencing a mental health disorder during the course of their lifetime.

It has been estimated that approximately 3% of the community will be living with symptoms of a more severe mental illness, such as schizophrenia and schizoaffective disorder, or other disorders, such as major depression and bipolar disorder.

For many of these individuals who are living with a more severe form of mental illness, whether it is for their own safety or the safety of the community; there may be a need to obtain further care and treatment for their mental illness or mental disorder within a publically funded mental health unit.

Section 68 of the *Mental Health Act 2007* (NSW) outlines the principals that should be given effect regarding the care and treatment of people with a mental illness or mental disorder, namely that:

- (a) *people with a mental illness or mental disorder should receive the best possible care and treatment in the least restrictive environment enabling the care and treatment to be effectively given,*
- (b) *people with a mental illness or mental disorder should be provided with timely and high quality treatment and care in accordance with professionally accepted standards,*
- (c) *the provision of care and treatment should be designed to assist people with a mental illness or mental disorder, wherever possible, to live, work and participate in the community,*



- (d) *the prescription of medicine to a person with a mental illness or mental disorder should meet the health needs of the person and should be given only for therapeutic or diagnostic needs and not as a punishment or for the convenience of others,*
- (e) *people with a mental illness or mental disorder should be provided with appropriate information about treatment, treatment alternatives and the effects of treatment and be supported to pursue their own recovery,*
- (f) *any restriction on the liberty of patients and other people with a mental illness or mental disorder and any interference with their rights, dignity and self-respect is to be kept to the minimum necessary in the circumstances,*
- (g) *any special needs of people with a mental illness or mental disorder should be recognised, including needs related to age, gender, religion, culture, language, disability or sexuality,*
- (g1) *people under the age of 18 years with a mental illness or mental disorder should receive developmentally appropriate services,*
- (g2) *the cultural and spiritual beliefs and practices of people with a mental illness or mental disorder who are Aboriginal persons or Torres Strait Islanders should be recognised,*
- (h) *every effort that is reasonably practicable should be made to involve persons with a mental illness or mental disorder in the development of treatment plans and recovery plans and to consider their views and expressed wishes in that development,*
- (h1) *every effort that is reasonably practicable should be made to obtain the consent of people with a mental illness or mental disorder when developing treatment plans and recovery plans for their care, to monitor their capacity to consent and to support people who lack that capacity to understand treatment plans and recovery plans,*
- (i) *people with a mental illness or mental disorder should be informed of their legal rights and other entitlements under this Act and all reasonable efforts should be made to ensure the information is given in the language, mode of communication or terms that they are most likely to understand,*
- (j) *the role of carers for people with a mental illness or mental disorder and their rights under this Act to be kept informed, to be involved and to have information provided by them considered, should be given effect.*

The manner and effectiveness in the application of these principals is highly reliant on the level of resourcing provided by the Government of the day to enhance the capacity of publically funded mental health units to ensure that mentally ill or mentally disordered patients are always provided with the highest standard of treatment and care.

The NSW Labor Opposition called for a public inquiry into the resourcing and capacity of mental health units across NSW following the release of shocking CCTV footage which exposed the abuse and mistreatment of Ms Miriam Mertens, a mentally ill patient who subsequently died at Lismore Base Hospital on 3rd June 2014.

In September 2016, a Coronial Inquest found that Ms Mertens was locked in a seclusion room and left unattended by nurses for more than 5 hours after falling repeatedly on her head, with no access to water or a toilet. The Coronial Inquest further found that health protocols were significantly breached with nurses failing to physically assess the patient's temperature, pulse, respiration and blood pressure when in isolation.

It is of great significance that the terms of reference of this Inquiry do not specifically enable the Committee to examine the individual cases of mentally ill patients, who may write to the Committee to share their lived experience inside an acute mental health inpatient unit.¹

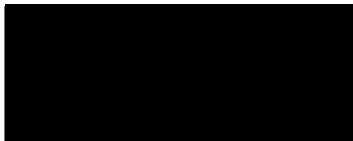
Following the release of the CCTV footage on 12 May 2017, Labor called for an immediate inquiry into the resourcing and capacity of mental health units across NSW. The last Parliamentary Inquiry into Mental Health services in NSW was in 2001.²

Instead of a standalone Inquiry with specific terms of reference as called for by Labor, the Minister for Mental Health made a request to the Public Accounts Committee to receive further submissions to this separate health care delivery Inquiry.

Sadly the tragic death of Miriam Mertens inside a public mental health unit was not an isolated occurrence, with the recent deaths of other mentally ill patients in care, such as Ahlia Raftery and Nikola Nastovski, demonstrating systemic failings with the capacity of our publically funded mental health institutions to provide the required standard of care and treatment required under the Act.

The people of NSW need assurances that our public mental health facilities are adequately resourced, accountable, and have the capacity of treating mentally ill patients with a high standard of care.

Yours Sincerely,



Tania Mihailuk MP
Member for Bankstown
Shadow Minister for Family and Community Services
Shadow Minister for Social Housing
Shadow Minister for Mental Health
Shadow Minister for Medical Research

¹Correspondence from Mr Bruce Notley Smith MP to Ms Tania Mihailuk MP, REF: D17/17773 (20 June 2017)

²Legislative Council Select Committee on Mental Health