

Select Committee on Mental Health

Mental Health Services in NSW

Interim Report

Ordered to be printed 3 September 2002

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Terms of Reference

1. That a Select Committee be appointed to inquire into and report on mental health services in New South Wales and in particular:
 - (a) the changes which have taken place since the adoption of the Richmond Report,
 - (b) the impact of changes in psychiatric hospitalisation and/or asylum,
 - (c) levels and methods of funding of mental health services in NSW, including comparisons with other jurisdictions,
 - (d) community participation in, and integration of, mental health services,
 - (e) quality control of mental health services,
 - (f) staffing levels in NSW mental health services, including comparisons with other jurisdictions,
 - (g) the availability and mix of mental health services in NSW,
 - (h) data collection and outcome measures.
2. That the Committee table an interim report by 3 September 2002.
3. That, notwithstanding anything to the contrary in the Standing Orders, the Committee consist of the following members:
 - i) 2 Government members nominated in writing to the Clerk of the House by the Leader of the Government,
 - ii) Dr Pezzutti and Mr Moppett,
 - iii) Dr Chesterfield Evans and Mr Breen.
4. That the Committee have leave to sit during any adjournment of the House to adjourn from place to place, to make visits of inspection within New South Wales, and other States and Territories of Australia with the approval of the President, and have power to take evidence and to send for persons, papers, records and things, and to report from time to time.
5. That should the House stand adjourned and the Committee agree to any report before the House resumes sitting:
 - (a) the Committee have leave to send any such report, minutes of proceedings and evidence taken before it to the Clerk of the House,
 - (b) the document be printed and published and the Clerk forthwith take such action as is necessary to give effect to the order of the House,

- (c) the document be laid on the Table of the House at its next sitting.
6. That on receipt of a request from the Committee for funding, the Government immediately provide the Legislative Council with such additional funds that the Committee considers necessary for the conduct of its inquiry.

(Legislative Council, Minutes of Proceedings, 11 December 2001, pp1357-1358.)

Committee Membership

The Hon Dr Brian Pezzutti RFD MLC Liberal Party of Australia *Chair*

The Hon Dr Arthur Chesterfield-Evans MLC Australian Democrats

The Hon Peter Breen MLC Reform the Legal System

The Hon Amanda Fazio MLC Australian Labor Party

The Hon John Hatzistegos MLC Australian Labor Party

The Hon John Jobling MLC Liberal Party of Australia *

The Hon Doug Moppett MLC National Party *

* Mr Jobling was appointed as a Member of the Committee in place of Mr Moppett (resigned) on 20 June 2002 (Legislative Council, *Minutes of the Proceedings No. 22*, 20 June 2002). Mr Moppett resigned as a Member of the Legislative Council on 14 June 2002.

Committee Secretariat

Mr Robert Stefanic Director *

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Ms Julia Martin Project Officer

Ms Annie Marshall Committee Officer

Ms Cathy Nunn Committee Officer

* Mr Robert Stefanic replaced Mr Russell Keith, Acting Director, resigned, 26 April 2002

Table of Contents

	Chair's Foreword	xi
Chapter 1	Background to the inquiry	1
	Terms of reference	1
	Conduct of this inquiry	2
	Scope and nature of this interim report	4
Chapter 2	Historical context	5
	Select Committee on the Lunatic Asylum, Tarban Creek	5
	Richmond Report	6
	Barclay Report	8
	Legislation	9
	Burdekin Report	9
	Post-Barclay Report	11
	Current inquiry into mental health services in New South Wales	11
Chapter 3	Evidence	13
	Submissions received	13
	Hearings evidence	14
	Public forum	20
Chapter 4	Directions for the final report	25
	Structure of final report	25
	Part one - Introduction and background	26
	Part two - Service provision, treatment and care, and funding issues	26
	Part two - Privacy and information	27
	Part three - Mental illness and substance abuse (MISA)	27
	Part three - Homelessness and housing	27
	Part three - Disability (dual diagnosis)	28
	Part three - Indigenous and cultural issues	28
	Part three - Children and young people	28
	Part three - Older people	28

	Part three - Police, forensic patients and forensic prisoners, and the mentally ill in the prison system	29
Appendix 1	Richmond recommendations	31
Appendix 2	Submissions	40
Appendix 3	Witnesses at Hearings	50
Appendix 4	Public forum speakers	54
Appendix 5	Minutes of Proceedings	56

Figures, Tables and Charts

Table 1.1 Publications, position and date of advertising of Committee's terms of reference	2
Table 1.2 Number and percentage of submissions by organisation type	3
Table 3.1 Topics addressed in submissions to the inquiry	13
Table 3.2 Witnesses appearing by topic area	14

Chair's Foreword

It is significant that this Select Committee is the first NSW Parliamentary Inquiry specifically into Mental Health since 1877. A Legislative Council Select Committee also conducted the first parliamentary inquiry into mental health in NSW in 1846.

This is the first of two planned reports from the Select Committee on Mental Health on its inquiry into mental health services in NSW. This report focuses primarily on placing the inquiry into an historical context and outlining the evidence so far received by the Committee. In this report the Committee formulates no conclusive views regarding the information received to date. It is envisaged that the Committee will address the terms of reference in detail and make its recommendations in the final report due towards the end of 2002.

Information received from the NSW Health Department indicates that work is being done to develop strategies and mechanisms to improve mental health services and to monitor their implementation, including the preparation of a third National Mental Health Plan. The Committee also notes that NSW Health has acknowledged that they "need to do better" (Prof B. Raphael, evidence, 12 August 2002).

The NSW Health Department has announced many initiatives and produced a number of booklets that outline its policy positions. Nevertheless, as Chapter 2 of this interim report illustrates, the major issues facing mental health service provision in NSW are by no means a recent phenomenon. As outlined in Chapter 4, the transparency in mental health funding, the level of community care, and forensic issues will be examined in the final report.

On behalf of the Committee, I would like to thank all those who have already made submissions and given evidence. The submissions to this inquiry were some of the most comprehensive and considered documents that I have read since becoming a Member of Parliament. Clearly, the weight of evidence the Committee has been presented with highlights that mental health services in NSW need revolutionary improvement. The interim report provides a snapshot view of the Committee's evidence gathering and deliberations, and I would welcome members of the public to provide feedback on the inquiry's direction.

I take this opportunity to thank my fellow Committee Members for their invaluable input to a sensitive, complex and challenging inquiry. Acknowledgment should also go to the Committee Secretariat for their support and organisation throughout the inquiry, particularly the public forum, which the Committee found harrowing but invaluable.

Finally, I would like to pay tribute to the Hon Doug Moppett, who was a member of this Committee until 14 June 2002 and passed away on 18 June 2002. Doug's commitment to parliamentary democracy and to country New South Wales is legendary. His insight, passion and compassion in dealing with issues were invaluable to the work of parliamentary Committees. Doug will be sadly missed and on behalf of the Committee and the Secretariat staff, I would like to take this opportunity to remember an inspiring and remarkable gentleman.

Hon Dr Brian Pezzutti RFD MLC
Chairman

Chapter 1 Background to the inquiry

Terms of reference

- 1.1** On 11 December 2001 the Legislative Council passed a resolution that established that a Select Committee be appointed to inquire into and report on mental health services in New South Wales and in particular:
- (a) the changes which have taken place since the adoption of the Richmond Report,
 - (b) the impact of changes in psychiatric hospitalisation and/or asylum,
 - (c) levels and methods of funding of mental health services in NSW, including comparisons with other jurisdictions,
 - (d) community participation in, and integration of, mental health services,
 - (e) quality control of mental health services,
 - (f) staffing levels in NSW mental health services, including comparisons with other jurisdictions,
 - (g) the availability and mix of mental health services in NSW,
 - (h) data collection and outcome measures.
- 1.2** The Committee was required to table an interim report by 3 September 2002.¹ As a result of a prorogation of Parliament, the Legislative Council was required to reinstate the Committee and the inquiry with the same functions and powers on Wednesday 13 March 2002².
- 1.3** In introducing the above terms of reference for the Legislative Council's consideration, the Hon Dr Arthur Chesterfield-Evans MLC, made a number of supporting comments, including:
- I believe that members of such a committee will represent the political composition of this House and will present a tripartite and consensus view of mental health services. I hope the Committee will obtain an accurate view of the problems related to mental health services and try to present solutions to them.³
- 1.4** Debate on the motion is recorded in the Legislative Council Hansard, which may be viewed at the Parliament's website: www.parliament.nsw.gov.au. A link to the debate is provided at the Select Committee on Mental Health homepage.

¹ Legislative Council, *Minutes of Proceedings*, 11 December 2001, pp 1357-1358.

² Legislative Council, *Minutes of Proceedings*, 13 March 2002, p 50.

³ Legislative Council, *Hansard*, 11 December 2001, pp 19957.

Conduct of this inquiry

1.5 In conducting this public inquiry the Committee endeavoured to:

- facilitate broad and diverse public participation
- generate public and stakeholder discussion, and
- achieve the above aims in a cost effective and accountable manner.

1.6 The Committee applied five mechanisms to achieve these aims.

1.7 Firstly, following receipt of the terms of reference, the Committee issued a media release announcing the inquiry into mental health services. The intent of the media release was to specifically communicate the following points to the community:

The inquiry will examine how mental health services are now being delivered in New South Wales and the changes which have taken place since the adoption of the Richmond Report in 1983. Issues for particular examination include the impact of changes in psychiatric hospitalisation, community participation in mental health services, the availability and mix of services and the levels and methods of funding⁴

1.8 The media release was circulated to all major newsprint and electronic media sources. Communication of these media releases to the public is dependent on media interest.

1.9 Secondly, the Committee advertised its terms of reference inviting public submissions in the major metropolitan and regional print media delivering to all areas of New South Wales.

1.10 Advertisements were placed in major national, metropolitan and non-metropolitan press, calling for submissions. Advertisements were placed in the following press during the period Saturday 2 February 2002 to Thursday 7 February 2002.

Table 1.1 Publications, position and date of advertising of Committee's terms of reference

Publication	Position	Display date	Circulation
Metropolitan⁵			
The Sydney Morning Herald	Early General News	2 February 2002	249,438
The Daily Telegraph	Early General News	2 February 2002	411,790
Major Regionals⁶			
The Land	Early General News	7 February 2002	51,915
Albury Wodonga Border Mail	Early General News	2 February 2002	37,000
Goulburn Post	Early General News	4 February 2002	4,129
Grafton Daily Examiner	Early General News	2 February 2002	7,080
Tweed Daily News	Early General News	2 February 2002	7,418
Wagga Daily Advertiser	Early General News	2 February 2002	20,300

⁴ Select Committee on Mental Health, Media Release, Monday 4 February 2002.

⁵ Circulation source: Media Monitors, *Mediadirectory*, July 2001, Vol 17, No 5.

⁶ Circulation source: Government Advertising Agency, *Media Rate List*, July 2001 to June 2002.

Publication	Position	Display date	Circulation
Orange Central Western Daily	Early General News	2 February 2002	7,817
Tamworth Northern Daily Leader	Early General News	2 February 2002	9,428
Illawarra Mercury	Early General News	2 February 2002	52,000
Bathurst Western Advocate	Early General News	2 February 2002	6,102
Broken Hill Truth	Early General News	2 February 2002	7,665
Coffs Harbour Advocate	Early General News	2 February 2002	20,807
Griffith Area News	Early General News	5 February 2002	4,900
Lismore Northern Star	Early General News	2 February 2002	19,500
Maitland Mercury	Early General News	2 February 2002	5,977
Newcastle Herald	Early General News	2 February 2002	77,425
Dubbo Daily Liberal	Early General News	2 February 2002	9,761

- 1.11** The combined print media circulation for the Committee's terms of reference was 1,010,452. The cost was \$11,577.56.
- 1.12** Thirdly, the Committee utilised the Parliament of New South Wales' web site www.parliament.nsw.gov.au to enable visitors to generate and forward electronic submissions to the Committee.
- 1.13** Fourthly, the Committee wrote to 174 stakeholder groups informing them of the Committee's inquiry into mental health services in NSW and inviting them to make submissions.
- 1.14** Finally, the Committee disseminated details of scheduling of its public hearings to numerous media outlets across the Sydney Metropolitan area. Media releases were distributed to print, television and radio media in an effort to inform as widely as possible.
- 1.15** At the time of preparing this report, the Committee had received 295 submissions to the inquiry. The following table outlines the submissions by respondent type.

Table 1.2 Number and percentage of submissions by organisation type

Respondent Type	No of Submissions	Percentage of Total
Private citizen	156	52.9
Private organisation/ interest group (includes university research centres and local government councils)	124	42.0
State/ Federal Government agency (includes Area Health Services)	15	5.1
TOTAL	295	100

- 1.16** The Committee has to date conducted 11 hearings at Parliament House, Sydney, with 87 formal witnesses attending these hearings (see Appendix 3). The Committee made travel arrangements for a number of witnesses attending from rural and regional areas.
- 1.17** The Committee organised a public forum on 7 August 2002 attended by over 80 members of the public, with 27 people speaking about their experiences with the mental health system.

- 1.18** On 29 July 2002, the Committee conducted two site visits to correctional facilities - Long Bay Hospital at Long Bay Correctional Complex, and the Metropolitan Remand and Reception Centre and Mulawa Correctional Centre at the Silverwater Complex. The Committee is planning a further site visit for the purposes of examining Victoria's forensic and community services within the mental health system.
- 1.19** The Committee considered the Chair's draft interim report at its meeting on 28 August 2002. The interim report was adopted, as amended on 28 August 2002.

Scope and nature of this interim report

- 1.20** This report primarily outlines issues raised with the Committee through submissions, public hearings, site visits and the public forum. It aims to provide the stakeholders of the mental health system with a statement of direction for the final report.
- 1.21** Chapter 2 of this report provides an historical context for this inquiry and examines previous New South Wales inquiries and research into mental health issues.
- 1.22** Chapter 3 provides a synopsis of all issues identified by the Committee through submissions, hearings, site visits and the public forum. The issues are distilled into topic areas which will provide the foundations for the final report.
- 1.23** Chapter 4 briefly examines key topics on which the Committee will focus in its final report and provides a subject based structure for the final report.
- 1.24** This report does not contain findings or recommendations and presents only limited discussion regarding evidence before the Committee.
- 1.25** This interim report serves as a document for further consideration of mental health issues in NSW. Members of the public are invited to provide feedback on the intended inquiry direction. Although the structure is defined, it is nevertheless subject to change.

Chapter 2 Historical context

Since the first recorded case of mental illness in 1801, there have been more than 40 inquiries into psychiatric facilities and services in NSW including one parliamentary inquiry and several commissions of inquiry.⁷ The current inquiry into mental health services is the first parliamentary inquiry on mental health services in New South Wales since 1877⁸.

The Legislative Council Select Committee on the Lunatic Asylum, Tarban Creek, conducted the first parliamentary inquiry into mental health services in New South Wales, reporting to Parliament on 21 October 1846⁹. Following that inquiry, a Commission of Inquiry on the Lunatic Asylums of New South Wales reported to the Legislative Council in 1855¹⁰. The most prominent inquiries and reports that were subsequently initiated included two Royal Commissions in 1923¹¹ and 1961¹², the Richmond Report in 1983¹³, the Barclay Report in 1988¹⁴ and the Burdekin Report in 1993.¹⁵ These reports, among others, have commented on and made recommendations for improving mental health services in NSW.

Select Committee on the Lunatic Asylum, Tarban Creek

2.1 The Select Committee on the Lunatic Asylum, Tarban Creek, chaired by the Hon Charles Cowper, *Esq.*, was appointed in 1846 to “enquire into the management and condition of the Lunatic Asylum, Tarban Creek”.¹⁶

2.2 The primary recommendations of that committee included:

- that the Head of the Institution should be a ‘medical man’
- the number of ‘keepers and attendants’ be increased and a “better class of persons than have been hitherto employed should be placed in these positions”

⁷ NSW Parliamentary Library Research Service, *The Burdekin Report – Human Rights and Mental Illness Report of the National Inquiry into the Human Rights of People with Mental Illness*, Briefing Paper No. 004\93, 1993, p 1.

⁸ Legislative Council, NSW Parliament, Select Committee on Lunatic Asylum, Parramatta, 1877.

⁹ Legislative Council, NSW Parliament, *Report from the Select Committee on the Lunatic Asylum, Tarban Creek*, 21 October 1846.

¹⁰ Legislative Council, NSW Parliament, *Report from the Commissioners of Inquiry on the Lunatic Asylums of New South Wales*, 6 June 1855.

¹¹ Royal Commission on Lunacy Law and Administration, 1923.

¹² Royal Commission on Matters affecting Callan Park Mental Hospital, 1961.

¹³ Richmond, D. T. (Chairperson), *Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled*, 1983 [Hereafter referred to as the ‘Richmond Report’].

¹⁴ Ministerial Implementation Committee on Mental Health and Development Disability, *Report to the Minister for Health*, Barclay, W. (Chairperson), November 1988. [Hereafter referred to as the ‘Barclay Report’].

¹⁵ Human Rights and Equal Opportunity Commission, *Report of the National Inquiry into Human Rights of People with a Mental Illness*, 1993 [Hereafter referred to as the ‘Burdekin Report’].

¹⁶ Legislative Council, *Report from the Select Committee on the Lunatic Asylum, Tarban Creek*, 21 October 1846, p 2.

- a requirement that registers and books for public records be kept
- that buildings and premises be enlarged
- a means of recreation be provided
- a considerable increase in funding and
- that a Board of Paid Visitors, or Commissioners, be appointed under similar legislation that existed in the “Mother Country”.

2.3 Of the British legislation, the committee noted:

These Acts indeed comprise many regulations which it is absolutely necessary should be introduced as quickly as possible into the Lunatic Asylum in this Colony; and your Committee would strongly urge upon the Government to cause a Bill to be drawn up before the ensuing Session, embodying such clauses as appear applicable...¹⁷

Richmond Report

2.4 In 1982 the then NSW Minister for Health established an Inquiry into the Provision of Mental Health Services for the Psychiatrically Ill and the Developmentally Disabled. The inquiry was established to examine funding of alternatives to institutional care. The essence of the recommendations in the Report were to:

- decrease the size and number of mental hospitals
- expand integrated community networks
- maintain clients in community
- separate developmental disability services from mental health services, and
- change funding arrangements.

2.5 The Richmond Report is often associated with initiating the deinstitutionalisation process in NSW. Many submissions received by this Committee and evidence heard before the Committee indicates that this is accepted wisdom. The NSW Parliamentary Library Research Service Briefing Paper, *Mental Health in NSW: Current Issues in Policy and Legislation* (1996),¹⁸ however, concluded that the process in reality dates from the 1960s and had largely been accomplished by the late 1970s:

For example, in the Report into Callan Park Mental Hospital (1961), the Royal Commissioner suggested that the hospital should be geared to therapy and not

¹⁷ *ibid*, p.5.

¹⁸ NSW Parliamentary Library Research Service, *Mental Health in NSW: Current Issues in Policy and Legislation*, Briefing Paper No 21/96, 1996. [Hereafter referred to as the *Parliamentary Library Briefing Paper 1996*].

custody, and that efforts should be made to reduce the number of patients and an active treatment programme towards rehabilitation introduced.

It has been observed that relative to the changes between 1960 and 1978, very few patients were directly affected by the recommendations of the Richmond Report itself. The deinstitutionalisation of the 1980's mainly concerned staff and facilities.¹⁹

2.6 While a move away from institutionalisation was already occurring, the Richmond Report provided the framework from which to consolidate and plan developments. The Parliamentary Library Briefing Paper 1996 noted that:

The key recommendation of this Report was that services be delivered primarily on the basis of a system of integrated community based networks, that the highest priority in mental health services be the community based care and rehabilitation of the seriously mentally ill. The two prime operational objectives therefore were to provide services which maintain clients in their normal community environment and to progressively reduce the size and number of Fifth Schedule hospitals. In addition, the Report endorsed a number of principles of service delivery. These included *inter alia* the integration of community and hospital services to provide a comprehensive service, the adoption of a multi-disciplinary approach, and emphasis on continuity of care. Acute admission services would be relocated to general public hospitals, leaving psychiatric hospitals to become more specialised, emphasising habilitation and rehabilitation.²⁰

2.7 The Richmond Report recommendations were adopted as government policy and implementation commenced in 1984. The objectives of the Report and deinstitutionalisation process, however, appear to have been undermined by practical problems arising during implementation. The Committee will examine the following problems, which the Richmond Program encountered, in the final report:

- the insufficient provision and funding of community services
- lack of trained staff
- costs of community care
- industrial issues
- housing issues and homelessness
- the move towards shorter hospital stays accompanied by an increase in admissions
- community criticism, and
- the influx of illicit drugs in the mid 1980s.

2.8 The effectiveness of the Richmond Program will be evaluated in the final report.

¹⁹ Ibid, p 9

²⁰ ibid, pp 9-10.

- 2.9** In 1988, opinion about hospital care for the mentally ill was being reconsidered. This led some commentators, including Dr William Barclay, to conclude that the Richmond Program had seen the erosion of the psychiatric hospital system before the development of appropriate community services.

Barclay Report

- 2.10** In November 1988, the Ministerial Implementation Committee on Mental Health and Developmental Disability chaired by Dr William Barclay produced a *Report to the Minister for Health (Barclay Report)*²¹. The Report essentially supported the policy of providing community care for patients while recommending modification in other respects. The Barclay Committee explained what it considered to be the fundamental difference in approach from the Richmond Report:

this report advocates a balance between hospital and community care; that balance being a dynamic one which is arrived at by a process of evolution rather than the wholesale closure of mental hospitals and the decanting of large numbers of patients in a short period of time into the community.²²

- 2.11** The report concludes:

Although the literature indicates that the majority of patients can be cared for in the community, the success of this depends on the quality, intensity, comprehensiveness and continuity of care provided to them as well as the amount of funds allocated. However, the deinstitutionalisation of severely disabled, difficult to manage, chronic patients who need long term accommodation with very high staff/patient ratios is very expensive and does not appear to be cost effective in community settings. Such patients could probably be more cost effectively catered for in long stay wards of hospitals. Hospital beds are also required for patients with acute episodes when needed and appropriate and to provide respite for overburdened relatives. The total number of such beds would appear to depend on the care and other facilities provided in the community.²³

- 2.12** The Greiner Government's plan of action (*Blueprint for Health 1988*)²⁴, based on the Barclay Report, contained four distinct components:

- upgrading of State Psychiatric Hospitals to accreditation standards
- establishment of new services or expansion of existing services for the admission and assessment of patients in public hospitals
- provision of special purpose built units for the elderly, and

²¹ Ministerial Implementation Committee on Mental Health and Development Disability, *Report to the Minister for Health*, Barclay, W. (Chairperson), November 1988. [Hereafter referred to as the 'Barclay Report'].

²² Barclay Report, p. 165, and NSW Parliamentary Briefing Paper 1996, p 14.

²³ *ibid.*

²⁴ NSW Government, *Blueprint for Health – A New Direction in Mental Health Services*, 1988.

- expansion of community based services.²⁵

2.13 Three years after the *Blueprint for Health*, the NSW Health Department issued its *Leading the Way: A Framework for NSW Mental Health Services 1991-2001*. The Framework set out the direction for mental health services:

Mental health services today emphasise early intervention and assistance to individuals in their own environments, thus minimising the need for protracted periods of hospitalisation resorted to in the past ... Proposed models strongly emphasise the requirement for services to be client-centred, integrated and closely aligned with mainstream health and social services.²⁶

2.14 The policy of ‘mainstreaming’ is to co-locate mental health services with general health services, while retaining the internal integration of specialised services to ensure continuity and clinical management.²⁷

Legislation

2.15 In 1990 the *Mental Health Act 1983*, following a three-year review, was replaced by the present Act, the *Mental Health Act 1990*. The Parliamentary Briefing Paper 1996 noted that the 1983 Act:

was considered overly complicated and impractical and remained largely unproclaimed. For example it had a complicated definition of mental disorder, containing 30 possible characteristics. The Act also contained a new standard for involuntary commitment, a “very highly probable” test, which introduced greater uncertainty.²⁸

2.16 The main elements of the 1990 legislation were legal definitions of mental illness and mental disorder, voluntary and involuntary admissions and community counselling and treatment orders. The Act has since been amended on two occasions in 1994 and 1997.²⁹

Burdekin Report

2.17 In June 1990 the Human Rights and Equal Opportunity Commission (HREOC) announced a *National Inquiry into Human Rights of People with a Mental Illness*, producing a final report in 1993 (the Burdekin Report).

²⁵ NSW Parliamentary Library Briefing Paper, 1996, p 14.

²⁶ NSW Department of Health, *Leading the Way: A Framework for NSW Mental Health Services 1991-2001*, 1991, pp 5-6.

²⁷ NSW Parliamentary Library Research Service, *The Burdekin Report – Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness*, Briefing Paper No. 004\93, 1993, p 11.

²⁸ NSW Parliamentary Library Briefing Paper, 1996, p 16.

²⁹ NSW Health Department, Submission, p A.5.

- 2.18** In 1993, the Burdekin Report noted that there was a significant proportion of people with a mental illness who had never actually been admitted to a psychiatric institution.³⁰ “Affiliated to this trend has been the advent of specialised treatment facilities, specifically for drug and alcohol disorders, adolescents, aged care and the such like”.³¹ Furthermore, the continued development and improvement of pharmaceuticals also enabled many people with a mental illness to remain in the community.³²
- 2.19** Against this backdrop the Parliamentary Library Briefing Paper 1996 noted that:
- Despite these developments, people suffering mental illness are still considered to be amongst the most vulnerable and disadvantaged in the community. The conclusion of the Burdekin Report was that the level of ignorance and discrimination still associated with mental illness and psychiatric disability in the 1990s is completely unacceptable.³³
- 2.20** The Burdekin Report was ambivalent about the value of mainstreaming:
- The success of this radical policy shift to mainstreaming and of the National Mental Health Plan remains to be demonstrated in practice. The debate about distinctions in policy has tended to divert attention away from the endemic underresourcing that has characterised mental health services. Lack of resources has bedevilled community based care in much the same way that inappropriately allocated resources contributed to the ineptly executed demise of the large institutions.³⁴
- 2.21** The issue of forensic patients (those deemed to be not guilty, or unfit to stand trial by reason of mental illness) was not addressed in the recommendations of the Richmond Report, but was identified in the Burdekin Report:
- Mentally ill people detained by the criminal justice system are frequently denied the health care and human rights protection to which they are entitled.³⁵
- 2.22** The Burdekin Report stated that distinctions between mental illness and criminal behaviour need to be made and the protection of the rights of forensic patients guaranteed across all jurisdictions.³⁶
- 2.23** While the Burdekin Report highlighted insufficient funding of community care and lack of trained staff to care for patients after discharge, of greater concern was the analysis of the government’s implementation of mental health reform. The Burdekin Report identified inefficient planning and organisational arrangements to integrate services within hospitals,

³⁰ Burdekin Report, p 295.

³¹ *ibid.*

³² *ibid.*

³³ *ibid.*, p 7.

³⁴ Burdekin Report, p 142, NSW Parliamentary Library Briefing Paper, 1996, p 8.

³⁵ Burdekin Report, p 940.

³⁶ NSW Parliamentary Library Research Service, *The Burdekin Report – Human Rights and Mental Illness Report of the National Inquiry into the Human Rights of People with Mental Illness*, Briefing Paper No. 004/93, 1993, p 41.

and furthermore, a lack of procedures to involve families in the community treatment process. It was considered that these issues had not been adequately addressed and early analysis of evidence received by this Committee indicates that in NSW these issues require further attention.

Post-Barclay Report

2.24 In its submission to this Committee, the NSW Health Department outlined policy developments since the Barclay Report:

In 1992 all Australian Health Ministers adopted the National Mental Health Strategy, which provided, and continues to provide, a national framework for dealing with mental health issues. The Strategy now comprises the Mental Health Statement of Rights and Responsibilities (1991), the National Mental Health Policy (1992), the first National Mental Health Plan (1993-98), the Commonwealth/State healthcare agreements, and the Second National Mental Health Plan (1998-current).³⁷

2.25 Following the publication of the Burdekin Report in 1993, the NSW Health *Annual Report 1994-1995* identified that continued development of community based services and strengthening the role of the non-government sector in service provision were priorities in the mental health arena for NSW. The Annual Report identified that areas such as services for people of indigenous and non-English speaking backgrounds, people living in public housing and prisoners, were to be specifically targeted.³⁸

2.26 In 1998 the NSW Health Department produced *Caring for Mental Health – A Framework for Mental Health Care in NSW*³⁹ and a *Charter for Mental Health Care*. In its submission, NSW Health states that these policies:

Support the strategic direction of the National Mental Health Strategy. It is a lifespan approach that takes into account the special needs of population groups and groups with special needs.⁴⁰

Current inquiry into mental health services in New South Wales

2.27 The Richmond, Barclay and Burdekin reports, and the accompanying policy and legislative changes, were prepared in a decade of increasing recognition of civil liberties and at a time when the powers to schedule (involuntarily admit) patients to psychiatric hospitals were being restricted.

2.28 Since the Richmond Report, governments have been grappling to formulate, among numerous competing factors, the most efficient, considerate and strategic framework and

³⁷ NSW Health Department, Submission, p. i.

³⁸ New South Wales Health *Annual Report 1994-1995*, p. 41. Also cited in NSW Parliamentary Library Briefing Paper, 1996, p 15.

³⁹ NSW Health Department, *Caring for Mental Health – A Framework for Mental Health Care in NSW*, 1998.

⁴⁰ NSW Health Department, Submission, p i.

infrastructure for the provision of mental health services in New South Wales. One particular related issue, which this Committee has been asked to consider, was highlighted in the Parliamentary Library Briefing Paper 1996:

At the basis of these reforms appears to be the idea that the premium placed on the rights and autonomy of the mentally ill is not particularly meaningful if mental illness takes away personal autonomy, and the right to treatment deserves equal emphasis. Certain doctors and carers of people suffering schizophrenia point to the fact that such people often do not realise they need treatment. Civil libertarians on the other hand are concerned about any moves to make involuntary admission easier, citing the potential for abuse and the possibility of the section being applied to people who are merely a bit eccentric.⁴¹

2.29 The historical context for this current inquiry has highlighted recurring themes and endemic problems in the provision of mental health services. As the terms of reference for this inquiry indicate, the Committee will identify current issues and propose changes in the present context. Directions for the final report based on evidence received are outlined in Chapter 4.

⁴¹ NSW Parliamentary Library Briefing Paper, 1996, p 19.

Chapter 3 Evidence

The purpose of this chapter is to summarise and distil information received by the Committee at the time of reporting. The primary evidence sources are public submissions, hearing transcripts and the public forum.

Submissions received

3.1 The 295 submissions⁴² received by the Committee canvassed a large number of issues concerning mental health. A list of submissions received is attached at Appendix 2.

3.2 The issues raised have been categorised into a number of areas, which appear in the table below.

Table 3.1 Topics addressed in submissions to the inquiry

Topic	No of submissions addressing the topic
Service provision (treatment and care)	163
Community care	104
Housing and homelessness	44
Forensics (including police and prisoners)	43
Aged care	21
Disability issues	20
Children and young people	19
Suicide and homicide	18
Rural and regional issues	17
Mental Illness and Substance Abuse (MISA)	17
Indigenous and multicultural issues	16
Privacy and information	16

3.3 Most submissions received considered more than one topic with respect to mental health. Topics discussed by the submissions appear in the table in order of frequency. No conclusions should be drawn from this table with respect to order of importance of issues raised. The data does however provide an indicator of the broad nature or impact of some issues.

3.4 Categorising issues into these topic areas assisted the Committee to identify witnesses for hearings with the aim of collecting further information in addition to submissions. Not all witnesses who appeared before the Committee provided submissions.

3.5 The Committee received a substantial submission from the NSW Health Department and heard evidence from the NSW Health Department's Director, Centre for Mental Health, Professor Beverley Raphael (both the submission and transcript from 12 August 2002, are

⁴² Total submissions number includes supplementary submissions.

available from the Committee's web site at: www.parliament.nsw.gov.au). The NSW Health Department submission outlines government policy initiatives introduced in recent years and identifies the Second National Mental Health Plan as the primary document for the direction of mental health policy in NSW.

Hearings evidence

3.6 Commencing 23 May 2002, the Committee embarked on an extensive round of hearings covering each of the topic areas established through submissions received. The following table identifies witnesses that appeared before the Committee on the range of topic areas. A number of witnesses appear several times in the tables due to the breadth of their area of concern or interest.

Table 3.2 Witnesses appearing by topic area

Indigenous and cultural issues

Ms Diana Qian	Disability Council NSW
Ms Leonie Manns	Former Chair, Disability Council NSW
Ms Helena O'Connell	NSW Council for Intellectual Disability
Dr Jeffery Rowland	Australian Society Geriatric Medicine (NSW Branch)
Ms Leanne Elsworthy	B. Miles Womens' Housing Scheme
Mr Ian Wilson	Australia & New Zealand College Mental Health Nurses
Mr Michael Roberts	Aboriginal Medical Service, Dharah Gibinj (Casino)
Ms Lexie Lord	Parents and Carers Mental Health Group, Casino
Mr Abd Malak	NSW Transcultural Mental Health Centre
Mr Ted Quan	NSW Transcultural Mental Health Centre
Mr Philip Scott	Court Liaison Clinician

Aged care

Ms Marika Kontellis	Disability Council NSW
Prof Henry Brodaty	Academic Dept for Old Age Psychiatry, Prince of Wales Hospital
Ms Christine Regan	NSW Aged Care Alliance (Council of Social Services NSW)
Dr Jeffery Rowland	Australian Society Geriatric Medicine (NSW Branch)
Mr Anthony Brown	Men's Health Information Resource Centre

Carers and advocacy

Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Dr Meg Smith OAM	Mental Health Association NSW Inc
Ms Diana Qian	Disability Council NSW
Ms Helena O'Connell	NSW Council for Intellectual Disability
Mr Phil Nadin	Mental Health Coordinating Council
Ms Leanne Elsworthy	B. Miles Womens' Housing Scheme
Mr Fred Kong	Richmond Fellowship
Dr William Barclay AM	Psychiatrist

Mr Robert Wheeler	Mental Health Advocacy Service (Legal Aid)
Ms Georgie Ferrari	NSW Association for Adolescent Health
Ms Lexie Lord	Parents and Carers Mental Health Group, Casino
Ms Roslyn Bragg	Council of Social Services NSW
Hon. Frank Walker QC	Schizophrenia Fellowship of NSW
Mr Robert Ramjan	Schizophrenia Fellowship of NSW

Children and young people

Sr Myree Harris	Society of St Vincent de Paul
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Mr Fred Kong	Richmond Fellowship
Dr William Barclay AM	Psychiatrist
Prof Ian Webster AO	Emeritus Professor, Medical Practitioner
Dr Jean Starling	Chairperson, NSW Faculty of Child and Adolescent Psychiatry
Ms Georgie Ferrari	NSW Association for Adolescent Health
Prof Kenneth Nunn	Area Director – Mental Health, The Children's Hospital, Westmead
Mr Ian Wilson	Australia & New Zealand College Mental Health Nurses
Mr Abd Malak	NSW Transcultural Mental Health Centre
Mr Philip Scott	Court Liaison Clinician

Community care

Mr Owen Rogers	Society of St Vincent de Paul
Sr Myree Harris	Society of St Vincent de Paul
Ms Judith Ball	Society of St Vincent de Paul
Mr Peter Gates	Consumer Advisory Group, Mental Health
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Dr Meg Smith OAM	Mental Health Association NSW Inc
Ms Gillian Church	Mental Health Association NSW Inc
Mr Phil Nadin	Mental Health Coordinating Council
Mr Fred Kong	Richmond Fellowship
Mr Michael Sterry	Richmond Fellowship
Dr Rachel Falk	Consultant Psychiatrist, National Association of Practicing Psychiatrists
Mr Jeremy Masters	Australia & New Zealand College Mental Health Nurses
Ms Judith Meppem	Chief Nursing Officer, NSW Health
Ms Roslyn Bragg	Council of Social Services NSW
Mr Robert Ramjan	Schizophrenia Fellowship of NSW

Privacy and information

Sr Myree Harris	Society of St Vincent de Paul
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Ms Jenna Bateman	Mental Health Coordinating Council

Mr Ian Ball	Police Association of NSW
Dr Allan Cala	Forensic Pathologist
Dr Ella Sugo	Forensic Pathologist
Dr Jean Starling	Chairperson, NSW Faculty of Child and Adolescent Psychiatry
Ms Kate Adams	NSW Nurses' Association
Mr Chris Puplick	Privacy Commissioner, NSW Privacy
Hon. Frank Walker QC	Schizophrenia Fellowship of NSW
Prof Beverley Raphael	Centre for Mental Health, NSW Health

Disability issues

Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Ms Gillian Church	Mental Health Association NSW Inc
Ms Diana Qian	Disability Council of NSW
Ms Helena O'Connell	NSW Council for Intellectual Disability
Ms Joyce Said AM	Mental Health Coordinating Council
Sr Myree Harris	Coalition for Appropriate Supported Accommodation

Funding and coordination

Sr Myree Harris	Society of St Vincent de Paul
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Ms Leonie Manns	Mental Health Association NSW Inc
Ms Helena O'Connell	NSW Council for Intellectual Disability
Ms Joyce Said AM	Mental Health Coordinating Council
Mr Phil Nadin	Mental Health Coordinating Council
Ms Christine Regan	NSW Aged Care Alliance (Council of Social Services NSW)
Mr Phillip French	Shelter NSW
Dr Richard Matthews	NSW Corrections Health Service
Prof Duncan Chappell	Mental Health Review Tribunal
Dr Jean Starling	Chairperson, NSW Faculty of Child and Adolescent Psychiatry
Prof Kenneth Nunn	Area Director – Mental Health, The Children's Hospital, Westmead
Mr Ian Wilson	Australia & New Zealand College Mental Health Nurses
Ms Judith Meppem	Chief Nursing Officer, NSW Health
Ms Roslyn Bragg	Council of Social Services NSW
Mr Timothy Goodwin	Council of Social Services NSW
Mr Abd Malak	NSW Transcultural Mental Health Centre
Dr Ted Campbell	Director, Mental Health, Port Macquarie Base Hospital
Hon Frank Walker QC	Schizophrenia Fellowship of NSW
Mr Robert Ramjan	Schizophrenia Fellowship of NSW
Prof Beverley Raphael	Centre for Mental Health, NSW Health

Housing and homelessness

Mr Owen Rogers	Society of St Vincent de Paul
Sr Myree Harris	Society of St Vincent de Paul
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Dr Meg Smith OAM	Mental Health Association NSW Inc
Ms Leonie Manns	Mental Health Association NSW Inc
Ms Marika Kontellis	Disability Council NSW
Ms Joyce Said AM	Mental Health Coordinating Council
Prof Henry Brodaty	Academic Dept for Old Age Psychiatry, Prince of Wales Hospital
Ms Leanne Elsworth	B. Miles Womens' Housing Scheme
Ms Geral Wallwork	B. Miles Womens' Housing Scheme
Mr Fred Kong	Richmond Fellowship
Mr Phillip French	Shelter NSW
Ms Hazel Blunden	Shelter NSW
Sr Myree Harris	Coalition for Appropriate Supported Accommodation
Prof Ian Webster AO	Emeritus Professor, Medical Practitioner
Ms Georgie Ferrari	NSW Association for Adolescent Health
Ms Margaret Veratau	Private Citizen (NSW Association for Adolescent Health)
Prof Kenneth Nunn	Area Director – Mental Health, Children's Hospital, Westmead
Mr Ian Wilson	Australia & New Zealand College Mental Health Nurses
Ms Roslyn Bragg	Council of Social Services NSW
Prof Beverley Raphael	Centre for Mental Health, NSW Health

International evidence

Sr Myree Harris	Society of St Vincent de Paul
Prof Ian Webster AO	Emeritus Professor, Medical Practitioner
Dr William Barclay AM	Psychiatrist
Prof Kenneth Nunn	Area Director – Mental Health, Children's Hospital, Westmead

Mental illness and substance abuse

Sr Myree Harris	Society of St Vincent de Paul
Ms Gillian Church	Mental Health Association NSW Inc
Mr Fred Kong	Richmond Fellowship
Dr Jonathan Carne	Psychiatrist
Sr Myree Harris	Coalition for Appropriate Supported Accommodation
Dr Richard Matthews	NSW Corrections Health Service
Dr Olav Nielsson	Psychiatrist (Forensic, FRANZCP)
Prof Ian Webster AO	Emeritus Professor, Medical Practitioner
Dr Jean Lennane	Psychiatrist
Mr Ian Ball	Police Association of NSW
Ms Georgie Ferrari	NSW Association for Adolescent Health

Ms Margaret Veratau	Private Citizen (NSW Association for Adolescent Health)
Prof Kenneth Nunn	Area Director – Mental Health, Children's Hospital, Westmead
Mr Jeremy Masters	Australia & New Zealand College Mental Health Nurses
Mr Michael Roberts	Aboriginal Medical Service, Dharah Gibinj (Casino)
Ms Roslyn Bragg	Council of Social Services NSW
Dr Ted Campbell	Director Mental Health, Port Macquarie Base Hospital
Hon Frank Walker QC	Schizophrenia Fellowship of NSW
Dr Brian Boettcher	Forensic Psychiatrist
Prof Beverley Raphael	Centre for Mental Health, NSW Health
Dr Stephen Allnutt	Forensic Psychiatrist

Treatment services (including hospitals and nursing)

Sr Myree Harris	Society of St Vincent de Paul
Dr Rupert Elliott	St John of God Hospital
Dr Pieter Rossouw	St John of God Hospital
Ms Michelle Thompson	St John of God Hospital
Dr Robert Brooks	St John of God Hospital
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Dr Meg Smith OAM	Mental Health Association NSW Inc
Ms Leonie Manns	Mental Health Association NSW Inc
Ms Diana Qian	Disability Council NSW
Ms Joyce Said AM	Mental Health Coordinating Council
Prof Henry Brodaty	Academic Dept for Old Age Psychiatry, Prince of Wales Hospital
Ms Christine Regan	NSW Aged Care Alliance (Council of Social Services NSW)
Dr Jonathan Carne	Psychiatrist
Dr Glen Ramos	National Association Practising Psychiatrists
Dr Rachel Falk	Consultant Psychiatrist (National Association Practising Psychiatrists)
Dr William Barclay AM	Psychiatrist
Mr Robert Wheeler	Mental Health Advocacy Service (Legal Aid)
Prof Ian Webster AO	Emeritus Professor, Medical Practitioner
Dr Jean Lennane	Psychiatrist
Mr Ian Ball	Police Association of NSW
Prof Duncan Chappell	Mental Health Review Tribunal
Dr Jean Starling	Chairperson, NSW Faculty of Child and Adolescent Psychiatry
Ms Margaret Veratau	Private Citizen (NSW Association for Adolescent Health)
Ms Kate Adams	NSW Nurses' Association
Ms Petrusia Butrej	OHS Coordinator, NSW Nurses' Association
Ms Susan Karpik	NSW Nurses' Association
Mr John Lyons	Clinical Nurse Consultant
Mr Jeremy Masters	Australia & New Zealand College Mental Health Nurses

Mr Ian Wilson	Australia & New Zealand College Mental Health Nurses
Ms Judith Meppem	Chief Nursing Officer, NSW Health
Ms Roslyn Bragg	Council of Social Services NSW
Mr Philip Scott	Court Liaison Clinician
Dr Ted Campbell	Director Mental Health, Port Macquarie Base Hospital
Hon Frank Walker QC	Schizophrenia Fellowship of NSW
Prof Beverley Raphael	Centre for Mental Health, NSW Health

Forensic issues (including police and prisoners)

Sr Myree Harris	Society of St Vincent de Paul
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Dr Meg Smith OAM	Mental Health Association NSW Inc
Ms Leonie Manns	Mental Health Association NSW Inc
Ms Helena O'Connell	NSW Council for Intellectual Disability
Dr Jonathan Carne	Psychiatrist
Dr William Barclay AM	Psychiatrist
Dr Richard Matthews	NSW Corrections Health Service
Dr Olav Nielsson	Psychiatrist (Forensic, FRANZCP)
Mr Robert Wheeler	Mental Health Advocacy Service (Legal Aid)
Ms Nihal Danis	Mental Health Advocacy Service (Legal Aid)
Dr Jonathan Carne	Psychiatrist
Mr Ian Ball	Police Association of NSW
Ms Sandra Soldo	Police Association of NSW
Mr Rodney Brabin	Mental Health Review Tribunal
Mr Michael Sterry	Mental Health Review Tribunal
Prof Duncan Chappell	Mental Health Review Tribunal
Dr Allan Cala	Forensic Pathologist
Dr Ella Sugo	Forensic Pathologist
Dr Jean Starling	Chairperson, NSW Faculty of Child and Adolescent Psychiatry
Ms Petrusia Butrej	OHS Coordinator, NSW Nurses' Association
Mr Michael Roberts	Aboriginal Medical Service, Dharah Gibinj (Casino)
Mr Timothy Goodwin	COUNCIL OF SOCIAL SERVICES NSW
Mr Philip Scott	Court Liaison Clinician
Mr Chris Puplick	Privacy Commissioner, Privacy NSW
Hon Frank Walker QC	Schizophrenia Fellowship of NSW
Dr Michael Giuffrida	Forensic Psychiatrist
Dr Brian Boettcher	Forensic Psychiatrist
Prof Beverley Raphael	Centre for Mental Health, NSW Health
Dr Stephen Allnut	Forensic Psychiatrist

Rural and regional issues

Sr Myree Harris	Society of St Vincent de Paul
Mr Douglas Holmes	Consumer Advisory Group, Mental Health
Dr William Barclay AM	Psychiatrist
Mr Robert Wheeler	Mental Health Advocacy Service (Legal Aid)
Mr Ian Ball	Police Association of NSW
Dr Jean Starling	Chairperson, NSW Faculty of Child and Adolescent Psychiatry
Ms Georgie Ferrari	NSW Association for Adolescent Health
Prof Kenneth Nunn	Area Director – Mental Health, The Children's Hospital, Westmead
Ms Kate Adams	NSW Nurses' Association
Ms Petrusia Butrej	OHS Coordinator, NSW Nurses' Association
Mr John Lyons	Clinical Nurse Consultant
Ms Lexie Lord	Parents and Carers Mental Health Group, Casino
Ms Roslyn Bragg	Council of Social Services NSW
Mr Abd Malak	NSW Transcultural Mental Health Centre
Mr Philip Scott	Court Liaison Clinician
Dr Ted Campbell	Director Mental Health, Port Macquarie Base Hospital

Suicide and homicide

Mr Anthony Brown	Men's Health Information Resource Centre
Dr Richard Matthews	NSW Corrections Health Service
Dr Jonathan Carne	Psychiatrist
Dr Jean Lennane	Psychiatrist
Mr Ian Ball	Police Association of NSW
Prof Duncan Chappell	Mental Health Review Tribunal
Dr Allan Cala	Forensic Pathologist
Dr Ella Sugo	Forensic Pathologist
Mr Michael Roberts	Aboriginal Medical Service, Dharah Gibinj (Casino)
Ms Lexie Lord	Parents and Carers Mental Health Group, Casino
Prof Beverley Raphael	Centre for Mental Health, NSW Health

Public forum

- 3.7** On 7 August 2002, the Committee conducted a public forum to provide private citizens with an opportunity to address the Committee regarding their personal experiences of the mental health system.
- 3.8** Organisation of the forum commenced with a letter of invitation sent to each private citizen that made a submission to the Committee. That invitation requested individuals to respond if they wished to register an interest in appearing at the forum. The Committee had a significant response, with 46 nominations received. Unfortunately, as time was limited, 26 people were called to provide evidence through a random ballot process.

- 3.9** On the day of the forum, although two witnesses did not attend, three additional people who originally registered an interest in appearing were present in the public gallery and were provided with the opportunity to address the Committee. A list of forum participants is provided in Appendix 4.
- 3.10** The forum was an important part of the Committee's inquiry. The two main objectives of the forum were to provide:
- the Committee with invaluable information through personal accounts of mental health services, and
 - the forum participants and members of the public gallery with an opportunity to meet, share experiences and provide support.
- 3.11** The forum was successful, and achieved both objectives. Verbal and email feedback from forum participants has indicated that it was both timely and highly beneficial to all involved.
- 3.12** Issues raised during the forum are outlined in point form below:
- Absconding from care and safety concerns
 - Abuse and assault in care
 - Advocacy – systemic and individual
 - Advocacy - need for a directory of advocacy services
 - Aged dementia and appropriate nursing home care
 - Area Health Service boundaries and access to treatment
 - Area Health Service reporting and performance measures
 - Area Health Services – lack of comparative data
 - Area Health Services – resource allocation
 - Case management
 - Community education
 - Community safety
 - Community Treatment Orders – difficulties in enforcement
 - Community Treatment Orders - duration
 - Complaint handling in mental health services

- Consumer participation
- Costs of private psychiatric treatment
- Costs (emotional and financial) to families with a member who has a mental illness
- Clubhouse funding
- Court Support
- Discharge plans – role of family/carers
- Disclosure of adverse events
- Drift of people with mental illness into the prison system
- Drop-in and referral centres
- Early intervention
- Employment
- Family support and advice
- Families - factor into case planning
- Forensics
- Forensic patients placed in correctional facilities
- Funding – the need for transparency
- Funding – differences between Commonwealth and NSW Health client allocations
- Funding and Area boundaries
- Guardianship and personal rights, including the idea of secondary guardianship for people with episodic illnesses
- Homelessness
- Homicide
- Information linkages to streamline admission
- Involuntary and voluntary admission
- Lack of beds and suitable wards for acutely ill

- Lack of information provided to family/carers
- Lack of public psychiatrists – outpatients
- Lack of standardisation of Community Health Services
- Life skills activities and socialisation
- Media representation of people with mental illness
- Medication and alternative therapies
- Mental health staffing levels
- Mental illness and substance abuse (MISA) – access to appropriate care
- Misdiagnosis and overmedication
- Need to standardise registration of psychologists and psychotherapists
- NSW Health Records and Information Privacy Bill 2002
- NSW Mental Health Act 1990 – interpretation and applications
- NSW Mental Health Act 1990 – use of potentially stigmatising language
- NSW Mental Health Outcomes and Assessment Training (MH-OAT)
- Older carers
- Police – training and coordination with Mental Health Teams
- Psychiatric nursing
- Privacy and confidentiality
- Quality of care
- Readmission
- Rehabilitation and recovery
- Respite
- Risk assessment versus care
- Role of non-government organisations

- Rural and regional issues: transport, limited facilities, the impact of drought on mental health, benefits of co-locating services
- Scheduling
- Stigma
- Suicide – impact on families and need for post-suicide counselling
- Suicide associated with difficulties in accessing care
- ‘Suicide watch’ at a community level
- Supported accommodation
- The rights of people with mental illness
- The role of the family/carer in decision-making
- Violent patients.

Chapter 4 Directions for the final report

Some of the issues facing mental health services in NSW communicated to this Committee in 2002 are not dissimilar to those reported to the 1846 Select Committee into the Lunatic Asylum, Tarban Creek. Common issues reported to both committees were:

- a lack of nursing/care staff
- appropriate training of staff and carers
- the need for improved information sharing
- improved facilities and the lack of required beds
- the need for rehabilitation and recreation for patients
- the need for a considerable increase in funding, and
- that more powers be accorded to Official Visitors.

As outlined in Chapter 2, it is almost 20 years since the release of the Richmond Report. Evidence indicates that changes in government policy and international trends have seen some initiatives in mental health service delivery either only partially implemented or discontinued. The Richmond recommendations were never fully implemented. The Barclay recommendations framed policy directions within a system that was in transition, and the Burdekin Inquiry looked to the national system for its framework. Despite many achievements and the best intentions, evidence received by the Committee suggests that many people suffering a mental illness in NSW are not receiving the treatment and support they need and are slipping through the cracks. This Committee will address these issues; a synopsis of evidence is provided to communicate the inquiry's direction.

Structure of final report

- 4.1** The final report of this inquiry will be in three parts. Part one will consist of three chapters covering the establishment and terms of reference for the inquiry. It will also survey previous NSW inquiries into mental health since 1846, as well as interstate and international developments in mental health services.
- 4.2** Part two will comprise two chapters which will incorporate inpatient and community care:
- mental health service provision, treatment and care, and
 - privacy and information.
- 4.3** Part three will examine mental health in relation to:
- homelessness and housing
 - disability

- indigenous and cultural issues
- children and young people
- older people, and
- police, forensic patients and forensic prisoners, and the mentally ill in prison.

4.4 Issues such as mental illness and substance abuse (MISA); mental illness and intellectual disability (dual diagnosis); rural and regional issues; inpatient and community based care, and systemic and individual advocacy featured in much of the evidence presented to the Committee, and will be considered throughout the final report.

Part one - Introduction and background

4.5 The Introduction will describe the formal processes by which the inquiry was established, its terms of reference, and the evidence put before the Committee in submissions and in hearings. The Introduction will also cover the outcomes of a public forum on mental health services held at Parliament House on 7 August 2002, at which consumers, advocates and families expressed their views about mental health services in New South Wales.

4.6 In describing the background to the inquiry, the final report will consider previous New South Wales parliamentary inquiries, examine the findings and recommendations of the 1983 Richmond Report, the 1993 Burdekin Report, and consider recent local, interstate and international developments in mental health service provision.

4.7 A separate section will describe the mental health sector in New South Wales. The sector is a complex arrangement of government, non-government, private and community providers. The inquiry has heard that families and carers provide the bulk of support to people with mental illness living in the community. NSW Government funding of mental health services will be examined, particularly in relation to other States.

Part two - Service provision, treatment and care, and funding issues

4.8 In submissions to the inquiry and in evidence before the Committee it has been repeatedly stated that community care, both government services and those provided by the non-government sector, are inadequately funded in NSW. Beds are not available, recruiting and retaining qualified staff is difficult, while rural and regional services are inadequate and in some areas non-existent.

4.9 The largest number of submissions to the inquiry centred on general service provision, treatment and care. A wide range of topics will be considered in this chapter, including staffing, the role of crisis teams, case management, and the provision of beds for acute and long-term care, rehabilitation and recovery (community based supported accommodation) and forensic patients and prisoners.

- 4.10** The role of families and carers will also be looked at in this chapter. Systemic and individual advocacy, with particular attention to the United Kingdom *Draft Mental Health Bill 2002*, will be examined.
- 4.11** The complex and fragmented distribution of mental health funding in NSW is an issue the Committee will examine in this chapter. A common submission to the Committee has been the necessity for greater transparency in the funding of mental health services.

Part two - Privacy and information

- 4.12** This chapter will consider the compiling, storing and interlinking of health records in New South Wales for people with a mental illness. While there may be advantages in interlinking data, particularly for episodic illnesses, the right to privacy, particularly doctor-patient confidentiality, must be considered under the NSW *Privacy and Personal Information Protection Act 1998*.
- 4.13** In evidence before the Committee, carers, advocates and families have identified privacy requirements as restricting their ability to care effectively for people with a mental illness. This chapter will consider their suggested solutions and how such issues have been addressed in other jurisdictions.

Part three – Mental illness and substance abuse (MISA)

- 4.14** The inquiry has heard evidence that suggests that mental health and substance abuse (MISA) disorders frequently co-exist and their prevalence may be increasing. This chapter will consider funding issues, the current problems experienced by those with MISA in accessing mental health services and the difficulties in delivering mental health services to those with MISA.

Part three - Homelessness and housing

- 4.15** This chapter will look at the accommodation needs of people with a mental illness. Unemployment, regional and rural resources, and public housing availability all have an effect on whether or not those in need will be suitably accommodated. For these people, short to long-term supported care may be required for rehabilitation and integration into the community. The funding allocated for housing by the NSW Health Department, the NSW Department of Housing, the NSW Department of Ageing, Disability and Home Care, and Commonwealth government agencies will be examined and evaluated.
- 4.16** The incidence of mental illness among homeless people will also be considered in this chapter. Even with the support of family and advocates, people with mental illness can become homeless. The chapter will look at what is being done for this population and their access to appropriate treatment and care. Accommodation for the homeless while appearing before the courts (including bail hostels) will also be examined.

Part three - Disability (dual diagnosis)

- 4.17** Evidence presented to the Committee, and supported by population health studies, indicate a significant overlap between mental illness and intellectual disability, often referred to as 'dual diagnosis'. Disability groups have indicated that dual diagnosis presents a particular challenge to health services. This chapter will consider the evidence provided to the Committee, in particular, the levels of funding and the coordination of services.

Part three - Indigenous and cultural issues

- 4.18** This chapter will consider the special needs of indigenous and culturally and linguistically diverse populations in New South Wales. The inquiry has received evidence given by indigenous medical workers, which shows that culturally sensitive services are crucial to good outcomes. The Committee also heard evidence that indicates a similar need for culturally and linguistically diverse mental health care.
- 4.19** The Committee was informed that mental health is culturally defined, with attitudes to certain behaviours varying from community to community. The final report will consider how health professionals may be able to best understand and respond effectively to mental health issues in a multicultural society.

Part three - Children and young people

- 4.20** This chapter will look at the mental health needs of people aged under 25 years in New South Wales. The inquiry has received evidence regarding the provision of appropriate care for children and young people; the incidence and prevention of suicide among young people; and how young people presenting with a mental illness are assessed. Of concern is that patients under the age of 18 are being admitted to acute general hospital units, contravening a previous NSW Health Department circular.⁴³

Part three - Older people

- 4.21** This chapter will consider the mental health needs of people aged over 65 in New South Wales. This chapter will also consider the allocation of funding, including the split between the Commonwealth and the NSW Government, and the levels of accommodation and the treatment and care for older people suffering from mental illness.

⁴³ Health Department Circular No. 90/77, August 1990, "Child and Adolescent Mental Health Policy Section 3".

Part three - Police, forensic patients and forensic prisoners, and the mentally ill in the prison system

- 4.22** The Richmond Report made no recommendations on forensic issues within the mental health arena in NSW. In 1993, the three-year inquiry by the Commonwealth Human Rights Commissioner, Brian Burdekin, reported that there were mental health patients within the criminal justice system who were being denied the health care and human rights protection to which they were entitled.
- 4.23** Almost a decade later in NSW, the Select Committee on Mental Health has received submissions from 43 professional organisations and individuals, in addition to 30 witnesses, who referred to forensic issues in particular. The Committee is concerned about the services for forensic patients in NSW and, in particular, whether their treatment complies with the terms of the *Mental Health Act 1990* and the *United Nations Declaration of Human Rights 1948*. Forensic patients are those deemed to be not guilty, or unfit to stand trial, by reason of mental illness.
- 4.24** This chapter examines the overrepresentation of people with mental illnesses within the criminal justice system and, in particular, forensic patients within the prison system.
- 4.25** The treatment of forensic patients and forensic prisoners and the role and responsibilities of the Mental Health Review Tribunal, Corrections Health Service, and Corrective Services will be examined. The treatment of forensic patients and forensic prisoners in other jurisdictions will be compared to the New South Wales system.
- 4.26** Evidence presented to the Committee indicates that the number of prisoners, both male and female, with mental illness and substance abuse problems appears to be increasing. The chapter will consider the distribution of funding for drug and alcohol and mental health services within correctional facilities.
- 4.27** The NSW Police Service has become increasingly involved in the management of people with serious mental illnesses. A *Memorandum of Understanding* (MoU) was introduced to clarify the shared responsibility of NSW Police and NSW Health. However, the Committee has heard that differing interpretations of the *Mental Health Act* and the MoU continue to create problems in the treatment of some individuals. This chapter will consider the relationship between NSW Police and health providers, and the issues they and others have raised.
- 4.28** The role of the Courts will also be considered in this chapter. Court liaison services, bail hostels, and diversionary programs will be discussed, as will interstate and international programs.

Appendix 1

Richmond recommendations

Richmond recommendations

INQUIRY INTO HEALTH SERVICES FOR THE PSYCHIATRICALY ILL AND DEVELOPMENTALLY DISABLED

SUMMARY OF RECOMMENDATIONS

MARCH 1983

PART 1 - GENERAL PROPOSALS

The following recommendations arise from Part 1:

1. That services be delivered primarily on the basis of a system of integrated community based networks, backed up by specialist hospital or other services as required.
2. That the two prime operational objectives be to -
 - (i) fund and/or provide services which maintain clients in their normal community environment; and
 - (ii) progressively reduce the size and the number of existing Fifth Schedule hospitals by decentralising the services they provide.
3. That services for the developmentally disabled, as far as possible, be funded separately and services delivered under separate management from mental health services and that priorities for funding in developmental disability be -
 - (i) provision of additional community services staff to provide diagnostic assessment, early intervention and home support services;
 - (ii) development of small community residential units to re-house residents from existing institutions;
 - (iii) development of small community residential units particularly for adults unable to continue living with their families;
 - (iv) provision of opportunities for training of existing Fifth Schedule hospital staff for new roles in community services.
4. That priorities for funding in mental health be -
 - (i) provision of additional community based crisis teams;
 - (ii) provision of staffing to provide adequate follow up for mentally ill people in the community;
 - (iii) provision of psychiatric staff for assessment services in general hospitals;
 - (iv) provision of linked networks of hostels and satellite housing;

- (v) provision for opportunities for training existing Fifth Schedule hospital staff for new roles in community and specialised hospital services.
5. That the current direct provision of services for the mentally ill, developmentally disabled and the aged through Fifth Schedule hospitals and community health services be transferred from the direct administration of the Department of Health and provided instead under the management of Boards of Directors, in the form of either an Area Board, a newly created Board for a particular specialised service, or the reconstituted Board of an existing public hospital as appropriate to particular services or locations as proposed in this Report.
 6. That staff presently employed in the provision of these services in Fifth Schedule hospitals and community health services be transferred from the provisions of the *Public Service Act, 1979*, on the basis and conditions provided for in Schedule Three of the *Health Administration Act, 1982*, to become employees of the above Boards.
 7. That staff commencing employment in these areas in future receive salary and other employment conditions applicable to staff employed under the current Second and Third Schedules of the *Public Hospitals Act*.
 8. That membership of existing and proposed Boards of Directors encompass representation reflecting the range of client interests of the services covered by this Report and that the size of existing hospital boards be expanded, where appropriate, to achieve this end.
 9. That provision be progressively made for elected representation from employees on all Hospital and other Boards.
 10. That the Department of Health and the Public Service Board establish a Task Force to implement Recommendations 5 and 6 in consultation with the Labor Council of New South Wales.
 11. That these services be managed through a management structure based on -
 - administration by a Chief/Area Executive Officer;
 - a global and incentive budget system as proposed by the Parliamentary Public Accounts Committee rather than a staff number and establishment control.
 12. That as a priority the Health Department develop a programme budgeting approach to the funding of these areas of health care in order to monitor the level of resources utilised for particular programmes or client groups.
 13. That in funding of health services generally a higher priority for the next three years be given to the provision of improved services to meet mental health needs and those of the developmentally disabled.
 14. That the distinction in current New South Wales Government budget allocations between "recognised" and "non-recognised" hospitals be eliminated to provide for a total allocation to the Minister for Health.
 15. That for each of the next three years an amount of half of one percent per annum (approximately \$9 million per annum) of these funds be "earmarked" for specific purpose funding of the new services proposed by this Report which are necessary to provide adequate community based support and to facilitate reduction in the size of the existing institutions, including priority projects in deficit Regions.
 16. That a specific budget (commencing with \$1.7 million in 1983/84) be allocated to fund community non-profit organisations to provide supportive accommodation and innovative

services. These funds, separately earmarked for mental health and developmental disability services, to be provided from Recommendation 15 above, and by redirection of existing health funding of non-government organisations.

17. That as savings are achieved from the rationalisation and reduction of existing hospitals, these savings be committed to the development of community services.
18. That from 1984/85, these savings be progressively used to fund the community services proposed by the Inquiry and their future expansion; from 1986/87 these savings to be the major source of funding for such services, replacing the allocation proposed for 1983/84, 1984/85, and 1985/86 in Recommendation 15.
19. That fees policy for long stay patients in specialised psychiatric hospitals be reviewed and that the patient contribution be increased from 66.6 percent to 87.5 percent of the pension to bring this contribution into line with that required by private and deficit financed nursing homes.
20. That subject to "heritage" arid environmental considerations land currently unused on the existing sites, or released through the rationalisation programme be released for other purposes and any proceeds realised be available for expansion of community health services.
21. That action be taken to progressively introduce 8-hour shifts to replace 12-hour shifts in the care of the psychiatrically ill and developmentally disabled.
22. That greater emphasis be given to the use of part-time staff to cover excessive workload periods in hospitals (to reduce overtime expenditure and-excessive work demands on full time staff).
23. That in the process of transfer of these services to the Second Schedule system a review be undertaken of the number of promotional positions in the specialised hospitals to ensure that adequate numbers are maintained to meet ward management requirements.
24. That a more effective independent grievance procedure be established within the health system to deal with complaints of individual staff against management decisions affecting their employment.
25. That at the level of individual hospital or Area Boards, improved consultative mechanisms be established with the Unions through the upgrading of existing "welfare" meetings.
26. That in the development of a Single Register Nurse education programme, adequate theoretical and clinical psychiatric nursing content be included, and that the views of experienced psychiatric nurse educators be sought in this regard.
27. That clinical education of psychiatric nurses be provided through an integrated arrangement involving community services, general hospitals and rehabilitation services in specialised hospitals and that the Nurses Registration Board remove existing procedural constraints on this arrangement.
28. That the curriculum of the First-line Management Course be reviewed to produce a refresher course for nurses trained prior to the introduction of the 1000 hour syllabus.
29. That the Department of Health consult with the College of General Practitioners regarding appropriate programmes designed to encourage improved co-ordination between general practitioners and public sector mental health services.
30. That clinical education of psychiatrists be provided through an integrated arrangement involving community services, general hospitals and specialised hospitals, (both public and

private) and that the Department, the training bodies, and the College of Psychiatrists review current arrangements in order to achieve this objective.

PART 2 - SERVICES FOR THE DEVELOPMENTALLY DISABLED

(This part has been omitted as it relates specifically to the developmentally disabled and not the mentally ill)

PART 3 - MENTAL HEALTH SERVICES AND SERVICES FOR THE MENTALLY ILL

The following recommendations arise from Part 3:

1. That as a matter of policy the highest priority in mental health services be the community-based care and rehabilitation of the seriously mentally ill.
2. That these services be provided in an integrated manner for each defined catchment area, through the appointment of one person with joint clinical responsibility for the inpatient and community services servicing that catchment area.
3. That the Health Department implement a policy that all admissions to public sector psychiatric services be dependent on prior assessment by a community-based assessment team.
4. That each Region develop a preventative programme which is tightly defined and targeted at specific client groups or needs.
5. That the highest priority in the funding of mental health services be given to the development of adequately staffed community-based assessment, crisis-care and treatment services.
6. That from the specific allocation referred to in Part 1 (approximately \$9 million per annum for the next three years), an amount of \$5 million per annum be allocated to mental health services.
7. That from 1983/84 a specific fund be established (\$1.2 million initially) from these funds for the funding of nongovernment non-profit organisations to provide supportive and therapeutic hostel and group-home accommodation for the mentally ill, and services for special needs groups.
8. That guidelines be developed to ensure adequate accountability of organisations allocated funding. These guidelines should be developed in consultation with the Department of Youth and Community Services and the Commonwealth Department of Social Security.
9. That within this non-government fund an amount, of \$400,000 be "earmarked" in 1983/84 for the support of innovative programmes to meet special needs, such as Louisa Lawson House and the Kings Cross Youth Refuge assessment service.
10. That the Minister for Health, in consultation with the Minister for Youth and Community Services, negotiate with the Minister for Social Security to improve co-ordination of planning and service delivery and to develop proposals for joint Commonwealth/State funding of these services.
11. That the Minister for Health negotiate an arrangement with the Minister for Housing whereby a proportion of welfare housing stock in existing and proposed developments is specifically made available as hostel and group home accommodation for mentally ill people.

12. That the Minister for Health explore with the Ministers for Planning and Environment, Housing and Youth and Community Services, potential for implementation of a programme of subsidies to private boarding-houses for housing of people with long-term psychological disabilities.
13. That as a matter of policy all acute psychiatric admission services be located in general public hospitals; existing acute admission units and staff in state psychiatric hospitals should be relocated or administratively attached to general public hospitals.
14. That all acute psychiatric units in general hospitals be authorised for admissions under the *Mental Health Act*.
15. That in association with Recommendation 13 above, services currently provided in general public hospitals for people with acute psychiatric diagnoses be upgraded through the employment of psychiatric nurses and sessional psychiatrists to provide direct services and a formal consultancy service in accident and emergency departments and in general hospital wards.
16. That as psychiatric services in general public hospitals are upgraded these hospitals be authorised for admissions under the *Mental Health Act*.
17. That use of Enrolled Nursing Aides be expanded in the staffing of specialised psychiatric hospitals.
18. That the Health Department and the Nurses' Registration Board urgently review the curriculum and length of Nursing Aide training with a view to upgrading the psychiatric component.
19. That Regional Directors negotiate expansion of arrangements for purchase of social work, psychology, and occupational therapy services between hospitals and regions.
20. That services in psychiatric hospitals be made more specialised on the basis of diagnostic groupings and programmes.
21. That in staffing to meet clinical needs within available resources, more use be made of sessional arrangements for use of private practitioners.
22. That Regional Directors negotiate arrangements for greater use of authorised private psychiatric hospitals for the provision of services for public patients.
23. That within hospitals emphasis be placed on rehabilitation programmes developed and monitored by programme staff. Direct care ward staff be responsible to the programme staff for programme maintenance and achievement.
24. That the Department of Health approach the College of Nursing to develop a training programme to facilitate the transfer of nurses to community care services.
25. That services for children and adolescents (located in community health centres, child health centres or in hospitals) be administered as a specialised network at regional or sub-regional level.
26. That Advisory Committees on Child, Adolescent and Family Mental Health be established at regional and state level, including representatives of the Departments of Youth and Community Services and Education.
27. That from the specific allocation (\$5 million per annum) referred to in Recommendation 6, an amount of \$3.8 million be allocated to Regions to develop community mental health assessment crisis-care and treatment services necessary to facilitate reduction in the utilisation and size of

the existing specialised psychiatric hospitals. Priority to be given to the Western Metropolitan, Hunter, Southern Metropolitan and Illawarra Regions.

28. That the existing psychiatric services in the following hospitals be responsible to the Boards of the following hospitals:

Rozelle and Gladesville Hospitals - Royal Prince Alfred Hospital Board (with widened membership to represent psychiatric services)

Parramatta Psychiatric Centre (and services at Rydalmere Hospital until 1985-6) -Parramatta Hospitals Board (with widened membership to represent psychiatric services)

Macquarie Hospital - Royal North Shore Hospital Board (with widened membership to represent psychiatric services)

Newcastle Psychiatric Centre and Morisset Hospital

Regional Psychiatric Board (with teaching hospital representation)

Kenmore Hospital - Area Board for Goulburn

Bloomfield Hospital - Area Board for Orange.

29. That the following targets be adopted for the expansion of community services and the relocation of acute admission services, and the reduction in size of specialised psychiatric hospitals:

Region	Psychiatric Hospitals				Hostels	Community mental health positions
	Current	Proposed Beds Reduction	Proposed Transfer Beds	Proposed Target		
Western Metropolitan	803	100	100	603	Not specifically allocated	56
Southern Metropolitan	1155	305	100	750		20
Northern Metropolitan	286	-	40	246		
Hunter	591	241	100	250		29
South-East	396	106	40	250		10
Central West	467	245	60	162		10
Illawarra						15
South-West						29
Orana & Far West						29
North Coast						29
New England						29
	3698	997	440	2261	500	256

30. That in each specialised psychiatric hospital a migrant health advocate be designated from among the existing staff.

PART 4 - SERVICES FOR THE DISTURBED AND CONFUSED ELDERLY AND THE FUTURE ROLE OF STATE NURSING HOMES

The following recommendations arise from Part 4:

1. That the primary focus of services for the disturbed and confused elderly be based on a multi-disciplinary community oriented geriatric assessment service.
2. That these services be provided in an integrated manner through linkages to appropriate area or regional acute health services (including psychiatric services), day hospital facilities and a range of supportive accommodation facilities.
3. That the Health Department implement a policy that all admissions of elderly people to public sector psychiatric or nursing home facilities be dependent on prior assessment by a community based geriatric assessment service.
4. That the Department of Health in conjunction with the relevant educational authorities and professional bodies review the adequacy of training of professionals involved in caring for the disturbed and confused elderly with a view to improving knowledge and understanding of their special needs.
5. That the following issues be raised by the Minister for Health with the Commonwealth Ministers for both Health and Social Security:-
 - (i) the need for Commonwealth funding of geriatric assessment services to ensure more appropriate care is provided to confused and disturbed elderly people and to minimise inappropriate private nursing home placements;
 - (ii) the need to eliminate administrative impediments to the adequate provision of "extensive care" benefits under the National Health Act for those elderly people who require intensive nursing care for nonphysical reasons.
 - (iii) the need to foster the development of alternatives to nursing home accommodation through appropriate Commonwealth funding arrangements.
6. That in granting approvals for the establishment and/or extension of nursing homes the Department of Health give priority to proposals which provide facilities and programmes for the confused elderly and consider introduction of a requirement of this kind as a condition of licensing.
7. That services for the elderly in specialised psychiatric hospital facilities be linked to acute geriatric and psychiatric services provided within the general hospitals to which these specialised facilities will be linked in future and/or to regional geriatric services.
8. That existing Fifth Schedule Nursing Homes be transferred to the Second Schedule of the *Public Hospital Act* and linked to regional or area geriatric services as follows:

Allandale Hospital - initially a separate Board with representation from the Cessnock, Kurri Kurri and Maitland Hospital Boards (subsequently to become part of a regional geriatric service).

Lidcombe Hospital - separate Board.

Garrawarra Hospital - transfer to management of the Board of St. George Hospital.

Strickland House - transfer to management of the Prince Henry/Prince of Wales Board.

9. That the Boards responsible for the management of these services be given the clear responsibility to decentralise and rationalise the accommodation facilities, through the development of smaller community based accommodation, expanded day hospital facilities and improved home care.
10. That use of the term "psychogeriatric" to describe the confused or disturbed elderly be discontinued.
11. That the role of David Berry Hospital in geriatric, rehabilitation and long-term care be expanded, and the hospital be linked for management purposes to other health services in the Shoalhaven area, and transferred to the Second Schedule of the *Public Hospitals Act*.

Appendix 2

Submissions

Submissions⁴⁴

No	Author	Published by Committee
1	Private and confidential	No
2	PRATT Ms Anne	No
3	SHEEDY Mr Jim	No
4	WILLIAMSON Mr David	No
5	MYJAVEC Mr Paul	No
6	MCNAUGHT Mr Don	No
7	Private and confidential	No
8	SMITH Mr Eric (Carers Lodge, Young Community Caring Group)	Yes
9	Private and confidential	No
10	Private and confidential	No
11	OFFICE OF THE STATE CORONER	Yes
12	CASEY Ms Desley	No
13	JOBLING Mr David	No
14	PIERCE Ms Emma	No
15	SWAN Dr H P	Yes
16	GARDINER Ms Fenella	Yes
17	DEANE Ms Colleen	No
18	Private and confidential	No
19	Private and confidential	No
20	FORD Mr Roger	No
21	DIXON Ms Barbara	No
22	NIELSEN Dr Olav (Royal Aust & NZ College of Psychiatrists)	Yes
23	ALCOCK Mr Barry	Yes
24	FAIRFAX Miss Pia	No
25	JACKSON Ms Glenys	No
26	HALE Ms Amanda (Nimbin Neighbourhood & Information Centre)	Yes
27	JAMES Ms Sharon	No
28	LIEBMANN Mr John Justin	No
29	BRIGHT Mrs Rita	No
30	CRIPPS Ms Sue (Director Charmian Clift Cottages)	Yes

⁴⁴ Supplementary submissions received are recorded within the original allocated submission number.

No	Author	Published by Committee
31	HODSON Mr Craig	No
32	KINNINMENT Ms Pam	No
33	BULGIN Mr D A	No
34	STEWART Mr Tom	No
35	COOMBES Dr Bruce	Yes
36	BARRA Ms Louisa	No
37	GRAY Mr Peter	No
38	ANONYMOUS	No
39	CROSSINGHAM Ms Edna	No
40	BLEASDALE Ms Catherine	Yes
41	HUTTEN Mr Peter	No
42	Private and confidential	No
43	CHARLTON Ms Jean	Yes
44	QUESTED Mr James	No
45	ROGERS Ms Trish	No
46	HEAL Mr John	No
47	BLOOMFIELD Mr Greg	Yes
48	BRODATY Professor Henry	Yes
49	LORD Ms Lexie (Parents and Carers Mental Health Group)	No
50	COOPER Mrs Jean	No
51	ANONYMOUS	No
52	Australian Medical Association (NSW)	Yes
53	KILKEARY Mr Stephen	No
54	WOOLLEY Dr Judith	No
55	YATES Mr Pat	No
56	Private and confidential	No
57	BILLS Mr Bruce	No
58	KEMPSEY MENTAL HEALTH SUPPORT GROUP	Yes
59	O'LEARY Mrs Carmel	No
60	Civil Chaplaincies Advisory Council	Yes
61	BEITL Ms Julia	No
62	NSW Council for Intellectual Disability	Yes
63	FLETT Ms Josie	No
64	Macksville Positive Living Skills Centre	Yes
65	Coffs Harbour Living Skills Centre	Yes

No	Author	Published by Committee
66	Private and confidential	No
67	SCOTT Mr Philip (Mid-North Coast Area Action Group)	Yes
68	BELL R.	No
69	ROWE Mr Graham	No
70	ROWE Ms Val	No
71	St Agnes Support Service	Yes
72	Private and confidential	No
73	Private and confidential	No
74	Private and confidential	No
75	Gethsemane Community INC	Yes
76	Northern Rivers Area Health Service	Yes
77	Mental Illness Education Australia (NSW)	Yes
78	UnitingCare	Yes
79	BAYLEY Ms Patricia	No
80	Alzheimer's Association NSW	Yes
81	BEVERLEY Ms Pamela	No
82	HAMILTONS Mr Thomass	No
83	Private and confidential	No
84	BARRA Ms Louisa	No
85	Parramatta Council	Yes
86	REGAN Ms Christine	No
87	FRANKLIN Ms Liz	No
88	Faculty Of Psychiatry Of Old Age (NSW)	Yes
89	Private and confidential	No
90	ILLAWARRA A.R.A.F.M.I	Yes
91	Australian Salaried Medical Officers' Federation	Yes
92	STARLING Dr Jean (NSW faculty of Child & Adolescent Psychiatry)	Yes
93	Maitland City Council	Yes
94	Private and confidential	No
95	PARSONS Mr Robert	No
96	Parramatta Mission	Yes
97	Life Activities Inc	Yes
98	B. Miles Women's Housing Scheme	Yes
99	Macarthur Disability Network	Yes

No	Author	Published by Committee
100	Private and confidential	No
101	OLIVER Ms Margaret	No
102	Special Interest Group In Intellectual Disability of the RANZCP	Yes
103	Assoc of Relatives & Friends of the Mentally Ill (NSW)	Yes
104	Australia Consumers Association Inc	Yes
105	The Compeer Program, St Vincent de Paul Society	Yes
106	Guardianship Tribunal	Yes
107	MARCHLEWSKI Mr Roman	No
108	Hornsby Ku-ring-gai Association Action for Mental Health Inc	Yes
109	Partners of Veterans of Australia	Yes
110	Private and confidential	No
111	St George Community And Consumer Consultative Committee	Yes
112	Second Opinion Society Australia	Yes
113	Serenity NSW Inc	Yes
114	Private and confidential	No
115	Private and confidential	No
116	Private and confidential	No
117	SIMPSON Ms Geraldine	No
118	REYNOLDS Mrs Leslee	No
119	Aboriginal Medical Service, DHARAH GIBINJ	Yes
120	Health Care Complaints Commission	Yes
121	Lake Macquarie Clubhouse Inc	Yes
122	Mission Australia	Yes
123	JewishCare Family and Community Services	Yes
124	MONRO Mr James	No
125	Couselling And Retraining for Employment (CARE)	Yes
126	Northern Rivers Area Mental Health Council	Yes
127	Private and confidential	No
128	Northern Beaches Mental Health Support Group	Yes
129	WISEMAN Ms Dianne	No
130	Australian Association of Social Workers (NSW)	Yes
131	WALSH Ms Helen	No
132	SANE Australia	Yes
133	"ANON"	No
134	PICCOLI MP The Hon Adrian	Yes

No	Author	Published by Committee
135	MARSH Mr Chris	No
136	TWOHILL Ms Ros	No
137	OLIVER Ms Margaret	No
138	HINES Ms Christine	No
139	MARSH Ms Joy	No
140	Community Consultative Committee for Mental Health Services, Mid West Area, Bloomfield Hospital	Yes
141	Private and confidential	No
142	BOHM Ms Barbara	No
143	Society of St Vincent de Paul, State Council of NSW	Yes
144	BRERETON Mr Graham	No
145	BILLS Mr/Ms J	No
146	MCMAHON Mr John	No
147	THOMPSON Ms Helen	No
148	BAILEY Mr John	No
149	Port Macquarie Division of General Practice Ltd	Yes
150	HEYES Ms Cathy	No
151	Private and confidential	No
152	LORD Mrs Christine	No
153	NEWLING Mr William	No
154	WAGSTAFF Mrs Patricia	No
155	DOYLE Ms Maureen	No
156	MCDONALD Mr Ray	No
157	Private and confidential	No
158	Private and confidential	No
159	The Richmond Fellowship	Yes
160	REGAN Ms Christine, NSW Aged Care Alliance Working Party	Yes
161	REGAN Ms Christine (supplementary)	Yes
162	NSW Consumer Advisory Group	Yes
163	Northern beaches Consumer Network & Pioneer Clubhouse	Yes
164	Griffith Suicide Prevention & Support Group Inc	Yes
165	BOHM Ms Barbara	No
166	Private and confidential	No
167	DAGGER Mrs Lyn	No
168	OLSEN Mr John	No

No	Author	Published by Committee
169	BROTHERTON Mrs Clare	No
170	MONRO Mr James	No
171	Mental Health Association NSW Inc	Yes
172	Coalition for Appropriate Supported Accommodation (CASA)	Yes
173	Private and confidential	No
174	Whistleblowers Australia	Yes
175	Illawarra Legal Centre Tenant's Service	Yes
176	POWELL Ms Helen	No
177	RIDLEY Ms Dorothy	Yes
178	POWER Mr Paul	Yes
179	Disability Council of NSW	Yes
180	YOUNG Ms Lydia	No
181	LENNANE Dr Jean (Friends of Callan Park)	Yes
182	St John of God Health Services	Yes
183	Uniting Care NSW.ACT	Yes
184	FOWLER Ms Gabriel	Yes
185	DEVESON Ms Anne	No
186	Association of Children's Welfare Agencies	Yes
187	South West Sydney Area Carer Network	Yes
188	Mission Australia NSW & ACT	Yes
189	National Association of Practising Psychiatrists	Yes
190	Illawarra Women's Health Service	Yes
191	Central West Women's Health Service	Yes
192	Council of Social Service of NSW (NCOSS)	Yes
193	WEBSTER AO Prof. Ian	Yes
194	Lifeline NSW	Yes
195	Private and confidential	No
196	Carers NSW	Yes
197	KORNER Dr Nils (ARAFMI NSW)	No
198	Shelter NSW	Yes
199	Private and confidential	No
200	KELLY Mr Warwick	No
201	CAMPBELL Mr Ted	Yes
202	GALVIN Ms Fran	Yes
203	BALDRY Dr Eileen	Yes

No	Author	Published by Committee
204	Country Women's Association of NSW	Yes
205	ZABAKS Ms Patricia	No
206	Salvation Army, Australian Eastern Territory	Yes
207	Medical Consumers Association Inc	Yes
208	SEI Ms Christina	No
209	Comprehensive Area Service Psychiatrists (CASP)	Yes
210	BERRUTTI Ms Patricia	No
211	JACKSON Ms Leonie	No
212	New South Wales Nurses' Association	Yes
213	Private and confidential	No
214	NSW Association for Adolescent Health	Yes
215	Private and confidential	No
216	Mental Health Advocacy Service (Legal Aid)	Yes
217	Grafton ARAFMI	No
218	Mental Health Co-ordinating Council	Yes
219	Office of the Protective Commissioner	Yes
220	OAKES Ms Diane	No
221	Australian Mental Health Suicide Consumer-Alliance (Club SPERANZA)	Yes
222	Private and confidential	No
223	CONNOLEY Mr Patrick & BRENNAN Ms Elizabeth	No
224	SCOTMAN Ms Gwen	No
225	CONNELLY Mr Julian	No
226	Commonwealth Department of Health and Ageing	Yes
227	People with Disabilities (NSW)	Yes
228	NSW Transcultural Mental Health Centre (TMHC)	Yes
229	Private and confidential	No
230	The Royal Australian & New Zealand College of Psychiatrists (NSW Branch)	Yes
231	ROWNEY Ms Veronica	No
232	CARNE Mr Jonathan	Yes
233	CAMPBELL Dr Andrew (CASP)	Yes
234	HUNTT Mr Denis	No
235	Private and confidential	No
236	Mental Health Reconnect	Yes

No	Author	Published by Committee
237	SULIMA Mr/Ms JM	Yes
238	MIDDLETON Major Lyn	Yes
239	PUPLICK Mr Chris	Yes
240	WADE Ms Margaret	No
241	Life Activities Inc (Newcastle NSW)	Yes
242	The Mental Health Network, Fairfield Health Forum	Yes
243	Shopfront Youth Legal Centre	Yes
244	STEPHAN Ms Jill	No
245	Schizophrenia Fellowship of NSW Inc	Yes
246	KIRKBY Ms Elisabeth	No
247	PATEMAN Mr & Mrs	Yes
248	VICKERY Mr Rick	Yes
249	The Women's Centre	Yes
250	OAKESHOTT MP Mr Robert	Yes
251	Men's Health Information and Resource Centre	Yes
252	STEEL Mr Grahame	Yes
253	CAMPBELL Dr Ted	Yes
254	Police Association of New South Wales	Yes
255	Office of the Public Guardian (NSW)	Yes
256	SMITH Mrs Patricia	No
257	TYACK Mrs Joy E	No
258	Australian & New Zealand College of Mental Health Nurses	Yes
259	Women and Mental Health Inc	Yes
260	D'ARRIETTA Mrs Rosemarie	No
261	Lithgow Family and Community Mental Health Support Group	Yes
262	Waromi Carer's Support Group	No
263	BARCLAY AM Dr William	Yes
264	RICHARDS Mr Douglas	No
265	Multicultural Disability Advocacy Association of NSW	Yes
266	Mental Health Review Tribunal	Yes
267	MCGREGOR Mr Robert	Yes
268	Centre for Health Service Development	Yes
269	GADDIN Ms Dianne	No
270	YOUNG Ms Lydia	No
271	VALDER Ms Kay, Official Visitor, Mulawa Correctional Centre	Yes

No	Author	Published by Committee
272	Freedom Pastoral Care Inc	Yes
273	Central Sydney Area Health Service	Yes
274	Waromi, Wentworth Area Relatives of the Mentally Ill	Yes
275	Australian Psychological Society Ltd	Yes
276	WEBSTER Mrs Patricia	No
277	ROSEN Dr Alan	Yes
278	WEBSTER Mr Allan	No
279	Alliance of NSW Divisions Ltd	Yes
280	BOETTCHER Dr Brian	Yes
281	ALLNUTT Dr Stephen	No
282	CLEMENTS Mrs Janet	No
283	CURBY Mrs J K	No
284	NUNN Prof Ken	No
285	Private & confidential	No

Appendix 3

Witnesses at hearings

Witnesses at Hearings

Date	Name	Representative organisation/capacity
23 May 2002	Sr Myree Harris	Society of St Vincent de Paul
	Ms Judith Ball	Society of St Vincent de Paul
	Mr Owen Rogers	Society of St Vincent de Paul
	Dr Robert Brooks	St John of God Hospital
	Dr Rupert Elliott	St John of God Hospital
	Dr Pieter Rossouw	St John of God Hospital
	Ms Michelle Thompson	St John of God Hospital
	Mr Peter Gates	Consumer Advisory Group, Mental Health
	Mr Douglas Holmes	Consumer Advisory Group, Mental Health
	Ms Gillian Church	Mental Health Association NSW Inc
	Ms Leonie Manns	Mental Health Association NSW Inc
	Dr Meg Smith OAM	Mental Health Association NSW Inc
28 May 2002	Ms Diana Qian	Disability Council NSW
	Mr Donald Byrne	Disability Council NSW
	Ms Marika Kontellis	Disability Council NSW
	Ms Leonie Manns	Former Chair, Disability Council NSW
	Ms Helena O'Connell	New South Wales Council for Intellectual Disability
	Ms Jenna Bateman	Mental Health Co-ordinating Council
	Ms Joyce Said AM	Mental Health Co-ordinating Council
	Mr Phil Nadin	Mental Health Co-ordinating Council
	Prof Henry Brodaty	Academic Dept for Old Age Psychiatry, Prince of Wales Hospital
	Mr Anthony Brown	Men's Health Information Resource Centre
	Ms Christine Regan	NSW Aged Care Alliance (NSW Council of Social Services)
	Dr Jeffery Rowland	Australian Society Geriatric Medicine (NSW Branch)
29 May 2002	Ms Leanne Elsworthy	B. Miles Women's Housing Scheme
	Ms Geral Wallwork	B. Miles Women's Housing Scheme
	Mr Fred Kong	Richmond Fellowship
	Mr Michael Sterry	Richmond Fellowship
	Mr Philip French	Shelter NSW
	Ms Hazel Blunden	Shelter NSW

Date	Name	Representative organisation/ capacity
	Dr Jonathan Carne	Psychiatrist
	Dr Rachel Falk	Consultant Psychiatrist, National Association Practising Psychiatrists
	Mr Glen Ramos	National Association Practising Psychiatrists
	Sr Myree Harris	Coalition for Appropriately Supported Accommodation for People with Disabilities
30 May 2002	Dr William Barclay AM	Psychiatrist
	Dr Richard Matthews	NSW Corrections Health Service
	Dr Olav Nielssen	Psychiatrist (Forensic FRANZCP)
	Ms Nihal Danis	Mental Health Advocacy Service (Legal Aid)
	Mr Robert Wheeler	Mental Health Advocacy Service (Legal Aid)
	Dr Jonathan Carne	Psychiatrist
31 May 2002	Prof Ian Webster AO	Emeritus Professor, Medical Practitioner
	Dr Jean Lennane	Psychiatrist
14 June 2002	Mr Ian Ball	Police Association of NSW
	Ms Sandra Soldo	Police Association of NSW
	Mr Rodney Brabin	Mental Health Review Tribunal
	Mr Michael Sterry	Mental Health Review Tribunal
	Prof Duncan Chappell	Mental Health Review Tribunal
	Dr Allan Cala	Forensic Pathologist
	Dr Ella Sugo	Forensic Pathologist
30 July 2002	Dr Jean Starling	Chairperson, NSW Faculty of Child and Adolescent Psychiatry
	Ms Georgie Ferrari	NSW Association for Adolescent Health
	Ms Margaret Veratau	Private citizen (NSW Association for Adolescent Health)
	Prof Kenneth Nunn	Area Director – Mental Health, The Children's Hospital, Westmead
	Ms Kate Adams	NSW Nurses' Association
	Ms Petrusia Butrej	Occupational Health and Safety Coordinator, NSW Nurses' Association
	Ms Susan Karpik	NSW Nurses' Association
	Mr John Lyons	Clinical Nurse Consultant
	Mr Jeremy Masters	Australian & New Zealand College Mental Health Nurses

Date	Name	Representative organisation/capacity
	Mr Ian Wilson	Australian & New Zealand College Mental Health Nurses
31 July 2002	Mr Michael Roberts	Aboriginal Medical Service Dharah Gibinj (Casino)
	Ms Lexie Lord	Aboriginal Medical Service Dharah Gibinj (Casino)
	Ms Judith Meppem	Chief Nursing Officer, NSW Health
	Ms Ros Bragg	Council of Social Services NSW
	Mr Tim Goodwin	Council of Social Services NSW
	Mr Abd Malak	NSW Transcultural Mental Health Centre
	Mr Ted Quan	NSW Transcultural Mental Health Centre
1 August 2002	Mr Philip Scott	Court Liaison Clinician
	Dr Ted Campbell	Director, Mental Health, Port Macquarie Base Hospital
8 August 2002	Mr Chris Puplick	Privacy Commissioner, Privacy NSW
	Mr Robert Ramjan	Schizophrenia Fellowship of NSW
	Hon Frank Walker QC	Schizophrenia Fellowship of NSW
	Dr Brian Boettcher	Forensic Psychiatrist
	Dr Michael Giuffrida	Forensic Psychiatrist
12 August 2002	Prof Beverley Raphael	Director, Centre for Mental Health, NSW Health
	Dr Stephen Allnutt	Forensic Psychiatrist

Appendix 4

Public forum participants

Public forum speakers

Tony Humphrey

Laurie Hallinan

Deborah Duthie

Rosemarie D'Arrietta

Patricia Zabaks

Dianne Gaddin

Patricia Webster

John Liebmann

Ray MacDonald

Gillian Holt

Julian Connolly

Eric Smith

Patrick Connoley

Elizabeth Brennan

Sophie Jackson

Dorothy Ridley

Jean Cooper

Fred Pateman

Robyn Leitch

John McLean

Stephen Kilkeary

Julia Beitzl

Pia Fairfax

Peter Hutten

Janette du Buisson Perrine

Margaret Oliver

Margaret Veratau

Appendix 5

Minutes of proceedings

Minutes of Proceedings

Minutes No. 1a

Tuesday, 22 January 2002

at Parliament House, Sydney at 3.00 pm

1. Members Present

Mr Breen
Dr Chesterfield-Evans
Ms Fazio
Mr Hatzistergos
Mr Moppett
Dr Pezzutti

2. Election of the Chair

The Clerk declared the meeting open and called for nominations for the Chair.

Mr Moppett nominated the Hon Dr Brian Pezzutti.

There being no other nominations, the Clerk declared Dr Pezzutti elected as Chair.

Dr Pezzutti took the Chair.

3. Adoption of procedural motions

Dr Chesterfield-Evans moved:

1. That arrangements for the calling witnesses be left in the hands of the Chairman and the Clerk.
2. That media statements concerning the deliberations of the Committee be made only by the Chairman on behalf of the Committee.
3. That, unless otherwise ordered, parties appearing before the Committee will not be represented by members of the legal profession.
4. That, unless otherwise ordered, transcripts of evidence taken by the Committee be not made available to any person, body or organisation, provided that each witness will be given a proof copy of their evidence for correction and return to the Clerk.
5. That the Chairman and Clerk be empowered to request that funds be provided to meet expenses in connection with travel, accommodation, advertising and approved incidental expenses of the Committee, including additional staff.

Put and passed.

4. Call for submissions

The Committee resolved:

- to call for submissions by 4 April 2002;
- to publish the advertisement as previously circulated in the Sydney Morning Herald, Daily Telegraph, The Land and major regional newspapers and to request the Chair to issue a press release noting the call for submissions.

5. Invitations to stakeholders

The Committee agreed that the Chair shall invite to make a submission the stakeholders in the list distributed and Consumers' Health Forum, Illawarra Institute for Mental Health, Public Interest Advocacy Centre, Centre for Health

Services Development, Consumer Consultative of all Area Health Services, Social Policy Research Centre, Compeer, Ambulance Service of NSW, AIDS Council of NSW, Hospital Emergency Departments, Area Health Service Alcohol and other Drug Services, Department of Community Services, Australian Medical Association, Institute of Psychiatry, Youth Action Policy Association, Council for Intellectual Disability, Kempsey Shire Council, Coffs Harbour Shire Council, Anti-Discrimination Board, Hep C Council, Prison Officers Association, Police Association, Corrections Health Service, Beyond Blue, Challenge, friends of Stockton, friends of Bloomfield and community visitors.

6. General business

The Committee agreed to seek a background briefing from the Department of Health.

Dr Pezzutti tabled the following papers:

- Paper on Mandala Clinic Gosford
- NAPP Briefing Paper – CBCM 4 December 2001-12-05, “The public mental health services in NSW – the clinicians’ perspective”
- Mental Health Implementation Group *Mental Health Non-Acute Inpatient Services Plan: Draft Framework Version 2.31* dated June 2001
- Beverly Raphael and Katrina Hasleton, “Mental Health reform in NSW and the NSW Government’s *Action Plan for Health*”, *HealthCover*, October-November 2001
- correspondence from Patricia Bayley to Dr Pezzutti dated 5 November 2001
- correspondence from the Schizophrenia Fellowship to Dr Pezzutti dated 14 November 2001.
- correspondence from Ms Erika Inessa Tyconi
- Mental Health Review Tribunal 2000 Annual Report

7. Adjournment

The Committee adjourned at 4:00 pm until Thursday 9 May 2002 at 1:30 pm

Russell Keith

Clerk to the Committee

Minutes No. 1b⁴⁵

Wednesday, 20 March 2002

at Parliament House, Sydney at 1.10 pm

1. Members present

Mr Breen
Dr Chesterfield-Evans
Ms Fazio
Mr Hatzistergos
Mr Moppett
Dr Pezzutti

2. Election of the Chair

The Clerk declared the meeting open and called for nominations for the Chair.

Mr Moppett nominated the Hon Dr Brian Pezzutti.

There being no other nominations, the Clerk declared Dr Pezzutti elected as Chair.

Dr Pezzutti took the Chair.

3. Adoption of Procedural Motions

Mr Hatzistergos moved:

1. That arrangements for the calling witnesses be left in the hands of the Chairman and the Clerk.
2. That media statements concerning the deliberations of the Committee be made only by the Chairman on behalf of the Committee.
3. That, unless otherwise ordered, parties appearing before the Committee will not be represented by members of the legal profession.
4. That, unless otherwise ordered, transcripts of evidence taken by the Committee be not made available to any person, body or organisation, provided that each witness will be given a proof copy of their evidence for correction and return to the Clerk.
5. That the Chairman and Clerk be empowered to request that funds be provided to meet expenses in connection with travel, accommodation, advertising and approved incidental expenses of the Committee, including additional staff.

Put and passed.

4. Inquiry Planning

The Committee discussed the conduct of the inquiry.

The Committee agreed to set aside dates for meetings until August.

The Committee agreed it wished to visit the Long Bay mental health facility.

Russell Keith

Clerk to the Committee

⁴⁵ Minutes recommenced at No. 1 after prorogation of Parliament.

Minutes No. 2

Thursday 9 May 2002

Room 1153, Parliament House at 1.30 pm

1. Members Present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Hatzistergos

Mr Moppett

2. Confirmation Of Minutes

Resolved, on motion of Ms Fazio, that: the Minutes of meeting number 1 be confirmed.

3. Inquiry Into Mental Health Services In New South Wales

The Committee discussed various matters in relation to future direction of the inquiry.

Resolved, on motion of Mr Moppett, that: the Committee Secretariat, in consultation with the Chair, prepare a proposal for a future hearing schedule.

The Committee deliberated.

The Committee allocated the following dates for hearings: 23, 28, 29, 30 and 31 May 2002.

4. Adjournment

The meeting adjourned at 2.15 pm until 9.30am, Thursday 23 May 2002, Room 814/815

Rob Stefanic

Director

Minutes No 3

Thursday 23 May 2002

Room 814/815, Parliament House at 9.30 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Moppett

2. Apologies

Mr Hatzistergos

3. Confirmation of minutes

Resolved, on motion of Mr Moppett, that: the Minutes of meeting number 2 be confirmed.

4. Inquiry into Mental Health Services in New South Wales

Resolved, on motion of Dr Chesterfield-Evans: That in accordance with the Resolution of the Legislative Council of 11 October 1994 the Committee authorizes the sound broadcasting and television broadcasting of its public proceedings held today.

The public and media were admitted.

The Chair welcomed the gallery and reminded the media of their obligation under Standing Order 252 of the Legislative Council in relation to evidence given before, and documents presented to the Committee. The Chair also distributed copies of the guidelines governing broadcast of proceedings.

Mr Owen Rogers, Executive Officer, New South Wales State Council, Society of St Vincent de Paul, Sr Myree Harris, President, State Advisory Committee for the Care of People with Mental Illness, Society of St Vincent de Paul and Judith Ball, Co-ordinator of the Compeer Program, Society of St Vincent de Paul, were sworn and examined.

Sr Myree Harris tendered several documents supporting her evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the documents.

Evidence concluded and the witnesses withdrew.

Dr Rupert Elliott, Medical Practitioner, St John of God Hospital, Dr Pieter Rossouw, Program Consultant, Senior Clinical Psychologist, St John of God Hospital, Ms Michelle Thompson, Chief Executive Office, St John of God Health Services and Dr Robert Brooks, Research Psychologist, St John of God Health Services, were sworn and examined.

The media and public withdrew.

The Committee continued *in camera*.

The media and public were admitted.

Evidence concluded and the witnesses withdrew.

Mr Peter Gates, Business Consultant, NSW Consumer Advisory Group and Mr Douglas Holmes, Executive Officer, NSW Consumer Advisory Group, were sworn and examined.

Mr Holmes tendered several documents supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the documents.

Evidence concluded and the witnesses withdrew.

Dr Meg Smith, President, Mental Health Association NSW, Ms Gillian Church, Executive Director, Mental Health Association NSW and Ms Leonie Manns, Chairperson, Mental Health Association NSW, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Public hearing concluded, the media and public withdrew.

The Committee deliberated.

Resolved, on motion of Mr Chesterfield-Evans: That pursuant to the provisions of section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and under authority of Standing Order 252, the Committee authorises the Clerk to the Committee to publish submissions and corrected transcripts with the exception of documents or part documents identified as “confidential” or “not publicly available”.

5. Adjournment

The meeting adjourned at 4.40 pm until 9.30am Tuesday 28 May 2002 in Room 814/815.

Rob Stefanic
Director

Minutes No 4

Tuesday 28 May 2002

Room 814/815, Parliament House at 9.30 am

1. Members present

Dr Pezzutti (Chair)

Dr Chesterfield-Evans

Ms Fazio

Mr Hatzistergos

2. Apologies

Mr Breen

Mr Moppett

3. Inquiry into Mental Health Services in New South Wales

The public and media were admitted.

Ms Diana Qian, Acting Deputy Chairperson, Disability Council of NSW, Mr Donald Byrne, Executive Officer, Disability Council of NSW, Ms Leonie Manns, Former Chairperson, Disability Council of New South Wales and Ms Marika Kontellis, Counsellor, Disability Council of New South Wales, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Ms Helena O'Connell, Executive Officer, New South Wales Council for Intellectual Disability, was sworn and examined.

Evidence concluded and the witness withdrew.

Ms Joyce Said, Executive Director, After Care, Chair, Mental Health Co-ordinating Council, Rozelle Hospital, Mr Phil Nadin, Deputy Chair, Mental Health Co-ordinating Council, Rozelle Hospital and Ms Jenna Bateman, Executive Officer, Mental Health Co-ordinating Council, Rozelle Hospital, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Prof Henry Brodaty, Professor of Psychogeriatrics, Academic Department for Old Age Psychiatry, Prince of Wales Hospital, Randwick, was sworn and examined.

Prof Brodaty tendered several documents supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the documents.

Evidence concluded and the witness withdrew.

Ms Christine Regan, Senior Policy Officer, New South Wales Aged Care Alliance, Dr Jeffrey Rowland, President, Australian Society for Geriatric Medicine, New South Wales Branch, and Mr Anthony Brown, Project Officer, Men's Health Information Resource Centre, University of Western Sydney, were sworn and examined.

Evidence concluded and the witnesses withdrew.

4. Adjournment

The meeting adjourned at 4.10 pm until 29 May 2002

Rob Stefanic
Director

Minutes No 5

Wednesday 29 May 2002

Jubilee Room, Parliament House at 10.00 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Hatzistergos

2. Apologies

Mr Moppett

3. Inquiry into Mental Health Services in New South Wales

Ms Leanne Elsworthy, Co-ordinator, B. Miles Women's Housing Scheme, and Ms Geral Wallwork, Social Worker and Housing Support Worker, B. Miles Women's Housing Scheme, were sworn and examined.

Ms Elsworthy tabled a document supporting her evidence

Evidence concluded and the witnesses withdrew.

Mr Fred Kong, Chief Executive Officer, Richmond Fellowship of New South Wales and Michael Sterry, Counsellor and Board Member, Richmond Fellowship of New South Wales, were sworn and examined.

Mr Kong tabled documents supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the documents.

Evidence concluded and the witnesses withdrew.

Mr Phillip French, Chairperson, Shelter New South Wales and Ms Hazel Blunden, Policy Officer, Shelter New South Wales, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Dr Jonathan Carne, Psychiatrist, Mr Glen Ramos, Assistant National Co-ordinator, National Association of Practising Psychiatrists and Dr Rachel Falk, Consultant Psychiatrist, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Sr Myree Harris, Convener, Coalition for Appropriate Supported Accommodation for People with Disabilities in New South Wales, previously sworn and examined.

Evidence concluded and the witness withdrew.

Resolved, on motion of Ms Fazio: That uncorrected transcripts of evidence from hearings of this Committee, except *in camera* evidence, be made available to the public.

4. Adjournment

The meeting adjourned at 5.15 pm until 9.30am Thursday 30 May 2002.

Rob Stefanic

Director

Minutes No. 6

Thursday 30 May 2002

Room 814/815, Parliament House at 9.30 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Hatzistegos

2. Apologies

Mr Moppett

3. Inquiry into Mental Health Services in New South Wales

Dr William Barclay, Psychiatrist, Epping was sworn and examined

Evidence concluded and the witness withdrew.

Dr Richard Matthews, Medical Practitioner and Chief Executive Officer of Corrections Health Service was sworn and examined.

Dr Matthews tabled a document supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

Evidence concluded and the witness withdrew.

Dr Olav Nielsen, Psychiatrist, and Chairman, Forensic Section, New South Wales Branch, Royal Australian and New Zealand College of Psychiatrists, was sworn and examined.

Evidence concluded and the witness withdrew.

Mr Robert Wheeler, Solicitor, Mental Health Advocacy Service (Legal Aid) and Ms Nihal Danis, Solicitor, Mental Health Advocacy Service (Legal Aid), were sworn and examined.

Evidence concluded and the witnesses withdrew.

Dr Jonathan Carne, Psychiatrist, previously sworn and examined.

Dr Carne tabled a document supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

4. Adjournment

The meeting adjourned at 5.10 pm until 9.30 am Friday 31 May 2002.

Rob Stefanic

Director

Minutes No 7

Friday 31 May 2002

Room 814/815, Parliament House at 9.30 am

1. Members present

Dr Pezzutti (Chair)

Dr Chesterfield-Evans

Mr Hatzistergos

2. Apologies

Mr Breen

Ms Fazio

Mr Moppett

3. Inquiry into Mental Health Services in New South Wales

Prof Ian Webster, Emeritus Professor, Medical Practitioner, was sworn and examined

Evidence concluded and the witness withdrew.

Dr Jean Lennane, Psychiatrist, was sworn and examined.

Dr Lennane tabled documents supporting her evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the documents.

Evidence concluded and the witness withdrew.

The Committee deliberated.

The Chair tabled the following documents:

NSW Government, *Caring for People with Mental Illness, Response to the Human Rights and Equal Opportunity Commission Report into the human rights of people with mental illness, circa 1994*

NSW Department of Health, Centre for Mental Health & NSW Police Service, *Memorandum of Understanding Between NSW Police and NSW Health, June 1998*

NSW Health Department, *Directory of Mental Health Services in NSW, 1993*

NSW Health Department, *Leading the Way – A Framework for NSW Mental Health Services 1991-2001, 1993*

The Chair proposed that the Committee conduct a further three hearings, a public forum, a site visit to Long Bay Correctional Complex and a study visit to a Victorian correctional facility.

4. Adjournment

The meeting adjourned at 1.30 pm until 10.00 am Friday 14 June 2002.

Rob Stefanic

Director

Minutes No 8

Friday 14 June 2002

Jubilee Room, Parliament House at 10.00 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Hatzistergos

Ms Burnswoods (participating)

Mr West (participating)

2. Apologies

Mr Moppett

3. Inquiry into Mental Health Services in New South Wales

Mr Ian Ball, President and Ms Sandra Soldo, Project Officer from Police Association NSW, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Prof Duncan Chappell, President, Mr Michael Sterry, Deputy President and Mr Rodney Brabin, Registrar from the Mental Health Review Tribunal, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Dr Allan Cala, Staff Forensic Pathologist and Dr Ella Sugo, Staff Forensic Pathologist from the Department of Forensic Medicine, Central Sydney Laboratory Service, were sworn and examined.

Evidence concluded and the witnesses withdrew.

4. Adjournment

The meeting adjourned at 2.45 pm.

Rob Stefanic

Director

Minutes No 9

Monday 29 July 2002

Long Bay Correctional Complex, Malabar NSW at 10.30 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Jobling

2. Apologies

Mr Hatzistegos

3. Site visit Long Bay Hospital, Long Bay Correctional Complex

Briefings were given and site visit conducted at the Long Bay Hospital, Long Bay Correctional Complex, Malabar by the following persons:

Dr Richard Matthews, Chief Executive Officer, Corrections Health Services

Ms Anne Doherty, - Acting Director, Mental Health, Corrections Health Services

Mr Brian Kelly, Superintendent, Department of Corrective Services

Briefings were given and a site visit conducted at the Metropolitan Remand and Reception Centre and Mulawa Correctional Centre, Silverwater Complex by the following persons:

Dr Richard Matthews, Chief Executive Officer, Corrections Health Services

Mr Brian Kelly, Superintendent, Department of Corrective Services

Ms Lee Downes Governor, Mulawa Correctional Centre

Ms Maxine McCarthy, Nursing Unit Manager, Mulawa Clinic

Ms Sandra Kelly, Mental Health Nurse Mulawa

Mr Don Rogers, Commander remand facilities, Metropolitan Remand and Reception Centre

Mr Charles MacKay, Programs Manager, Metropolitan Remand and Reception Centre

4. Adjournment

The meeting adjourned at 5.30 pm until 9.30 am Tuesday 30 July 2002.

Rob Stefanic

Director

Minutes No 10

Tuesday 30 July 2002

Room 814/815, Parliament House at 9.30 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Jobling

2. Apologies

Mr Hatzistegos

3. Inquiry into Mental Health Services in New South Wales

Dr Jean Starling, Chair, NSW Faculty of Child & Adolescent Psychiatry was sworn and examined.

Evidence concluded and the witness withdrew.

Ms Georgie Ferrari, Executive Officer, NSW Association for Adolescent Health and Ms Margaret Veratau, private citizen were sworn and examined.

Evidence concluded and the witnesses withdrew.

Prof Ken Nunn, Area Director - Mental Health, Children's Hospital Westmead was sworn and examined.

Prof Nunn tabled a document supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

Evidence concluded and the witness withdrew.

Ms Kate Adams, Professional Officer, NSW Nurses' Association, Ms Trish Butrej, Professional Officer – OH&S, NSW Nurses' Association, Ms Sie Karpik, Nurse Manager Mental Health Illawarra Area Health Service, NSW Nurses' Association, Mr John Lyons, Clinical Nurse Consultant (Coonabarrabran), NSW Nurses' Association were sworn and examined.

Evidence concluded and the witnesses withdrew.

Mr Jem Masters, NSW Branch President, Australian & New Zealand College of Mental Health Nurses, Mr Ian Wilson, Practised Development Fellow, Professorial Mental Health Nursing Unit, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Resolved, on motion of Dr Chesterfield-Evans: That pursuant to the provisions of section 4 of the Parliamentary Papers (Supplementary Provisions) Act 1975 and under authority of Standing Order 252, the Committee authorises the Clerk to the Committee to publish documents tabled before the Committee during today's hearings.

4. Adjournment

The meeting adjourned at 4.00 pm until 10.00 am Wednesday 31 July 2002.

Rob Stefanic

Director

Minutes No 11

Wednesday 31 July 2002

Jubilee Room, Parliament House at 10.00 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Jobling

2. Apologies

Mr Hatzistegos

3. Inquiry into Mental Health Services in New South Wales

Mr Michael Roberts, Chief Executive Officer, Dharah Gibinj - Aboriginal Medical Service, Aboriginal Corporation (Casino) and Ms Lexie Lord, Volunteer, Dharah Gibinj - Aboriginal Medical Service were sworn and examined.

Mr Roberts tabled a document supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

Ms Lord tabled a document supporting her evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

Evidence concluded and the witnesses withdrew.

Ms Judith Meppem, Chief Nursing Officer, NSW Health

Ms Meppem tabled a document supporting her evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

Evidence concluded and the witness withdrew.

Ms Ros Bragg, Deputy Director, Policy and Mr Tim Goodwin, Senior Policy Adviser from the Council of Social Services of New South Wales, were sworn and examined.

Mr Abd Malak, Director, and Mr Ted Quan, Representative, from the New South Wales Transcultural Mental Health Centre, were sworn and examined.

Evidence concluded and the witnesses withdrew.

Resolved, on motion of Mr Jobling: That pursuant to the provisions of section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and under authority of Standing Order 252, the Committee authorises the Clerk to the Committee to publish documents tabled before the Committee during today's hearings.

4. Adjournment

The meeting adjourned at 4.00 pm until 10.00am Thursday 1 August 2002.

Rob Stefanic

Director

Minutes No 12

Thursday 1 August 2002

Jubilee Room, Parliament House at 10.00 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Jobling

2. Apologies

Mr Hatzistegos

3. Inquiry into Mental Health Services in New South Wales

Mr Phillip Scott, Court Liaison Clinician, Mid North Coast Area Action Group was sworn and examined.

Mr Scott tabled a document supporting his evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

Evidence concluded and the witness withdrew.

Dr Ted Campbell, Director, Mental Health, Port Macquarie Base Hospital was sworn and examined.

Evidence concluded and the witness withdrew.

The public and the media withdrew.

The Committee deliberated.

Resolved, on motion of Mr Jobling: That pursuant to the provisions of section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and under authority of Standing Order 252, the Committee authorises the Clerk to the Committee to publish documents tabled before the Committee during today's hearings.

Resolved, on motion of Mr Jobling: That the Chair write to the News Editor of the Daily Telegraph newspaper in relation to the news article by Anna Patty published on 1 August 2002 and stating that:

- the submission quoted from Dr Alan Cala has not been published by the Committee therefore unauthorised publication of the submission is a breach of parliamentary privilege
- the Daily Telegraph refrain from further references to Dr Cala's submission.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee undertake a site visit to Victoria for the purposes of examining Victoria's forensic and community services within the mental health system.

Resolved, on motion of Mr Jobling: That the Chair submit a research travel proposal to the President for consideration and approval.

4. Adjournment

The meeting adjourned at 2.30 pm until 9.30 am on Wednesday 7 August 2002.

Rob Stefanic
Director

Minutes No 13

Wednesday 7 August 2002

Jubilee Room, Parliament House at 9.30 am

1. Members present

Dr Pezzutti (Chair)
 Mr Breen
 Dr Chesterfield-Evans
 Ms Fazio
 Mr Hatzistegos

2. Apologies

Mr Jobling

3. Public forum

The public and media were admitted.

The Chair made an opening statement outlining procedural guidelines for the public forum and invited the following members of the public to participate in the public forum.

Tony Humphrey
 Laurie Hallinan
 Deborah Duthie
 Rosemarie D'Arrietta
 Patricia Zabaks
 Dianne Gaddin
 Patricia Webster
 John Liebmann
 Ray MacDonald
 Gillian Holt
 Julian Connolly
 Eric Smith
 Patrick Connelly
 Elizabeth Brennan

Sophie Jackson
 Dorothy Ridley
 Jean Cooper
 Fred Pateman
 Robyn Leitch
 John McLean
 Stephen Kilkeary
 Julia Beitzl
 Pia Fairfax
 Peter Hutten
 Janette du Buisson Perrine
 Margaret Oliver
 Margaret Veratau

Public forum concluded.

The public and the media withdrew.

The Committee deliberated.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the documents tabled by: Tony Humphrey, Laurie Hallinan, Diane Gaddin, Elizabeth Brennan, John McLean, Peter Hutten, Janette du Buisson Perrine and Margaret Oliver.

Resolved, on motion of Dr Chesterfield-Evans: That pursuant to the provisions of section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and under authority of Standing Order 252, the Committee authorises the Clerk to the Committee to publish submission numbers 177, 221 and 247.

The Committee noted that the author of "not publicly available" submission number 229 be now marked "confidential".

4. Adjournment

The meeting adjourned at 4.15 pm until 9.30 am on Thursday 8 August 2002.

Rob Stefanic
Director

Minutes No 14

Thursday 8 August 2002

Room 814/815, Parliament House at 9.30 am

1. Members present

Dr Pezzutti (Chair)

Dr Chesterfield-Evans

Ms Fazio

Mr Jobling

2. Apologies

Mr Breen

Mr Hatzistegos

3. Public hearing

The public and media were admitted.

Mr Chris Puplick, Privacy Commissioner, Privacy NSW was sworn and examined

Evidence concluded and the witness withdrew.

Mr Rob Ramjan, Executive Director and the Hon Frank Walker QC, President, Schizophrenia Fellowship, were sworn and examined.

Mr Ramjan tabled documents supporting his evidence.

Resolved, on motion of Ms Fazio: That the Committee accept the documents.

Evidence concluded and the witnesses withdrew.

Dr Michael Giuffrida, Director, Forensic Psychiatry, Westmead/Cumberland Hospital

Dr Brian Boettcher, Senior Staff Forensic Psychiatrist, Forensic Psychiatry, Cumberland/Westmead Hospital.

4. Adjournment

The meeting adjourned at 4.00 pm until 10.00 am on Monday 12 August 2002.

Rob Stefanic

Director

Minutes No 15

Monday 12 August 2002

Waratah Room, Parliament House at 10.00 am

1. Members present

Dr Pezzutti (Chair)

Mr Breen

Dr Chesterfield-Evans

Ms Fazio

Mr Jobling

2. Apologies

Mr Hatzistegos

3. Public hearing

The public and media were admitted.

Prof Beverley Raphael, Director, Centre for Mental Health, NSW Health was sworn and examined.

Prof Raphael tabled documents supporting her evidence.

Resolved, on motion of Dr Chesterfield-Evans: That the Committee accept the document.

Evidence concluded and the witness withdrew.

Dr Stephen Allnutt, Clinical Director Forensic Psychiatry, Senior Forensic Psychiatrist, Department of Psychiatry University of NSW was sworn and examined.

Evidence concluded and the witnesses withdrew.

The Chair made a statement concerning the reports of two previous inquiries on mental health entitled, *Report from the Select Committee on the Lunatic Asylum, Tarban Creek*, dated 21 October 1846 and *Report from the Commissioners of Inquiry on the Lunatic Asylums of New South Wales*, dated 6 June 1855.

The public and media withdrew.

The Committee deliberated.

Resolved, on motion of Ms Fazio: That pursuant to the provisions of section 4 of the *Parliamentary Papers (Supplementary Provisions) Act 1975* and under authority of Standing Order 252, the Committee authorises the Clerk to the Committee to publish:

- documents tabled before the Committee during today's hearings
- the speech notes tabled by Mr Petter Hutten during the Public Forum on 8 August 2002.

4. Adjournment

The meeting adjourned at 4.00 pm.

Rob Stefanic

Director