Deployment and permanent positions for mental health clinicians during bushfires

Transcript Page 4-5

The Hon. TARA MORIARTY: Can I just clarify—and correct me if I am wrong, I am just trying to do the maths in my head based on what you have just said—that we started at 6 January with six teams of six that were rotating—six people at a time rotate out, six people come in. So we had six lots of those teams and, as of now, there are 24—so what is that? Fours sixes?

Dr LYONS: No, there are 24 staff now. There were 36 initially—

The Hon. TARA MORIARTY: Are they still in groups of six, rotating in and out?

Dr LYONS: No, they are not. They are in different groups. They are deployed at a range of places. There are three in the group from the Sydney Local Health District; five in the group from Central Coast LHD; Hunter New England LHD has sent four down; Northern Sydney LHD has six still going down; South Eastern Sydney LHD has two who are currently deployed—and that was one of the first teams to be deployed in response; and Western NSW Local Health District has four. I can tell you where they are actually located. The Sydney team are based in Tumut at the moment, those three clinicians—

The Hon. TARA MORIARTY: No, that is helpful but you can put that on notice.

Transcript Page 37

Dr LYONS: So we have had discussions with the local health districts about how we can get these people employed quickly because that is another challenge in rural and regional environments—how you get people with these particular skills in those roles quickly. We have actually talked about redeploying maybe existing roles into these positions, but we are looking for senior clinicians who have an understanding of the mental health services that are available, either allied health or nursing predominantly at a fairly senior level. They need to be able to not only work with the services that we are responsible for but also make sure they are connecting in with some authority to the other services and that they are able to ensure that when people need care that we are able to direct them to the most appropriate place for that care, whether that is one of our services, whether that is a non-government organisation that we have commissioned or the PHN has commissioned, whether that is through private services that are available or how do we ensure that they get access to care?

We have actually got a job description that came out of some work that was done with one of our LHDs in the early days. We have made that available to all the bushfire-affected local health districts so that they can use that as a basis of ensuring that we have the right sort of person in those roles who has got the skills and also understands what we are asking them to do.

The Hon. TARA MORIARTY: I know that this is a work in progress but do you know how many you are looking to employ?

Dr LYONS: I have to take that on notice. We have made an initial allocation out. We actually allocated in the first phase but we have added to that so it has been added to.

Transcript Page 38

Dr LYONS: While the funding has been made available and for the next couple of years at least, we are very conscious of the fact that sometimes you need to make a permanent job to recruit somebody into a role, particularly if they are coming from outside of the area and need to relocate. The districts will be looking at whether or not they advertise these roles as a permanent ongoing role or whether they advertise them as a time-limited role. Often, as you know, with changes in staffing that occur and attrition that occurs in our services there is less risk in actually recruiting to

a permanent position because over time you know that you will have vacancies that you can redeploy that person into. The districts are well aware of that and will be working out the best way to recruit those positions in, but they know full well that it is really important that we have people on the ground and delivering a service as quickly as possible.

The Hon. TARA MORIARTY: Will the local areas essentially be able to decide that for themselves, or recommend to you?

Dr LYONS: They will make decisions about whether they advertise it as a permanent position or not, recognising that over time while the funding specifically for this role may be ongoing for a few years, it may not be forever. But then we will have an opportunity to think about how we redeploy those clinicians. We are always looking for, as you say, skilled clinicians in rural and regional areas. There is often a space that we can deploy someone to within the service, if that is required.

The Hon. TARA MORIARTY: I am happy for you to take this on notice because it is potentially a detailed question, but can you tell us which areas or which health districts will be getting these?

Dr LYONS: I will give you the exact list but I know that Southern NSW, Murrumbidgee, Illawarra Shoalhaven, Nepean Blue Mountains, South Western Sydney, Mid North Coast, Hunter New England—they are all definitely in the mix for these roles.

The Hon. TARA MORIARTY: In the mix for these roles, but—

Dr LYONS: I know that they are definitely getting them and I might have left one or two out, but I will add those in if necessary.

The Hon. TARA MORIARTY: You can come back to us if there are more.

Dr LYONS: Sorry, I forgot Northern NSW. How could I forget? I thank my colleague for the prompt.

ANSWER

Answer (1) Page 4-5

As at 5 March 2020 the deployments were as follows:

Deployed from	Numbers	Deployed to/location
SLHD Mental Health Service	3	Tumut
CCLHD	5	Ulladulla
HNELHD	4	Bega Valley
NSLHD	6	Bega Valley
SESLHD	2	Moruya/Narooma
WNSWLHD /FWNSWLHD	4	Batemans Bay
Total	**24**	

Answer (2) Page 37

30 Specialist Bushfire Recovery Clinicians.

Answer (3) Page 38

Local Health District	Total allocation
Southern NSW	5
Murrumbidgee	4
Hunter New England	4
Northern NSW	4
Mid North Coast	4
Illawarra Shoalhaven	3
Western NSW and Far Western NSW	1
Nepean Blue Mountains	2
South Western Sydney	1
Central Coast	2
Total	**30**

Country University Centres

Transcript Page 5-6

The Hon. WALT SECORD: Universities are Federal. I wanted to talk about State programs. I will take you to the County University Centres (CUSc). That would be a State Government responsibility, would it not?

The Hon. BRONNIE TAYLOR: That is correct, Mr Secord, and I know you are very well aware of the wonderful model that is the Country University Centre.

The Hon. WALT SECORD: How many of them are there?

The Hon. BRONNIE TAYLOR: May I ask my department?

The Hon. WALT SECORD: Is it five or six?

Mr HANGER: We will take that on notice. I am sure it is about five or six.

ANSWER

Six

Mental Health of Vets

Transcript Page 8 and 9

The Hon. EMMA HURST: Minister, in the last round of budget estimates I raised the concerns around the mental health of vets and the fact that they have far higher suicide rates than the general population. In response to my question, and I will quote you if you do not mind, you said, "I will have regular contact with the New South Wales veterinary board to make sure that our vets are okay and that they are receiving the support they need." Are you able to provide me with an update on your communications with the New South Wales veterinary board since the budget estimates last year and how many times you have spoken to them in regards to mental health issues?

The Hon. BRONNIE TAYLOR: I cannot tell you the exact amount of times, Ms Hurst. But I can tell you that both myself and my office have been in contact with them. As I declared last time, I actually sat on the New South Wales veterinary board for over three years. So I know them quite well and I sometimes communicate in other forms of communications instead of formally. But we have contacted them, we have spoken to them and my advice was that they had plans where they were supporting each other and they were doing that through their internal profession. I have not had any further issues raised with me where we have needed to –

The Hon. EMMA HURST: Sorry to interrupt but do you have any details about how they were going to do that?

The Hon. BRONNIE TAYLOR: I do not, I am sorry, Ms Hurst. But I would be really happy to take that on notice.

The Hon. EMMA HURST: Could you also take on notice the number of actual formal meetings that you have had?

The Hon. BRONNIE TAYLOR: Sure.

ANSWER

Myself and my office have had informal telephone conversations with NSW Veterinary Board about the impact of drought on veterinarians. I have not received any specific requests for support.

Staying Home Leaving Violence

Transcript Page 18

The Hon. EMMA HURST: Do you know if there are any plans to expand the program? I know it had a lot of support by Women's Safety NSW but they said it was still at a very small and minimal stage at this point.

Ms WALKER: It commenced in 2004 and it is currently in 33 locations across New South Wales and six new sites were contracted in March 2019 through the NSW Homelessness Strategy.

The Hon. EMMA HURST: Do you know what level of funding the program receives each year?

Ms WALKER: I can take that on notice and give you the detail.

ANSWER

I am advised there are currently no plans to expand the program.

A total of $7.7 million of state funding is scheduled to be allocated to Staying Home Leaving Violence (SHLV) services in 2019-20 for the 33 SHVL sites in NSW, including six new sites that became operational in 2018-19 through the NSW Homelessness Strategy 2018-2023.

The Australian Government has allocated an additional $3.5 million over three years for the 33 sites via the Keep Women Safe in Their Homes Program.

Tackling Violence Program

Transcript Page 18-19

The Hon. EMMA HURST: In regards to domestic violence, and this might be something for Ms Smyth, I want to ask about the Tackling Violence program that is being undertaken by Women NSW. As I understand it, rugby league clubs are being offered $3,000 in sponsorship to sign a code of conduct that commits them to penalising players for domestic violence offences and displaying the Tackling Violence logo. Is that correct? Is that what the program is?

Ms SMYTH: The program is around a code of conduct around behaviour that is required to be able to continue to play. I would have to take on notice around the $3,000, but that is the premise of the program.

The Hon. EMMA HURST: You might need to take this on notice, but do you know how much money in total has been spent on the program so far and how much you expect to spend on it in total when it is completed?

Ms SMYTH: I will take that on notice, but the program is continuing.

ANSWER

I am advised that Tackling Violence is delivered by the NSW Health Education Centre Against Violence (ECAV) and is a community education, early intervention and prevention program that uses regional rugby league clubs to promote changed attitudes and behaviours to domestic violence. Local rugby league clubs which sign up for the season receive $3,000 in sponsorship. The club signs a code of conduct, committing them to bench players for domestic violence offences. Players who breach the code of conduct are ineligible to play and are immediately stood down. Counselling is mandatory for such players.

Tackling Violence also delivers domestic and family violence awareness sessions to all sponsored clubs. For sponsored clubs who want to further promote the Tackling Violence

message, the program also facilitates community engagement sessions at local and regional events.

In 2019 Tackling Violence sponsored 34 clubs.

It is noted that the NSW Government has been funding Tackling Violence since 2009. Since 2017, ECAV has been funded by Women NSW to deliver Tackling Violence and receives $520,000 per calendar year. In 2019 ECAV received $420,000 funding as $100,000 funding was allocated to an independent evaluation of the Tackling Violence program.

Women NSW has funded ECAV to delivered Tackling Violence for a further term of 3 years, 2020 – 2022, $520,000 (excluding GST) per annum (comprising a total sum over the 3 year term of $1,560,000).

Mental health support for animal researchers

Transcript Page 19

The Hon. EMMA HURST: I want to ask about the mental health of scientists who conduct experiments on primates and other animals. There has been a lot of overseas research that shows that participation in animal experiments inevitably affects the mental health of animal researchers. Are you aware of this problem and is the Government doing anything to address mental health issues for anybody who is involved in medical research in New South Wales?

The Hon. BRONNIE TAYLOR: Any government employee that is experiencing any issues with mental health, in whatever capacity or department they work to, has resources available to them through the employee—

The Hon. EMMA HURST: What about non-government? There is a lot of animal research obviously that would be non-governmental.

The Hon. BRONNIE TAYLOR: With animal research? Are there things that are specifically available to people for their mental health, specifically for animal researchers? I might have to ask my department. I am unaware.

Dr LYONS: I think we will have to take that question on notice. I am not aware of any specific programs or services.

ANSWER

There is nothing specifically available for animal researchers with mental health concerns. However, the 1800 011 511 Mental Health Line provides 24 hour telephone access for people requiring a specialist mental health service. The mental health clinicians who answer calls to the line complete a brief assessment and make recommendations on appropriate care based on the person's presenting clinical need.

Lifeline's Telephone Crisis Line is also available 24 hours for anyone in crisis. People who are emotionally distressed can access help from trained telephone crisis workers who listen, provide immediate support, assist to clarify options as well as provide information about local services.

Women NSW

Transcript Page 22-23

Ms WALKER: Women NSW, up until the last machinery of government change, sat in Families and Community Services, now sits in Communities and Justice as part of my division.

The Hon. TARA MORIARTY: How many staff are allocated to your department?

Ms WALKER: I will take that on notice.

The Hon. TARA MORIARTY: You do not know how many staff you have?

Ms WALKER: No. I actually do know how many staff I have but I think the important thing about the work of Women NSW is that it goes across a broad part of the policy area of Communities and Justice, and I want to make sure that we capture all of the people who are working towards this priority.

The Hon. TARA MORIARTY: That is fine and you are well entitled to take things on notice. I am not critical of that. In terms of the actual department of women—

Ms WALKER: Women NSW.

The Hon. TARA MORIARTY: You cannot say now how many are specifically allocated to that? I acknowledge that you will come back to us with people who might perform roles in other parts of government.

Ms WALKER: No. I will come back to you with the exact number of people who sit in Women NSW and other numbers of people who are working towards the priorities of Women NSW.

The Hon. TARA MORIARTY: Thanks. How long has your department been in the Department of Communities and Justice?

Ms WALKER: The announcement of the larger machinery of government change occurred in April last year and the big movement occurred in June last year.

The Hon. TARA MORIARTY: Can you let us know this: Are there any changes planned or earmarked in terms of the staffing of women or Women NSW?

Ms WALKER: I think you might be referring to, in my area, which is strategy policy and commissioning that sits across Communities and Justice. We are looking at structural changes and realignments that we need to look at as part of the larger machinery of government changes of bringing Justice, and Family and Community Services together.

The Hon. TARA MORIARTY: Does that mean that people will be losing jobs in your sector, in your area?

Ms WALKER: The structure of the area will change and we are looking at some roles not going forward because we will need to work within our budget in the next financial year.

The Hon. TARA MORIARTY: Again, I am not critical because you are able to take this on notice, but if I can just clarify this: We do not know how many people are working in this department but there is confirmation that there will be some structural changes and some of them will not be going forward.

Ms WALKER: I cannot agree with the premise that we do not know how many people. We absolutely do, but I want to be really specific because I know that this is an area of concern that has been raised outside of this room as well by staff.

The Hon. TARA MORIARTY: I am happy to accept a rough answer for the purpose of the discussion. You can clarify for the record.

Ms WALKER: I would prefer to bring it back on notice, thank you.

The Hon. TREVOR KHAN: Yes, accuracy is always good.

Ms WALKER: I am really clear, and I have sent emails to staff in the recent weeks being really clear about the process of the restructure that will occur in our part of the department—

The Hon. WALT SECORD: To assist, maybe I suggest that you get a staff member to get those numbers and provide it to us so it can inform our further questions today, rather than waiting until 21 days?

Ms WALKER: I would prefer to take it on notice, but I can come back to you this afternoon —

ANSWER

I am advised that Women NSW is a discrete Unit within the Department of Communities and Justice and currently has 35 roles.

Staff in Housing and Homelessness and Justice Strategy Program Directorates of Strategy Policy and Commissioning Division are also contributing to Women NSW priorities.

Public Service leadership

Transcript Page 25

The Hon. BRONNIE TAYLOR: I appreciate that it sounds like a small percentage, but any percentage heading in the right direction is a good one. We have started the NSW Leadership Academy, which is a whole-of-government initiative run by the Public Service Commission to increase the skills of high-potential future leaders. We also have a policy of having at least one woman on all executive recruitment shortlists and a stretched target of 50 per cent on all shortlists.

Ms ABIGAIL BOYD: Have those programs and targets been in place since 2018 or are they new to try to increase the uptake? I am interested in what is being done to accelerate that increase.

The Hon. BRONNIE TAYLOR: Because it was before my time—

Ms WALKER: I think we will have to take it on notice. Some of these have been evolving as we get more information and more data because there has certainly been considerable behavioural insights work as well, about how to promote women into leadership roles.

ANSWER

In 2019, 40.3% of senior leadership roles in the NSW public sector workforce were held by women[1]. This is a 1.6 percentage point increase from 2018 when it was 38.7%.[2]

The Public Service Commission has used Workforce Profile Data to forecast the likely level of representation of women in senior leadership in 2025, using three different scenarios. If the sector continues with its current hiring rate of roughly four female senior leader hires for every 10 senior leader hires (Scenario 1), the representation of women in senior leadership in 2025 will be 42.1%, short of the 50% target.[3]

Although women remain under-represented in higher salary levels, we are working across Government to support programs which will enable us to achieve this ambitious goal.

For example, in 2019, women made up the majority of positions in Grade 11-12 roles at 52.7%, which is an increase from 44.8% women in those positions in 2014.[4] And since 2014, the proportion of women in Grade 11/12 roles and Senior Executive roles have both increased by 8%.[5]

In addition to programs in place within clusters, the Public Service Commission implements several initiatives to support women in leadership in the NSW government workplace, including:

- The Leadership Academy, which is a whole-of-government initiative run by the Public Service Commission to increase the skills of high-potential future leaders. Currently, women make up 56.6% of leaders participating in the Leadership Academy.
- Having at least one woman on all executive recruitment shortlists, and a stretch target of 50% on all shortlists.
- Including diversity and inclusion as Key Performance Indicators (KPIs) in senior executive performance plans.
- Implementing flexible working practices across the sector.
- The Job Share Register Pilot:
    - The Public Service Commission has collaborated with six clusters to launch a job share pilot matching platform, to provide a digital solution to further promote use of this innovative working arrangement.
    - Job share is a key component in the flexible working program, given its potential for unlocking workforce participation in our diversity target groups.
    - The pilot is underway until June 2020 at which time it will be evaluated.

[1] NSW Public Service Commission (2019), Workforce Profile Report 2019, https://www.psc.nsw.gov.au/reports---data/workforce-profile/workforce-profile-reports/workforce-profile-report-2019/chapter-three, Chapter 3 (accessed 11/02/2020)
[2] NSW Public Service Commission (2019), Workforce Profile Report 2019, https://www.psc.nsw.gov.au/reports---data/workforce-profile/workforce-profile-reports/workforce-profile-report-2019, Chapter 3 (accessed 11/02/2020).
[3] NSW Public Service Commission (2019), Workforce Profile Report 2019, https://www.psc.nsw.gov.au/reports---data/state-of-the-sector/state-of-the-sector-2019/chapter-four , Chapter 3 (accessed 11/02/2020).
[4] NSW Public Service Commission (2019), Workforce Profile Report 2019, https://www.psc.nsw.gov.au/reports---data/workforce-profile/workforce-profile-reports/workforce-profile-report-2019/chapter-six , Chapter 6 (accessed 11/02/2020)
[5] NSW Public Service Commission (2019), Workforce Profile Report 2019, https://www.psc.nsw.gov.au/reports---data/workforce-profile/workforce-profile-reports/workforce-profile-report-2019/chapter-six , Chapter 6 (accessed 11/02/2020)

Screen Development Programs

Transcript Page 26

Ms ABIGAIL BOYD: I will move on. Also in the NSW Women's Strategy year one final report you mentioned you completed the target of maintaining a 50:50 gender target across New South Wales Government screen development and funding programs, and that was done by June 2019. Can you explain what that means and whether you have actually met that 50:50 target now?

The Hon. BRONNIE TAYLOR: As that is a specific program, I might ask the director to talk about that particular one.

Ms WALKER: Did you say the screen—

Ms ABIGAIL BOYD: Yes, the screen development and funding programs 50:50 gender target**.**

Ms WALKER: We might have to take that one notice for the detail.

ANSWER

The Minister for Women is responsible for ensuring delivery of targeted actions under the NSW Women's Strategy 2018-2022. I am advised the NSW Women's Strategy is supported by annual action plans. The objective of maintaining a 50:50 gender target was an action item in the Women's Strategy Year 1 Action Plan, under Action Item 1.3.[6]

Action 1.3 was proposed to respond to the underrepresentation of women in some senior and key creative roles in the screen, media and entertainment industries. One factor which contributes to women's underrepresentation in these careers is the lack of opportunities available for women to develop skills and networks.

Action 1.3 was successfully completed by June 2019. The achievements involved in successfully completing this action item includes:

- Continued support for a 50:50 gender target by 2020 for female writers, producers and directors in screen development and funding programs in NSW.
- Formulated a strategic initiative to increase women's opportunities in the arts and cultural sector by June 2019.
- Established a diversity reporting benchmarks for women in creative and executive leadership roles in the arts and cultural sectors, and for Create NSW-funded organisations and programs by June 2019.
- Formulated a strategic initiative to support career pathways for women in under-represented arts, screen and culture fields by June 2019.

Building on the work in the Year One Action Plan, the Year Two Action Plan[7] (as the second in a series of four annual action plans) covers the period 1 July 2019 to 30 June 2020. Action 1.3 is supported by Year Two Action Plan Action Item 1.11, with a target of achieving 50:50 gender parity in the membership of arts, screen and cultural advisory committees, working groups and grant assessment panels convened by Create NSW by June 2020.

[6] Available at: https://www.women.nsw.gov.au/__data/assets/pdf_file/0008/641645/NSW-Womens-Strategy-2018-2022-Action-Plan.pdf
[7] Available at: https://www.women.nsw.gov.au/__data/assets/pdf_file/0010/673867/192415-NSW-Womens-Strategy-2018-22_Year-2-Action-Plan_WEB.pdf

Homelessness and older women

Transcript Page 26

Ms ABIGAIL BOYD: You have identified the need—again, this is from the NSW Women's Strategy— to respond to the homelessness crisis affecting older women, and point 2.5 states that you have completed the target to encourage new housing proposals through the Social and Affordable Housing Fund that target older women. What has actually been achieved in that space?

The Hon. BRONNIE TAYLOR: Recently I met with a group—I will have to take the name of the group on notice because I cannot find it—that was running a program where it developed specific housing for women who had been homeless before. It was out of the NGO sector and supported with private and government funding. I love hearing about things like that because there is a real opportunity there. I said to them that I am happy to work and partner with them to look at it. The recent articles and data about homelessness in middle-aged and older women is very alarming. One of the consequences that we know of—that the evidence tells us—is that women find themselves in an impoverished position and then find themselves homeless. I have spoken with many women who have come to my office and expressed this to me. As I said before—but it was probably before you came in—one of the things we are really concentrating on is empowerment. Part of that empowerment is financial literacy because we know that often women are in long-term relationships and do not have any clear and concise and detailed information about their financial status. They then find that when the relationship breaks down—and I know you know all this—they not only have nowhere to go but also have no financial capacity. One of our strategies is the NSW Council for Women's Economic Opportunity, where we have created a financial literacy toolkit. That sits on the Women NSW website and I would love you to go on and have a look.

ANSWER

The name of the Group referred to above is Ageing on the Edge. The Ageing on the Edge is a coalition of organisations working together towards housing justice for older people on low incomes. The discussion was with Women's Housing Company (who is part of Ageing on the Edge). We discussed the opening of a new social housing for older women in Pendle Hill which was a partnership between Women's Housing Company and the Department of Family and Community Services.

I am advised the Social and Affordable Housing Fund (SAHF) is a $1.1 billion program to increase the number of social and affordable dwellings in NSW. Nine contracts have been awarded to registered community housing providers through two tenders to deliver access to over 3,400 new social and affordable homes. All homes are expected to be delivered by the end of 2022.

Through the SAHF initiative a total of 1,414 homes are targeted to older people (aged 55 years and over, or 45 years and over for people who identify as Aboriginal or Torres Strait Islanders) with 232 dwellings contracted through the SAHF 2 tender targeted specifically for older women.

Tenancy data provided by SAHF contractors (December 2019) show that 314 out of 530 older people housed through the SAHF are women.

Close to 900 homes are now complete (including homes not targeted at older people) and tenanted with more than 1,700 under construction.

Through the SAHF, households receive a package that includes a quality home coupled with access to supports tailored to their individual needs such as training, employment opportunities and health services.

Mental health beds closures and staffing at Shellharbour

Transcript Page 27

The Hon. TARA MORIARTY: It was reported that there were further bed closures over the November-December period. Do you know how many beds have been closed since November and for what period of time?

The Hon. BRONNIE TAYLOR: Yes, my understanding is that as of today there is one person awaiting a bed at Shellharbour, which they will have by midday. There is no-one waiting for a bed at Shellharbour.

The Hon. TARA MORIARTY: But are all of the beds reopened or are some still closed as they were over the summer months, from November to February?

The Hon. BRONNIE TAYLOR: My understanding is that there are still—off the top of my head—beds that have not resumed. But I absolutely stress, again, that there is no-one in the Shellharbour district awaiting a mental health bed.

The Hon. TARA MORIARTY: Sorry, can I clarify, are all of the beds open and available or are they still closed as they have been for a couple of months?

The Hon. BRONNIE TAYLOR: There are still beds closed, that is correct.

The Hon. TARA MORIARTY: You can take it on notice to find out how many.

The Hon. BRONNIE TAYLOR: Yes, I will take that on notice because it has changed over time and because of your questioning in the House I have been keeping a very close eye on this. That is why I have checked already just this morning to make sure. Some beds are definitely closed but if you would indulge me to take that on notice to give you the exact number as of today.

Transcript Page 28

The Hon. TARA MORIARTY: Can I clarify, over the summer when beds were closed—and they are not all reopened now—is it true that when people could not access beds over the summer they were admitted to surgical wards? They were put in other parts of the hospital that staff felt made them more vulnerable. It was a big issue for their safety.

The Hon. BRONNIE TAYLOR: My understanding over the summer period is that they have been able to adequately service all patients who have presented with a mental health issue. I will go to the director and chief psychiatrist on this because when there are cases in any situation on a surgical or medical ward if you have a gastro outbreak and every bed is taken you will have to put people in other areas of the hospital. I cannot comment on that particular case. I ask the chief psychiatrist if he would like to comment.

The Hon. TARA MORIARTY: I welcome your comments. I understand that people need to be moved around in hospitals, particularly at a time of crisis, which I assume, unfortunately, is probably coming with the virus we are dealing with. My question is specifically into mental health patients being put into surgical areas. It is about their safety and the safety of staff.

Dr WRIGHT: I am not aware of any particular incidents. I will say that people do not present with a pure mental health problem or a pure surgical problem. They often have comorbidities. We always look to find the most appropriate and least restrictive place for people who require inpatient care. I would be happy to look into any particular incidents where people thought that was not done in the best interests of the consumer or the other patients. I think the need for us to have the ability to manage people with complex mental health and behavioural problems in non-mental health units, that is actually a really important issue.

We do not want to go back to the days where we put people with mental illness in asylums and our general hospitals refuse to take them. That kind of stigma is something that we have to deal with from time to time. Really it is about making sure that the staff on the general medical and surgical units have some capability in managing people who have mental health issues. Having said that, if there was a particular issue of someone who ought to have been managed in a mental health unit I would be happy to look into that.

The Hon. TARA MORIARTY: I am happy if you could take that on notice. I understand the general comments about people who might present with different issues. Specifically in terms of Shellharbour hospital over the period the beds were closed over the summer, my understanding is that people were placed into surgical wards which put staff and patients potentially in harms way. If you could take it on notice and look into that incident but that is what I am interested in getting some information about.

ANSWER

Answer (1) Page 27
To ensure the safety and wellbeing of staff and consumers, the Illawarra Shoalhaven Local Health District temporarily closed five beds at the Shellharbour Hospital Mental Health Service in October 2019. For a two week period in November, there were an additional two beds closed, however these were quickly re-opened. Five beds remain closed as at 18 March 2020 and the District is working on gradually re-opening them as soon as possible.

Answer (2) Page 27-28
Nurse staffing levels were affected by unplanned leave and vacancies in specialist nursing positions. Over the past few months, the Mental Health Service has completed extensive recruitment, including through the Professional Practice Registered Nurses program.

Answer (3) Page 28

When mental health consumers need admission for a medical condition or surgery, they are accommodated in the most appropriate ward for their care. Mental health staff support the ward staff to safely manage any mental health needs.

Before transferring a mental health consumer to a non-mental health unit, a risk assessment is undertaken and discussed with the treating team. Any additional staff or support including security is also provided.

ABS Data of unemployment rates

Transcript Page 31

The Hon. WALT SECORD: That is 22.8 percent. Using ABS data, that would include someone who works one hour a week. What would be the underemployment rate or people who wanted to actually work? Would it be much higher than that?

Mr BODY: I would have to take that on notice.

The Hon. WALT SECORD: If you can take that on notice and if you could provide it for Sydney Blacktown, Sydney south west, the Illawarra, the mid North Coast and the Southern Highlands Shoalhaven?

ANSWER

The Australian Bureau of Statistics (ABS) does not provide data on youth underemployment / underutilisation for regional or metro areas. The data published is for workforce participation, employment and unemployment for young people aged 15-24 years for Australia.

The ABS does not provide data on youth underemployment/ underutilisation for regional or metro areas.

Youth suicide rates – Premier's priorities

Transcript Page 31

The Hon. WALT SECORD: What is the current youth suicide rate in New South Wales per 100,000?

Dr LYONS: I will have to take the specifics about the youth suicide rate on notice, but what we do know is that the Premier has set a target for a 20 per cent reduction on the suicide rate for 100,000 of general population between now and 2023.

Transcript Page 31

The Hon. WALT SECORD: I was looking on the Premier's website last night. In 2017 it was 10.9 per 100,000. The Premier's target is to cut it by 20 per cent by 2023, which would be 8.7 per 100,000 by 2023. When you are taking it on notice, could you provide what it is currently? How are we tracking towards the Premier's Priorities in that area, and how are you tracking?

ANSWER

Answer (1) Page 31

The most recent data available indicates the youth suicide rate for 15 to 24 year olds in New South Wales was 11.5 per 100,000 in 2018. This information is available in the ABS 3303.0 Causes of Death 2018 data. The 2019 data will likely be released later this year.

Answer (2) Page 31

The suicide rate for New South Wales was 11 per 100,000 in 2018 which was a 2 per cent increase from 2017. This information is also available in the ABS 3303.0 Causes of Death 2018 data. This data precedes the Strategic Framework for Suicide Prevention in NSW and the $87 million investment in the new Towards Zero Suicides initiatives from 2019-20.

The effects of these suicide prevention initiatives will be closely monitored for progress towards the Premier's Priority. One of the Towards Zero Suicides initiatives is the Improved Collection and Sharing of Data initiative which will improve the quality, timeliness and accessibility of suicide data, including developing New South Wales' first suicide register. The suicide register will provide more timely information on how NSW is tracking against the Premier's Priority.

Programs targeting men

Transcript Page 35

The Hon. EMMA HURST: I have got another question for Women NSW in regard to domestic violence. When I was at the vigil last night a man got up and was talking about the need for men to also work in the space of the issue of domestic violence towards women. Is that something that has been included in any of the initiatives in this area?

Ms SMYTH: Are you talking not about men accessing services; it is about being provided with services by men?

The Hon. EMMA HURST: They were not that specific; it was much broader. He was saying that domestic violence towards women is a men's issue and that obviously the problem is men and the solution is men when you are talking about domestic violence for women and that it should be targeted at them rather than women fighting for it.

Ms SMYTH: There are groups of men that provide services to men and that peer-to-peer support does seem to have value. So it is something that is considered. Some of the men's behavioural change programs have found that having both a man and a female deliver supports can provide a good outcome.

The Hon. EMMA HURST: But there are no specific programs, or maybe just not within that portfolio?

Ms SMYTH: There are programs and there are groups around—Strong Aboriginal Men, for example— who do advocate for men providing those services and are getting involved in that space. But maybe we could get some more information on that.

ANSWER

I am advised in terms of Men's Behaviour Change Programs in NSW, all program providers need to meet the Practice Standards for Men's Domestic Violence Behaviour Change Programs by 1 July 2020 in order to receive referrals and funding from the NSW Government. Standard 4.2 provides that all group programs will have a minimum of two group facilitators including one male and one female group facilitator unless there are exceptional circumstances. Men's Behaviour Change Programs (MBCP) are predominantly group based. They deliver a specialist service to assist men who use violence and abuse in their intimate, domestic and family relationships, to achieve behavioural and attitudinal change, and reduce or prevent recurrence of abusive behaviour. Department of Communities and Justice (DCJ) currently funds 6 NGOs to deliver MBCP across NSW.

Strong Aboriginal Men in conjunction with No to Violence and Dubbo Mission Australia delivered the Strong Aboriginal Men Community Forum in August 2019. This event provided an opportunity for Aboriginal Men from across the State to come together and discuss the issues presenting in their communities. Participants also had the opportunity to attend The Finding Strength: Responses to Men's Family Violence in Aboriginal Communities Forum (run by No to Violence and Mission Australia in partnership with NSW Health Education Centre Against Violence).

NSW Health Education Centre Against Violence delivers this the Strong Aboriginal Men course on an ongoing basis. This is a series of workshops delivered by Aboriginal men to Aboriginal men, talking in a safe way about the trauma associated with Domestic Family Violence and Child Sexual Assault.

DCJ currently funds NSW Health Education Centre Against Violence to deliver the Men's Behaviour Change Workforce Development Strategy. The objective of the strategy is to develop and deliver education and training for men's behaviour change practice, to build a skilled workforce and support the delivery of community-based men's behaviour change programs in NSW. However, DCJ does not currently fund Strong Aboriginal Men or specific 'groups of men that provide services to men and that peer-to-peer support'.

In terms of male perpetrator group programs, DCJ funds or delivers the following programs -:

EQUIPS Domestic Abuse Program – delivered by CSNSW

- The EQUIPS suite includes four discrete programs: Foundation; Aggression; Addiction; and Domestic Abuse (EQUIPS DAP).
- EQUIPS DAP is designed for male offenders who perpetrate violence against their intimate partner.
- Domestic Violence (DV) offenders frequently participate in other EQUIPS programs that address criminogenic risk factors associated with DV, such as drug and alcohol use and non-DV.
- EQUIPS is delivered in both custodial and community settings.

High Intensity Performance Units (HIPU)

- Ten HIPUs are fully operational across seven correctional centres
- Established to extend delivery of behaviour change programs to offenders with shorter custodial sentences.
- Program delivery has commenced in all sites.
- Programs conducted at HIPUs include:
- Real Understanding of Self-Help (RUSH); EQUIPS suite of programs; Sober Driver Program; TRIP (for high risk driving offences); Dads and Family (Aboriginal Babiin-Miyagang) Program; Mothering at a Distance

Engage – delivered by NGOs

- A brief voluntary intervention for Domestic and Family Violence (DFV) perpetrators and aims to engage persons earlier following an initial offence or incident.
- Participants may include DV defendants and persons referred by NSW government agencies (e.g. Community Services, NSW Health, Corrective services NSW); or non-government organisations.
- Aims to engage persons earlier following an initial offence or incident.
- Offers opportunities for referrals to services as required; enables participation in a 6 hour workshop; encourages program readiness for longer term behaviour change interventions; and tests voluntary intervention models for a hard to reach cohort.
- For group workshops the aim is to have one male and one female facilitator, which is modelled on MBCPs.

Medication and diagnosis of ADD and ADHD in children

Transcript Page 35

The Hon. EMMA HURST: If you would not mind. That would be great. Thank you very much. Dr Wright, I just wanted to ask you about the medicated use of amphetamines for children with attention deficit hyperactivity disorder [ADHD]. This was something that was quite topical back in the days when I used to be a psychologist. I know there was a lot of media criticism around that at the time and I was wondering if you had some updates on where that is at and whether there has been some more progress in regard to alternatives to drug use.

Dr WRIGHT: I can give you a more detailed answer on notice but what I would say about attention deficit hyperactivity disorder [ADHD] among young people in particular—because it goes across the lifespan—I know there have been concerns from time to time about whether or not there is inappropriate prescribing of stimulants to that group. I think there is very good evidence and evidence-based practice would dictate that appropriate treatment starts with very careful assessment. It is not just assessment of the child. It is assessment of the whole family and their educational experience. The treatment should be multimodal. A lot of attention deficit disorder [ADD] can be managed with cognitive behavioural treatments, which as a psychologist you would be well aware of. But practitioners who are working in that area are very much aware that it is not just a treatment with medication alone. I do not think the evidence base on that has changed dramatically over time. I think it is more a matter of individual concern about whether practitioners fully explore with both the patient and their family what a comprehensive treatment package should look like.

Transcript Page 35

The Hon. EMMA HURST: This is going back a while but at the same time there was a dramatic increase in diagnosis for ADD and ADHD in children. Has that stabilised over the years?

Dr WRIGHT: I should probably take that on notice. I am aware that my knowledge of it is probably as dated as yours and that is that there certainly was a concern. These sorts of things increase. One explanation is that our case detection is better.

Transcript Page 35

The Hon. EMMA HURST: This might be another question to take on notice: Has there been a reduction in the use of medication for children with ADD and ADHD over time?

Dr WRIGHT: I do not have that information to hand so I will have to take that on notice.

ANSWER

Answer (1) Page 35

Multimodal therapy is widely advocated for the management of ADHD. Strategies include medication, behaviour therapy, family support and developmental therapies such as language therapy. It is particularly important to establish a therapeutic alliance with the child's parents and other significant care-givers, like teachers, to enable specific treatment interventions to be implemented consistently.

Answer (2) Page 35

The rates and trends of diagnosis of ADD and ADHC are not routinely collected, however the Australian Department of Health's second report on the mental health of children and adolescents shows reduced prevalence of ADHD diagnosis across aged groups between 1998 and 2013-14.

Answer (3) Page 35

The Australian Commission on Safety and Quality and Health produces The Australian Atlas of Healthcare Variation Report each year. The 2018 report stated that analysis of data, including analysis by state and territory, local area, and by practitioner type will be provided by the Commission in 2019. This data is not yet published.

Child death review – timetable and progress with Recommendation 11

Transcript Page 41

The Hon. TARA MORIARTY: That is great. Are you able to provide whatever timetable (for Premier's priority – Suicide reduction strategies program) has been worked out to date to the Committee? You can take it on notice, that is fine; we do not expect you to have it all now but at some point, within the 21 days timetable, so that we can consider it.

Dr LYONS: Certainly.

Transcript Page 41

The Hon. PENNY SHARPE: I want to follow up with what is happening with the recommendations out of the NSW Child Death Review Team Annual Report 2018-19. It was presented to Parliament from the Ombudsman in October last year. I want to ask where a couple of its specific recommendations are up to. The most important one is recommendation 11, which states:

The NSW Government should direct funds associated with the Strategic Framework for Suicide Prevention … to address gaps in the delivery of appropriate specialist mental health services for children and young people in NSW.

I am aware that the strategic framework was basically done in 2018. Are you able to provide us with information about what has changed in response to that recommendation from the Child Death Review Team? I am not sure who to ask that question.

Dr WRIGHT: I do not have any specific things on it.

Dr LYONS: I might need to take that on notice for the detail around that.

The Hon. PENNY SHARPE: Have there been changes?

Dr LYONS: The development of the strategy in response to the strategic framework has been formed by a number of components. The detail around our responses and what we will invest in

has been informed as we have moved along through the course of that. I just need to check to what extent those recommendations have been incorporated into any of the activities or responses that we are proposing.

The Hon. PENNY SHARPE: I was interested because NSW Health's response to the Child Death Review Team did not mention this at all. There was, however, a letter from DPC that said, "We support this recommendation". So I am trying to work out what, if anything, has changed. But you cannot tell me today?

Dr LYONS: We will take it on notice.

Transcript Page 44

The Hon. PENNY SHARPE: The Child Death Review Team has identified that as an issue. I know they are doing further work on it. It is particularly an issue. When the Child Death Review Team talked about the young people who had died in the period they were reporting on—namely, 2016-17— the majority of school-aged children had been identified already at some risk through mental health or other support services. How is that being addressed?

Ms KOFF: We will take that on notice. We were not expecting child death review questions in this one. My apologies.

ANSWER

Answer (1) Page 41

There are 15 initiatives that contribute to the Towards Zero Suicides Premier's Priority. Of the additional funds that were made available with the *Strategic Framework for Suicide Prevention in NSW 2018-23*, 50 per cent are available in the current financial year, rising to the full implementation budget in 2020-21.

- Four of the initiatives are led by local health districts and they have started implementation.
- A further four initiatives will be delivered through non-government or community controlled organisations. These are being commissioned prior to the end of this financial year.
- An additional initiative is funding suicide prevention skills building in communities, industries and
  non-government organisations. This has been commissioned.
- The development of the state's suicide register is a separate initiative. The first stage of that register is planned to be built by the end of 2020.
- Five remaining initiatives are in development and will start implementation early in the 2020-21 financial year.

Answer (2) Page 41

The funds associated with the Framework were allocated according to proposed initiatives that were submitted to Treasury in order to secure those funds. The funds are providing new staff in NSW Health mental health services to implement initiatives that provide care and support to people at risk of suicide. This includes people in contact with the acute mental health system, people presenting to emergency departments with suicidal ideation, and people who have made a suicide attempt. These initiatives include a focus on key groups with heightened risk of suicide including young people.

Answer (3) Page 44

The Zero Suicides in Care initiative is a new approach that prioritises suicide prevention with people who are in contact with the acute mental health system, both in inpatient and community settings. This initiative uses a comprehensive evidence-based methodology that has been demonstrated to reduce and even eliminate suicides for sustained periods in other Australian and international sites.

A youth specific model of crisis and post-crisis care is being trialled in one rural and one metropolitan site. This initiative is a pilot that will trial the effectiveness of the new model, which will be designed by young people.

The new suicide prevention initiatives being implemented through NSW Health mental health services include a focus on key groups with heightened risk of suicide including young people.

Community mental health services – care provides for young people

Transcript Page 42

The Hon. PENNY SHARPE: You are going to have to respond to the royal commission, so I will not go into that now in relation to that issue. I want to ask about the strategic framework and the issues for kids in care. Obviously we know they are highly represented in young people who lose their life to suicide. I noticed that in the priority area that young people aged 16 to 24 is recognised and you are saying that you are basically expanding the community mental health services. You can take this on notice because I understand these are detailed questions. Can you tell me how many people there are providing services to young people aged 16 years to 24 years, particularly in the work you are doing with out-of-home care providers and exit care providers?

Dr LYONS: We might need to take the request about the detailed numbers of staff on notice.

ANSWER

Specific information on the number of mental health clinicians providing services to young people aged 16 to 24 years is not available due to the aggregated nature of workforce data. A range of services and programs focused on the mental health needs of the youth population includes community-based child and adolescent mental health teams in each local health district, youth mental health teams and early psychosis service responses.

NSW Health also implements the Out-of-Home Care health pathway program to provide coordinated health assessments and intervention for children and young people who enter or exit statutory out-of-home care. Mental health services are also involved in regional planning and implementation of local health pathways for this population.

Regional Youth Taskforce

Transcript Page 47

The Hon. TARA MORIARTY: When the task force decided what it wants to advise the Minister for call for, how publicly available is that information? When is it publicly available, or is it? Does the advice go to just the Minister or do we get to track it and see what they are interested in on the way through?

Mr BODY: I will have to take that on notice. I am not sure if the minutes of those meetings are made public; I do not think they are. I think those are open-ended discussions with the Minister and with the task force as well as the Advocate for Children and Young People. But I will take that on notice. I will throw to Mr Hanger around Stronger Country Communities about the wellbeing pillar because there are some really good stories there.

ANSWER

The agenda for Regional Taskforce meetings as a standing item for roundtable discussion for members to flag issues directly with the Minister. Neither the agenda or the outcomes of Regional Youth Taskforce meetings are made public or publicly available.

However, at the end of their one year term, an Annual Report will be authored by the Regional Youth Taskforce outlining the outcomes they have influenced.

This report will be presented to the Minister for Regional Youth, the Office of Regional Youth as well as being made publicly available online.

Regional Youth Budget

Transcript Page 48

The Hon. TARA MORIARTY: What is the overall budget for the section that is regional youth. What is the overall budget that you guys have to work with?

Mr HANGER: The operational budget is within the regional New South Wales budget envelope. I would say our operational budget would be approximately $20 million.

The Hon. TARA MORIARTY: You can take that on notice to provide this if you like. That would be helpful.

Mr HANGER: Great.

ANSWER

Staffing and operational expenses are being managed through internal Regions, Industry and Agriculture Resource – Regional NSW, totalling $2.1 million. More than 50 per cent from Round Three of the Stronger Country Communities Fund (SCCF) was dedicated to youth-focused projects or programs in regional NSW, totalling $53.3 million.

The Regional Youth Taskforce is currently funded to the amount of $100,000 (including GST) through the administration component from Round 3 of SCCF.

Procedures, protocols and guidelines - the Sydney Children's Hospitals Network gender clinic

Transcript Page 49

The CHAIR: Does anyone else care to add to those comments? Perhaps back to you, Dr Wright, and Dr Lyons may like to respond also. What are the procedures, protocols and guidelines used by the Sydney Children's Hospitals Network gender clinic to determine whether or not a child or adolescent should progress onto stage one puberty blocker treatment?

Dr WRIGHT: I would have to take that question on notice. As Dr Lyons has said, it is a highly specialised area, so the guidelines, protocols and clinical expertise is something that is very specific to that service.

Transcript Page 50

The CHAIR: I have a follow-up question, which I presume you will take on notice, Dr Wright. The question is: What are the procedures and protocols used by the Sydney Children's Hospitals Network gender clinic to determine whether or not a child or adolescent should progress to stage two—gender-affirming or cross-sex hormone treatment? Once again, you might need to take that matter on notice.

Dr WRIGHT: Yes.

Transcript Page 51

The CHAIR: That is not answering my question. You might need to take it on notice. I asked you specifically where we can trace the basis upon the procedures, protocols and guidelines that are used at the children's hospital network gender clinic currently as it is operating. I thank Dr Lyons for his answer about some ongoing work. Following on from that—and perhaps this ties with Ms Koff's comments regarding the procedures, protocols, guidelines and clinical practice packed up—what Commonwealth department, authority or agency has examined the practices, procedures, protocols, guidelines and clinical practice, and has authorised, approved or endorsed their use for children and adolescence experience dysphoria?

It is being done there—being stage one and stage two treatment—and the numbers are increasing significantly in terms of percentage and absolute. What is the Commonwealth's remit in this area? What has been endorsed by the Commonwealth as far as you understand in regard to the best practice around the treatment?

Ms KOFF: If I can make a general comment about clinical practice and guidelines and guidance, when they are looking at a national approach to treatment or management of clinical conditions it is usually on the basis that the expert of the colleges and the clinical areas involved meet collaboratively across the States and Territories to come sort of to some national agreement, which is then endorsed by the Australian Health Ministers' Advisory Council [AHMAC] and then the COAG. I will take it on notice in terms of whether there has been any national discussions on this. As I said, it was referred to the Royal Australasian College of Physicians–

The CHAIR: No, you have not answered my questions. I am not asking about what may be done. Work is being done on children and adolescents out there, stage one and stage two treatment. We know what those programs involve. My question is: What authorisation has taken place at a Commonwealth level which would enunciate obviously an endorsement, support and approval of a practice that is guiding the work done out there at Westmead?

Ms KOFF: The clinical practice. Yes, understood.

The CHAIR: Will you take that on notice?

Ms KOFF: Yes, certainly.

Transcript Page 51

The CHAIR: Once a child or adolescent has completed stage one or stage two treatment for gender dysphoria at the Sydney Children's Hospitals Network, what ongoing follow-up procedures are in place to monitor the impact of the treatment on the individuals? That is a very specific question and I understand if you would like to take that on notice. It is dealing with the completion of stage one—and they may not go on to stage two or they may, as the case may be—beyond that when they walk out of the hospital what is the ongoing monitoring of those individuals to establish the impact of having undergone that treatment?

Dr Lyons: We will take that question on notice.

Transcript Page 51:

The CHAIR: That is okay, which might lead you perhaps to have to deal with this answer in a particular way. With respect to stage one puberty blocker treatment, which is the blocking of the development of the natal hormones—if it is a male testosterone, if it is female oestrogen—is it reversible? Once the child or adolescent has undergone that treatment, is it reversible?

Dr WRIGHT: I would need to take advice from an endocrinologist about that. I think that is a question we ought to take on notice.

The CHAIR: In taking it on notice, will you be able to provide on notice for the Committee the answer one way or the other? You will find it is either reversible or it is not, I presume. There might be some mid-ground, I am not sure. On notice, will you provide the medical and scientific evidence to support the answer? Specifically, I want the references to peer-reviewed medical and scientific journals and books to validate the answer.

Dr WRIGHT: Yes.

The CHAIR: Moving on to the second part regarding stage two gender affirming, which is the cross-sex hormone treatment, which is the application of the alternate opposite hormone—so male-female, female-male—is that reversible?

Ms KOFF: We will take that on notice.

The CHAIR: In taking it on notice, equally, will you please provide the medical and scientific evidence to support the answer you provide—that is, the specific references to peer-reviewed medical and scientific journals and books?

Ms KOFF: Yes.

Transcript Page 52

The CHAIR: There is one final question, which flows from stage one and stage two treatments which may well be the stage three treatment, which is surgery. We are dealing with children and young people who commence treatment for gender dysphoria. Obviously the ability to undergo stage three treatment can only commence at the age of majority of 18 years of age. Is that the case? They may not have surgery before they turn 18 years. Is that correct?

Dr WRIGHT: I am sorry, I do not have the detail of that.

The CHAIR: If you will also take that on notice. My understanding is that is not something that was done before they reach the age of 18 years—that is, surgery.

The Hon. WALT SECORD: Mr Chair, to assist, you may actually want to ask the number of children in New South Wales who, in fact, have undergone the procedure under the age of 18?

The CHAIR: Thank you. With respect to that question, looking at stage three treatment—and the progress from stage one to stage two to stage three—I seek a confirmation of my understanding that that is treatment that may not be undertaken until the age of 18? If you establish that, in fact, it can be undertaken before the age of 18, would you provide some figures on that, as best you can establish, from the years going back to 2014, 2015, 1016, 2017, 2018 and 2019, which is tracking those years to which I referred earlier? My final question, which is related to stage three surgery—and you might take this on notice—of a young person who has undergone stage one and stage two treatments, is there any ongoing tracking of that individual to establish that they proceed to stage three surgery?

In other words, we know they have progressed through one and two. My question is, within the records managed by NSW Health is there management of the data so that one can track if people are moving onto stage three at either the age of 18 or some age thereafter?

Ms KOFF: Certainly.

ANSWER

These matters should be referred to the Minister for Health and Medical Research.

Gay conversion therapy

Transcript Page 53:

The Hon. WALT SECORD: And you are yet to meet the Premier. Thank you. I have a couple of questions for the Chief Psychiatrist. On 1 August 2019 health Minister Brad Hazzard made public commitments on restricting the practice of gay conversion therapy in New South Wales. What steps have been taken since then to curb gay conversion therapy in New South Wales? For the record, NSW Labor has a position to ban the practice for minors—people under 18, not coalminers.

The Hon. WES FANG: You hate coalminers too, though.

The Hon. WALT SECORD: No. If you could update us, please, on 1 August 2019.

Dr WRIGHT: I do not have any specific knowledge about that, so I would have to take that on notice.

The Hon. WALT SECORD: If you take that on notice could you say what steps or measures have been taken by the New South Wales Government to restrict the practice? Was it in fact raised at COAG? He made a promise and a commitment to do that.

Ms KOFF: I can confirm it was definitely raised at COAG. I can provide the date. I was in attendance because it came to COAG Health Council and then was referred to the AHMAC, which progressed work to see the appetite for a national approach to banning gay conversion therapy. I can provide the dates that occurred.

The Hon. WALT SECORD: I want to know what steps have been taken in New South Wales. Have there been any moves in New South Wales.

Ms KOFF: No.

The Hon. WALT SECORD: Thank you.

ANSWER

A COAG Health Council meeting was held on 31 October and 1 November 2019 where Health Ministers agreed that the Australian Health Ministers Advisory Council (AHMAC) would examine the current situation on gay conversion practices in each jurisdiction and consider the role, if any, for health departments to facilitate the banning of these practices. NSW has agreed to lead this item at a future AHMAC meeting.

Sentinel events in mental health facilities

Transcript Page 57

The Hon. WALT SECORD: Ms Koff, at the 3 September 2019 budget estimates I asked a question about sentinel events and you said:

In other places they are described as "never events" that should never occur in hospitals. The Government policy from the Federal level now is penalisation for sentinel events. Health services do not get reimbursed Commonwealth funding for when there is a sentinel event. For mental health, as I said, the sentinel event is death in suicide in an acute mental health facility.

How many sentinel events have there been in mental health facilities in New South Wales in 2018-2019, in 2019 as a year, and since 1 January to 1 March?

Ms KOFF: I will have to take that on notice.

Transcript Page 57

The Hon. WALT SECORD: Has the State Government changed the definition of "sentinel events"?

Ms KOFF: No, there are nationally agreed definitions of sentinel events. They are developed by the Australian safety and quality commission because there is a standardised approach across the whole of the country.

The Hon. WALT SECORD: Can you check to see if there is any movement in New South Wales to change the definition of sentinel events? Could you take that formally on notice because the advice to me is that in fact New South Wales is trying to change the definition of a sentinel event.

Ms KOFF: Certainly.

ANSWER

Answer (1) Page 57

During the 2018 – 2019 Financial Year there were two sentinel events in a mental health unit. From 1 July 2019 - 1 March 2020 there has been one sentinel event in a mental health unit.

This is based on the definition suicide in a mental health inpatient unit in accordance with the revised sentinel event (version 2) definition by the Australian Commission for Safety in Quality in Health Care.

Answer (2) Page 57

Definitional changes of sentinel events occurred during 2018 and were enacted nationally by all jurisdictions from 1 July 2019. The Clinical Excellence Commission is unaware of any NSW movement to change these definitions.

Short term contract NSW psychiatrists across LHDs

Transcript Page 57-58

The Hon. TARA MORIARTY: Here is another question that I have been trying to get some answers to. I am happy for you to take this on notice because it is quite detailed. I have tried a number of ways to find this out. Anyone might want to take this. Can you let me know how many psychiatrists are on short-term contracts across the State? Can I get a breakdown by local health district [LHD], hospital and contract term period for the years 2015, 2016, 2017, 2018, 2019 and now?

The Hon. TREVOR KHAN: All that in 21 days?

The Hon. TARA MORIARTY: I have been trying to get this information.

The Hon. WALT SECORD: I think it is a very good question. It will show where the vacancies are.

The Hon. TARA MORIARTY: You are welcome to have a crack at it now.

Mr MINNS: Ms Moriarty, it may be a question that we cannot answer because it is a—

The Hon. WALT SECORD: Take a swing at it.

Mr MINNS: We can certainly have a look, Mr Secord, but that is a piece of information that will be very much locally based. Whether or not we will be able to trace it back over three or four years could be the issue.

The Hon. WALT SECORD: Okay.

Mr MINNS: We can give you a little bit of an update about the current state of the psychiatric workforce. As at the end of June we had 480 psychiatrists working in NSW Health. Some of them are not full time so it was 330 full-time equivalent. We also have a workforce of 540 visiting medical officers [VMOs] psychiatric appointments. We ~~do not~~* often get asked the question about how many positions are vacant. Again it is something that our current systems do not allow us to just look in and see. The reason for that is essentially that the Health workforce, given its size, is not a static entity, it is dynamic. People are leaving and joining and moving every day. So when we had a look at this last in November we could talk about the fact that we had about 90 vacancies across the system. But of those, two-thirds were in fact filled by various alternative arrangements and appointments. Some number of those might equal people on shorter term appointments and we could possibly be able to give you the answer from when we did that snapshot survey in November. But in terms of history I think it is quite unlikely that we will know the specific detail you want. Our systems just do not support the collection and retention of that data.

The Hon. TARA MORIARTY: I would appreciate it if you could take it on notice and see what information you do have.

Mr MINNS: What we have we will share.

The Hon. TARA MORIARTY: If there is more recent information from November, I would be interested to see that.

Mr MINNS: I do not believe there is.

The Hon. TARA MORIARTY: But just in terms of what you just referred to—the snapshot.

Mr MINNS: Yes. That is the last time we did one, November.

The Hon. TARA MORIARTY: Even that information would be helpful.

Mr MINNS: Yes.

*Correction amended and approved by Phil Minns

ANSWER

NSW Health does not hold specific information on short term contracts for psychiatrists.

Training for pharmacists on mental health issues

Transcript Page 61

The Hon. TARA MORIARTY: My understanding is that that is what the announcement was and that is what has been publicised. That is certainly what the pharmacists tell me. I accept that it is happening in other parts of your area, but based on the answers we are getting today, I take it that you are not doing any specific work in terms of training pharmacists to identify mental health issues?

Dr WRIGHT: I am not sure who the training body is. There may well be people who are associated with our mental health services. There are a number of non-government organisations that deliver gatekeeper training to various professional groups. It may be through one of those. I just do not know the specifics of who is doing it.

The Hon. TARA MORIARTY: That is fine. Are you able to take the question on notice and check?

Dr WRIGHT: Sure.

ANSWER

In October 2019, the Deputy Premier announced $1 million for mental health training for pharmacists at a Pharmacy Guild of Australia event. The Guild has subsequently submitted a proposal for Mental Health First Aid (MHFA) training to assist pharmacists to address and manage mental health issues for their clients, particularly in drought affected rural and regional communities across NSW. NSW Health is reviewing the proposal within the context of existing training already provided to minimise the duplication of efforts.

Mental Health First Aid Australia trains and accredits instructors to run courses privately or through not for profit organisations and community groups.

Over 4500 courses are run in Australia each year, including specialised courses for vulnerable groups such as young people, Aboriginal communities and older persons. Individuals can find a course or contact an instructor through Mental Health First Aid Australia's website.