Return to Work Grants

Transcript pages: 15-16

The Hon. PENNY SHARPE: Minister, can I confirm how many women have actually received the money? Is it 620?

The Hon. BRONNIE TAYLOR: What I said, Ms Sharpe, in my answer that I just gave to you was that we have had approximately 9,900 women originally express an interest in the program. Out of those 9,900 women, 1,640 have elected to proceed; out of those, 1,512 have booked in with an appointment with a return to work coordinator.

The Hon. PENNY SHARPE: That is terrific. How many of them have received—

The Hon. BRONNIE TAYLOR: I think it is really terrific.

The Hon. PENNY SHARPE: Well, it shows the great demand, given the huge pressure that women are under across New South Wales.

The Hon. BRONNIE TAYLOR: What was really interesting with that as well, Ms Sharpe, was that out of those—

The Hon. PENNY SHARPE: No, Minister, I want to know how many have actually received money. Can you tell me how many have actually received a grant? Because it does not sound like you can.

The Hon. BRONNIE TAYLOR: Ms Sharpe, really, you are getting a bit—

The Hon. LOU AMATO: Point of order—

The CHAIR: A point of order has been taken.

The Hon. LOU AMATO: Chair, the Minister is attempting to answer the questions.

The Hon. PENNY SHARPE: Not really.

The Hon. LOU AMATO: She should be given the courtesy to do so.

The CHAIR: The Minister has been posed a direct question. I think there is an attempt to elicit the answer to that direct question. Minister.

The Hon. BRONNIE TAYLOR: Ms Sharpe, in terms of the exact money that has gone out in terms of the grant, as 41 women are meeting with their return to work coordinators as we speak today—19 tomorrow, another 47 Monday, another 46 Tuesday, another 48 booked in Wednesday, another 45 booked in Thursday— I will take the question on notice in terms of the exact amount of money. But the really great thing here is that we have these women meeting—

The CHAIR: Minister, I think the question goes to numbers, not money, if I understood the question correctly.

The Hon. BRONNIE TAYLOR: No—

The CHAIR: The numbers of people who have been successful.

The Hon. BRONNIE TAYLOR: Well, I have answered that, Mr Chair.

The Hon. PENNY SHARPE: No, you have not—I am happy for you to take it on notice, and perhaps your officials can tell us this afternoon if you cannot this morning. Is the figure of 620 who have actually received the maximum of $5,000—is that correct? If you cannot tell me, you can take it on notice. That would mean that of the $10 million, only $3.1 million has been spent. I am seeking confirmation of that, Minister.

The Hon. BRONNIE TAYLOR: I will take the exact details of that question on notice, Ms Sharpe, and I will get back to you.

ANSWER:

I am advised as at 6 April 2021:

- Approximately $1.8 million in grants
- $4,979 average amount approved per woman
- 2259 women have appointments with Service NSW Return to Work Coordinators throughout March, April and May 2021.

There is a further $5,000,000 available in Phase 2 from 1 July 2021. However, based on take up rates and average grant amount, the NSW Government will likely bring forward the remaining $5 million to the current financial year to meet strong interest in the program.

Gender pay gap

Transcript pages: 16-17

Ms ABIGAIL BOYD: Thank you, Chair. Just looking at the public sector employee gender pay gap, do you have the most recent figures for that?

The Hon. BRONNIE TAYLOR: I am pretty sure, in terms of the gender pay gap, that Ms Walker would have that. May I ask her to answer that, Ms Boyd?

Ms ABIGAIL BOYD: Please do.

Ms WALKER: So at November 2020 the gender pay gap for New South Wales was 13.4 per cent, the same as Australia's national gender pay gap. On average, just to be clear, men are earning 13 per cent more than women.

Ms ABIGAIL BOYD: You are aware that is significantly higher than, for example, in Victoria? Do you have a comparison?

Ms WALKER: No, but we can get that either this afternoon or—

Ms ABIGAIL BOYD: If you could, that would be really useful, and also on how that is tracking over time. I think you would agree, Minister, that is concerningly high.

ANSWER:

I am advised that the gap between the median annual remuneration of women and men in the NSW Public Sector is available at www.psc.nsw.gov.au. Information about the gender pay gap for all employees in each state and territory based on average weekly earnings is available at www.abs.gov.au.

Disability Inclusion Action Plans

Transcript pages: 18-19

Ms ABIGAIL BOYD: In the year two final report, you state that you have increased the engagement and participation of women and girls with disability in the development and implementation of disability inclusion action plans. Can you tell me what that means and what is the metric for measurement?

The Hon. BRONNIE TAYLOR: Sure. In terms of the detail of that, I will ask the department to go with that because that would actually come under the Minister for disability services. Why we actually developed the strategy as well was to make sure that—something that I spoke to before—we could capture all of those things that are coming across government that are actually reflecting these outcomes. Ms Smyth, would you like to comment further on that?

Ms SMYTH: It would be good if we could get some more information on that. It is sitting under the NSW Disability Inclusion Plan regarding those action plans, but we can get some more specific information.

Ms ABIGAIL BOYD: If you could provide that on notice, that would be really useful so that we can understand what that is.

ANSWER:

This is a matter for the Minister for Families, Communities and Disability Services.

Kids Helpline - funding

Transcript page: 20

The Hon. EMMA HURST: There was the web chat with people saying that they had to wait over 20 minutes. I am not questioning these services and the great work that they are doing, but for the Kids Helpline one in three calls were going unanswered. You mentioned $87 million. Will any of that go into some of those services that young people specifically reach out to?

The Hon. BRONNIE TAYLOR: That money already has gone into those services that young people reach out to. The Kids Helpline was originally funded by the Federal Government, but in 2019 we put a big injection of funds there to allow an extra 10 people to be able to answer the calls.

The Hon. EMMA HURST: Minister, just to be clear, my question was that given these new reports—this is just published on Monday in the *Daily Telegraph*—will there be further funding to make sure that those wait times and the unanswered calls go down?

The Hon. BRONNIE TAYLOR: All I can say to you, Ms Hurst, is I will look very closely at that data but my understanding is that 18,400 extra calls have been answered. Dr Lyons, you might like to elaborate on that.

Dr LYONS: Yes, I could assist with the Minister's response. In addition to what she has outlined, the 2019-20 New South Wales budget included $23.5 million to expand the capacity of the Lifeline over four years. So there is an ongoing investment being made each year to the tune of $3.3 million per year for the continuation of core funding and expanding services capacity. There is also money for yourtown, for Kids Helpline, $1.37 million; and also $1.5 million, as you have talked about, for the Lifeline text crisis support.

ANSWER:

The NSW Government investment in Kids Helpline of $5 million over 4 years will increase its capacity to respond to contact attempts from children and young people in NSW now the satellite Kids Helpline counselling centre in Blacktown is operational.

Funding for Kids Helpline is just one of a range of measures being put in place to increase the number of people, including children and young people that can be helped in a crisis.

Kids Helpline – unanswered calls

Transcript page: 21

The Hon. TARA MORIARTY: It is alright; I have got more. I will follow-up on some of the questions that my colleague the Hon. Emma Hurst was asking. I will start with the Kids Helpline because I do not think those answers really cut it, to be blunt. One in three calls to the Kids Helpline are going unanswered, so I do not think it is good enough to say that there are other lines that people can call, especially kids. There is a lot of targeted campaigning and messaging to kids that that is a line that is available to them. It is also not good enough to say that there are some kids that you know that have used it that find it good enough. One in three calls are going unanswered, so what are you doing about it?

The Hon. BRONNIE TAYLOR: In terms of one in three calls going unanswered, I am going to have to check that data because I am not aware of one in three calls going unanswered. About using that specific example, I actually think it is really important to use examples. Sure, that is only one but I know that the Federal Government has invested and we have invested so that it can take the capacity for another 18,500 calls. We know that young people are not going to go to one particular site. They are going to go to different things and that is why we have to have different models of care. We have to have different access points for young people and we have to continue to do that.

The Hon. TARA MORIARTY: With respect, that sort of assumes that if they cannot get through to this line, they should just try others. That is not a viable answer for people who are in distress, especially children.

The Hon. BRONNIE TAYLOR: As I said, Ms Moriarty, in terms of one in three calls dropping out, that certainly is not advice that I have been given. I will absolutely have a look at that but my feedback from that is that there is extra capacity on those lines and that they are being answered.

ANSWER:

Kids Helpline will always strive to answer as many contacts as possible. However, if a call goes unanswered this does not mean the young person trying to make contact abandons the approach. When a young person calls, they initially receive information around privacy and confidentiality for around 40 seconds. Following this, they are queued and hear a number of messages around alternative ways to engage with Kids Helpline. These alternatives - including webchat and email - are preferred by some young people as their means of communication. Kids Helpline advises that the current average wait time for answering phone calls is approximately four minutes.

Many children and young people also reconnect again later and in many cases they are successful – even on the same day. There are also times when Kids Helpline experiences unexpected peaks in demand which can also affect response rates.

Following the NSW Government's $5 million investment, the NSW-dedicated counselling centre is now responding to an additional 18,000 contacts from children and young people.

Funding for Kids Helpline is just one of a range of measures being put in place to increase the number of people, including children and young people that can be helped in a crisis.

Youth Aftercare Pilots

Transcript page: 23

The Hon. TARA MORIARTY: The tender for this program closing in June, who is going to be running it?

The Hon. BRONNIE TAYLOR: Dr Lyons, I believe it is New Horizons?

Dr LYONS: I do not have that detail in front of me, Minister.

The Hon. TARA MORIARTY: You can take it on notice.

Dr LYONS: We could certainly answer that question in our session this afternoon.

The Hon. BRONNIE TAYLOR: I am pretty sure, Ms Moriarty, but if I may confirm that on notice, I would appreciate it because I have just got Blacktown and Bankstown.

The Hon. PENNY SHARPE: It is New Horizons.

The Hon. BRONNIE TAYLOR: Thank you, Ms Sharpe.

ANSWER:

New Horizons led a consortium of relevant community managed organisations and was awarded the tender to conduct the Youth Aftercare pilots following an open competitive tender process.

Office for Women NSW

Transcript pages: 25-26

The Hon. PENNY SHARPE: Minister, how many voluntary redundancies will there be in the Office for Women?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I will have to give that question to Ms Walker.

Ms WALKER: I think in a couple of the other sessions we have spoken about the restructure that is happening in strategy, policy and commissioning. Across the whole area, which has about 851 people, there are 175 redundancies. We are currently going through the restructure management plan. It is open for consultation with all of the staff and also the PSA. That closes on the sixteenth of this month. There absolutely will be a loss of roles and positions inside Women.

The Hon. PENNY SHARPE: You cannot tell us exactly how many?

Ms WALKER: No, but I am happy to put it on notice.

The Hon. PENNY SHARPE: Can you give us how many total positions there are now, and how many you expect to go through the voluntary redundancy process?

Ms WALKER: I will take the numbers as they are now on notice as well because they are moving around a bit. We are holding vacancies to minimise the impact on staff. But I am happy to give all of that on notice.

The Hon. PENNY SHARPE: If you give us the vacant positions as well that would be great.

Ms WALKER: Yes.

ANSWER:

Consultation of the draft Plan closed on 16 March 2021 and the Department is currently receiving feedback and will shortly release the final Restructure Management Plan.

Women NSW currently has five vacant roles from 35 total positions.

Mental Health Supports for wildlife carers – funding

Transcript page: 26

The Hon. EMMA HURST: Minister, the Government announced $36 million for a new first responder mental health strategy for emergency services. Will you advise if mental health support for wildlife carers specifically will be included in this strategy?

The Hon. BRONNIE TAYLOR: I thank you for your question and that would be the strategy that has been put out by Minister Elliott. Is that correct in terms of first responders? In terms of the actual detail of that for wildlife carers, I am really happy to take that question on notice. I presume, and I hope, that was in there as well. I would absolutely have to check because that actually comes under him.

ANSWER:

The Emergency Services Board of Commissioners has carriage of the first responder mental health strategy for emergency services. This is a matter for the Minister for Police and Emergency Services.

NSW Health provides several mental health services that can be accessed by wildlife rescuers and carers including:

- Mental Health Line - 1800 011 511
- Lifeline - 13 11 14
- Mensline - 1300 789 978
- Kids Helpline - 1800 55 1800
- Beyondblue - 1300 22 4636

In addition, wildlife carers impacted by bushfires can access support through specialist mental health Bushfire Recovery Clinicians located across NSW. The NSW Government has committed $14.8 million to recruit 30 clinicians across bushfire affected communities.

Wildlife carers often work with veterinarians on the frontline of wildlife rescue.

As part of the Community Gatekeeper Training initiative, LivingWorks is partnering with the Australian Veterinarian Association to deliver gatekeeper training to veterinarians across NSW.

This will teach veterinarians suicide prevention and awareness skills so they can safely speak with and immediately support people experiencing suicidal thinking and refer them to ongoing professional support, if needed.

Training veterinarians and their staff as gatekeepers will ensure that more people in distress can be reached.

NCOSS Response – Step up, Step down funding

Transcript page: 27

The Hon. EMMA HURST: The NSW Council of Social Service [NCOSS] has expressed disappointment that there is not more funding going to the Step Up, Step Down services in the budget. What is your response to that?

The Hon. BRONNIE TAYLOR: In terms of NCOSS' response on Step Up, Step Down, I will have to ask my department to comment on that because that is a specific operational issue. Dr Lyons?

Dr LYONS: I think I will need to take it on notice, Minister. I do not have any detail on that.

The Hon. BRONNIE TAYLOR: Yes, sure. Can we take that on notice, Ms Hurst?

The Hon. EMMA HURST: You can, yes. Recently you announced the Stepping Stones program. How much is being spent specifically on that program?

ANSWER:

Step up, Step down services deliver recovery support to help people transition out of an acute mental health facility and back to the community, or to help them avoid hospitalisation if they are becoming unwell. The NSW Government provides a range of services that deliver these outcomes for people with a lived experience of mental illness.

An excellent example of a step up, step down service is located at Burwood in the Sydney Local Health District. It facilitates relapse prevention and recovery promotion to divert people from hospitalisation (step up) as well as providing residential support services following discharge from hospital (step down). It provides short term recovery-focused care through a partnership between the district and a community managed organisation.

The Government is making a significant investment in the Pathways to Community Living Initiative which is a stepped care service that will see 230 new 24/7 statewide community-based beds. The service will assist people aged 18 years and over who have severe and persistent mental illness and are long-stay in hospital or, at risk of being long-stay. These beds will provide a period of stabilising rehabilitation in therapeutic home-like environments before people then transition to further independent living in the community.

In addition, the Government is continuing its $88.77 million investment in the Housing and Accommodation Support Initiative (HASI), HASI Plus, Community Living Supports program, and the Mental Health Community Living Supports for Refugees program, which all support consumers to live and recover in the community.

Stepping Stones Program

Transcript page: 27

The Hon. EMMA HURST: Sorry, Minister, this is a wonderful story and I do not want to cut you off, but just because I am running out of time I wanted to ask you a couple of specific questions about the Stepping Stones program. How many people will the program accommodate at any one time?

The Hon. BRONNIE TAYLOR: Ms Hurst, I might have to take that on notice. From my recollection there were four bedrooms in each cottage and I believe there were two cottages, so I think that is eight. But please, if I may clarify that in the interests of probity—

The Hon. EMMA HURST: Yes, that would be fantastic.

ANSWER:

Eight consumers can participate in the program at any one time.

Living Well in Focus

Transcript page: 28

Ms CATE FAEHRMANN: Minister, I just wanted to ask—and possibly I will be asking some questions of the commissioner as well, if she could come to the table in a second—about *Living Well in Focus 2020-2024*, the mid-term review. When did you first receive a draft copy of *Living Well in Focus* or maybe even another form of the commissioner's mid-term review?

The Hon. BRONNIE TAYLOR: You are after the actual date that I received it, Ms Faehrmann?

Ms CATE FAEHRMANN: Approximately.

The Hon. BRONNIE TAYLOR: I honestly feel like the last year has jelled into one. I would have to just go and check on my absolute—can I take that question on notice to give you that exact date and the date that it was tabled in Parliament?

Ms CATE FAEHRMANN: I have got the tabling date here. It was 19 November.

The Hon. BRONNIE TAYLOR: Yes.

Ms CATE FAEHRMANN: That was towards—

The Hon. BRONNIE TAYLOR: I just cannot guarantee that, Ms Faehrmann. As you would appreciate, I get an enormous amount of correspondence and work, and I cannot remember the exact date that it was presented.

Ms CATE FAEHRMANN: That is okay.

ANSWER:

The Mental Health Commission of NSW submitted the final 'draft' copy of *Living Well in Focus 2020 – 2024 A strategic plan for community recovery, wellbeing and mental health in NSW* in March 2020.

Detox and rehab facilities

Transcript page: 33

The Hon. PENNY SHARPE: Have you sought any briefings in relation to detox and rehab facilities for young people in regional New South Wales?

The Hon. BRONNIE TAYLOR: Yes, I have.

The Hon. PENNY SHARPE: When was that?

The Hon. BRONNIE TAYLOR: I cannot give you the exact date, Ms Sharpe.

The Hon. PENNY SHARPE: Can you take it on notice and let us know?

The Hon. BRONNIE TAYLOR: Yes, sure. If you want the exact date, yes.

ANSWER:

I met with health on 9 February 2021 to specifically discuss response to the Special Commission of Inquiry into the drug Ice, and again on 30 March 2021

Long-term care - access to education

Transcript page: 37

The Hon. EMMA HURST: Thank you. I want to ask about access to education for individuals who are subject to long-term mental health care—so people who are in psychiatric hospitals for a long period of time. Are there options available for people to access education if they are in long-term care?

The Hon. BRONNIE TAYLOR: There often are very complex and high-need people that are in long-term care. Dr Wright, would you be able to answer that about education?

Dr WRIGHT: I probably cannot give you a comprehensive answer. I may have to take that on notice.

ANSWER:

Yes.

People who are receiving long term inpatient care in NSW have access to a range of programs according to their level of functioning and age-related needs. This may include skills of daily living, engaging in social groups and physical activities as well as work and education programs. All programs are aimed at maximising social participation and recovery.

An individual's care plan includes a multidisciplinary assessment of their abilities and needs, considering their own wishes and plans for recovery. Care plans are reviewed on a regular basis.

All young people admitted to an NSW Child and Adolescent inpatient unit have access to an education program appropriate.

Women in NSW reports

Transcript page: 38

The Hon. EMMA HURST: Thank you. I have a few seconds left. I know that Ms Abigail Boyd asked a few questions about the Women in NSW reports. On the New South Wales Government website they seem to stop in 2018. Do you know when the other reports will be put up on the New South Wales Government website— the 2019 and the 2020 reports?

Ms SMYTH: We are looking at doing something a little bit more interactive around having some sort of report that has a bit of live data. That would mean a different format that we are working on at the moment.

The Hon. EMMA HURST: Is that the cause for the delay?

Ms SMYTH: Yes, it is. We are looking at a way that is a bit more interactive for people and is not like a really lengthy report that not everybody will be significantly interested in. So it is a bit more like a dashboard.

The Hon. EMMA HURST: Thank you.

Ms CATE FAEHRMANN: Minister—

The Hon. BRONNIE TAYLOR: We would be really happy to update you on that, Ms Hurst, as it comes through.

The Hon. EMMA HURST: Thank you.

ANSWER:

I am advised that the interactive dashboard will be finalised by June 2021. The dashboard will feature a range of headline indicators across the three pillars of the NSW Women's Strategy 2018-2022, including: economic opportunity and advancement; health and wellbeing; and participation and empowerment.

Murrumbidgee suicide rates and mental health nurses

Transcript pages: 38-39

Ms CATE FAEHRMANN: Minister, has the rate of suicide grown faster in regional New South Wales than in Sydney?

The Hon. BRONNIE TAYLOR: In terms of the actual rate?

Ms CATE FAEHRMANN: The rate of suicide.

The Hon. BRONNIE TAYLOR: I think actually for regional New South Wales—Dr Wright, have you got that exact data there?

Ms CATE FAEHRMANN: It is a very general question. Surely, as mental health Minister, you would know if it is growing faster in regional New South Wales, coming from the regions yourself and representing the National Party. I will give you a figure if you would like. For example, in 2001 Murrumbidgee Local Health District had a suicide rate of 11.6 per 100,000, which was similar to the rate of Sydney, which was 10.3. But by 2016, the Murrumbidgee had a suicide rate of 20.9 per 100,000 population; I understand it is 7.8 in Sydney now. We seem to have in Murrumbidgee, for example, what is actually three times the rate of Sydney. Why is this happening in some parts of regional New South Wales?

The Hon. BRONNIE TAYLOR: I think what we see—that is why it is so important that we have the suicide monitoring system so that we are actually able to look at this data in detail and we are actually able to get it in a timely manner. What we are able to do with that, then, is to target those services. Dr Wright?

Ms CATE FAEHRMANN: Let's just not go to Dr Wright, if we can, for now. In terms of targeting those services, do you know how many mental health nurses are therefore employed in the hospital at Murrumbidgee, or hospitals in Murrumbidgee?

The Hon. BRONNIE TAYLOR: My advice is that the suicide rate in Murrumbidgee actually went down last year, but I am happy to take that on notice and give you the exact numbers, Ms Faehrmann. The question that you asked me was: How many mental health beds there were in Murrumbidgee?

Ms CATE FAEHRMANN: Mental health nurses in hospitals in the Murrumbidgee region.

The Hon. BRONNIE TAYLOR: Mental health nurses in hospitals. What we know, too, is that we really need to focus on our community mental health teams, and that is what the Living Well strategy has told us. I am reluctant when we just talk about mental health beds; we need to talk about the whole service and the fact that we need to really invest in community mental health services.

Ms CATE FAEHRMANN: Yes.

The Hon. BRONNIE TAYLOR: There is no waitlist in Griffith at the community mental health service for mental health help. No waitlist.

Ms CATE FAEHRMANN: Can I check, going into that, that does not mean that you are getting rid of mental health nurses in regional New South Wales, though, does it?

The Hon. BRONNIE TAYLOR: No, Ms Faehrmann. It absolutely does not mean that we are getting rid of mental health nurses in regional New South Wales.

Ms CATE FAEHRMANN: In Murrumbidgee, for example, what I understand is basically they do not employ a single mental health nurse. In fact, places like Deniliquin, Griffith, Hay, Hillston, Wentworth, Finley, Barham hospitals—basically everything outside Wagga—do not employ a single mental health nurse. I understand in terms of community funding—indeed, I just asked a question about that, and I understand the importance of that. But it does not mean that there is, therefore—your response, with respect, seemed to imply that because you are wanting to shift towards community funding, we do not need mental health nurses in regional New South Wales.

The Hon. BRONNIE TAYLOR: Ms Faehrmann, that is so far from the truth and so far from what I said, respectfully. When you talk about no specific mental health nursing positions, I will have to take that on notice to look at those exact details in places like Deniliquin and Barham and what you have said.

Ms CATE FAEHRMANN: Okay.

ANSWER:

The figure used by the Honourable Member of 20.9 per 100,000 population is the 2016-17 rate for Murrumbidgee.

The Murrumbidgee suicide rate for 2017/18 as published by the ABS was 17.7 per 100,000 of population.

Rates in regional NSW had been reasonably stable from 2015 to 2018 but increased in 2019. The NSW State Coroner, Department of Communities and Justice, NSW Police and NSW Health have collaborated to establish the NSW Suicide Monitoring System (SuMS). That data shows that suspected suicide deaths in regional NSW in 2020 fell to 14.7 per 100,000, a decrease of 10 per cent to 2019, and the lowest rate in five years.

In relation to mental health nursing positions, this is not the only measure by which to determine the level of mental health support or suicide prevention activity provided to a community. Supportive care to assist people to live well in the community is the best way to care for most people who experience mental health conditions. Hospital care is only required for a small percentage of people who have mental health conditions. In most cases, care in the community, which is close to home, accessible, personalised, evidence based, focused on recovery and which enables people to maintain links with their family and community is preferable.

The Murrumbidgee Local Health District employs 101 FTE specialised mental health trained staff in multidisciplinary teams in six Community Mental Health and Drug and Alcohol teams across the District, based in Deniliquin, Griffith, Temora, Wagga Wagga, Young and Tumut. The teams are multidisciplinary to ensure they have the broad skillsets required to address the range of issues experienced by people with mental illness. Effective interventions require multiple skills in addition to those held by nurses.

These teams include a mix of 11 FTE nurses and 37 FTE allied health professionals as well as psychiatrists, consumer peer workers, family and carer support workers, Aboriginal mental health trainees, mental health support workers, farming community counsellors and clinical leaders.

The Murrumbidgee Local Health District also employs two Farming Community Counsellors who are active in the Western region, with one based in Griffith and one in Deniliquin. There are also has two Rural Adversity Mental Health Program staff working across the District.

Domestic Violence programs

Transcript page: 41

The Hon. TARA MORIARTY: Given the timetable, I will start with the witnesses who will be leaving early. This morning we covered a lot of ground on the current public debate about what is happening with, particularly, young women in terms of violence and other issues. I do not want to rehash any of that, but we have a chance now to get some more detail of what your office is doing in that regard. What policy or strategies has your office developed in response to an increase in violence—not just in recent times, but overall—against women, but particularly with a focus on younger women? We talked a little this morning about programs in high schools. Can you talk us through what you are working on in that regard?

Ms WALKER: Just to be clear, the majority of this does sit with the Attorney General. But we do have the Sexual Assault Strategy, which we mentioned in the last budget session is actually up for review. It goes through till 2021—this year—and I think it is fair to say that the focus of the next strategy will be taking into account the things that we are seeing both at a national but also at a very local level in New South Wales. The other work that we do around the domestic violence blueprint—a number of our funding programs are targeted. Firstly, we have a rural and regional split, as well as different age groups. Often we focus on older women, particularly around homelessness and financial insecurity. What we could provide for you on notice is our programs that particularly target youth and young women in this space.

ANSWER:

I am advised the Department of Communities and Justice is currently developing a social media campaign in relation to consent. The target group for the campaign is young people aged 16 to 24 years, and specifically young men.

It is anticipated that the messaging for the social media campaign will be aimed at raising awareness and encouraging positive conversations about sexual consent.

The consent campaign will build upon the successful #makenodoubt campaign, developed as part of the NSW Sexual Assault Strategy to raise awareness of the importance of seeking consent.

Planning is underway for the development of the next Sexual Assault Strategy, due to be finalised by end of 2021. In the development of the new Strategy, youth representatives and peak bodies will be consulted. The consultations will also encompass the views of youth in regional and remote areas. There will also be the opportunity to provide input to the development of the new Strategy through Have Your Say.

Women NSW staffing numbers

Transcript page: 43

The Hon. TARA MORIARTY: There was a little bit of discussion about this this morning, but what is the make-up of your office? How many staff are there?

Ms WALKER: I was going to provide that on notice just because we are holding a number of vacancies because of the restructure process that is occurring in my area.

ANSWER:

Women NSW currently has five vacant roles from 35 total positions.

Women in prisons

Transcript page: 43

The Hon. TARA MORIARTY: Let me ask about women in prisons. Incarceration for women has more than doubled over the past decade, as I understand it. Do you play a role in that as an issue or in any way across agencies for trying to address that as an issue?

Ms WALKER: I do not have the figures to hand but we can provide them because it was quite a source of discussion with the Corrections estimates the other day about the numbers of women in prison. DCJ as an agency of course has the Premier's priority that looks at reducing reoffending both generally and in domestic and family violence. I am just trying to think how I would describe it. I do not think there is a specific role because so much of the justice component really impacts the reoffending and also the incarceration rate. Tanya, do you have anything in particular?

Ms SMYTH: There is some work under the domestic and family violence strategy but I suppose, too, they are in our department. They are doing that work and we have engaged with the people doing that work around women in prisons.

The Hon. TARA MORIARTY: This is maybe a bit more of a specific question in terms of something that used to happen. There used to be funding for a mentoring program, which was funded through your office. My understanding or advice is that it actually worked quite well—88 per cent of the women who were mentored through the program actually did not return to custody. There is a program on the Central Coast that is actually facing closure and the Women's Justice Network are trying to get funding to keep them open. Is that something that you guys have considered or would consider, given that you have done it in the past?

Ms WALKER: I am really happy to have a look at it if we can get the details of the programs. Whether they are programs that are funded under some of the—I am thinking, the blueprint grants. Some of those are time-limited funding, so whether it sits under that. But I am happy to take a look at that.

The Hon. TARA MORIARTY: Okay, I will have that sent.

ANSWER:

I am advised this may relate to the Leaving Prison/Leaving Violence program and questions relating to domestic and family violence should be referred to the Attorney General and Minister for the Prevention of Domestic Violence for response.

Regional Youth Projects

Transcript page: 44

Ms RYAN: We have funded over $54 million of projects for youth across regional New South Wales under the Stronger Country Communities Fund and this is allocated across 293 youth projects. Fifty per cent of that funding is already out the door and in communities, delivering projects and programs. As Chris said, we have got of focus of work under the four pillars of our framework, which are work ready, wellbeing, connectivity and community. Those projects are all underway and being carried out in our communities. We have also launched a campaign recently, a Regional Gap Year campaign, which is a website that brings together employees looking for young people to take up roles in their organisations in regional New South Wales and young people who are looking for an opportunity to travel and experience different lifestyles and look for work across regional New South Wales. They are unable to travel overseas at the moment so this is a way of bringing those two together.

We have also got our Regional Youth Action Plan, which is publicly available on the website and that is a whole lot of actions that come from our framework and across government, and those projects are all underway. There were a few delays due to COVID in the rollout. We did a six-month review and found that 25 per cent had had some COVID delay but those are now being reported as being on track. In the organisation we also have a $100 million Regional Job Creation Fund that has been established which will support economic recovery and resilience by bringing forward and attracting investment in regional New South Wales business projects. We have the Regional Growth Fund, which is the $2 billion fund for regional communities. Projects are expected to create up to 15,300 construction jobs and 17,000 additional post-construction jobs to support businesses and services across key and emerging industries.

I would also just like to refer to a program that the Government has established, which is an infrastructure traineeship program that was recently established in response to COVID. It is a government-designed two-year traineeship in the infrastructure sector and it is providing paid training opportunities to New South Wales school leavers from 2020. We have already placed 130 trainees who have commenced work in that program. They have been placed across government agencies and will be working also with the private sector.

The Hon. TARA MORIARTY: Is that targeted at regional young people, or is that across the board?

Ms RYAN: That is across the State, but we did target regional applicants to take up those roles. There is a spread of applicants from across the State.

The Hon. TARA MORIARTY: Are those projects spread across the State? For example, for regional people to participate in this would they have to move? Are there things locally based for areas of higher unemployment? I understand your point about the rates but the issues are quite different if you are unemployed in a regional area and your whole life is based in a particular area. How does this work to target regional issues?

Ms RYAN: It is being managed through the Department of Education and they are taking a very flexible approach. They have offered the trainees who are part of it the ability to travel if that is something they are interested in doing, or they will find roles based near their home. There is also some telecommuting that they are able to do to undertake the training. They are being very flexible about the ways that young people from regional New South Wales can access the program. I refer to the Infrastructure Skills Legacy Program, which has been established in government. It is really a way of trying to harness the large amounts of investment that is happening in New South Wales Government infrastructure. I have some figures from a recent review of the program. There are 18 infrastructure projects currently running in New South Wales that are valued over $100 million. There are 6,324 young people who are under 25 years and employed in those projects.

The Hon. TARA MORIARTY: Do you have a breakdown for metro versus regional?

Ms RYAN: I do not, sorry. But I do know that is a higher-

The Hon. TARA MORIARTY: Is there one though? You can take it on notice. Is there a breakdown?

Ms RYAN: I will take it on notice to find out, and if so I will provide that.

The Hon. TARA MORIARTY: If there is can you provide it?

Ms RYAN: Yes. To note that is above the target, which was 8 per cent. That is 15 per cent of employees on the projects are young people under 25, which I think is a great achievement.

ANSWER:

The Infrastructure Skills Legacy Program (ISLP) capitalises on the NSW Government's record levels of infrastructure investment to boost the number of diverse, skilled construction workers and create fresh pathways to employment across the state.

The ISLP is a Department of Education program and data regarding the metro versus regional breakdown is not held by the Office for Regional Youth. This question is best directed to the Minister for Education for a response.

Return to Work Grants

Transcript pages: 45-46

The Hon. EMMA HURST: I am not sure who to direct this to but I want to ask questions about the women Return to Work program. Last year the New South Wales Government announced a $10 million Return to Work program that allowed women to apply for $5,000 grants to assist them in re-entering the workforce. I notice that the applications for the grants are now closed. Have the grants already been distributed?

Ms SMYTH: They are moving through various parts of that application process. What closed was the expression of interest process. There were around 10,000 women who expressed an interest. Service NSW is coordinating that and as they have gone back to contact women, that number of people who are still interested has decreased. It is likely that some got a job.

The Hon. EMMA HURST: They have found jobs.

Ms SMYTH: Or others were worried they might lose their jobs, so applied in anticipation of that and hopefully, fortunately that did not happen. That number has reduced significantly. All of the women who put in an expression of interest who are still interested have been contacted and are going through the process and have been booked into an appointment.

The Hon. EMMA HURST: Do you have any idea of the time line of when the money will be distributed?

Ms SMYTH: No. We will take that on notice. Appointments are happening at the time. It depends what information that woman has ready to go through that process of how quickly that can happen.

The Hon. EMMA HURST: Is anything else being done, other than this, to address women who have been impacted by COVID-19 economically, especially with the higher rates around joblessness and risk of homelessness?

Ms SMYTH: There are quite a few initiatives that were not specifically targeted to women that the New South Wales Government invested in regarding COVID.

The Hon. EMMA HURST: Is the women Return to Work program one of the only aspects that was specific for women?

Ms SMYTH: I think it was the only one that was specifically targeted for women. There are others that will impact women and depending on the industries that they work in more so than others.

Ms WALKER: For example, $120 million for the 700 community preschools and 38 mobile services— things that will have a direct impact for women—is probably worth highlighting. You did ask a question about homelessness. We have quite a bit of data about the dollars that were invested, both from New South Wales as well as things like the social and affordable housing program that continues. I think 756 of the 1,400 dwellings that are available have been provided to older women, particularly to address the fact that homelessness for older women is probably the fastest growing area of homelessness. We can provide the details of the COVID injections around that.

ANSWER:

I am advised as at 6 April 2021:

- Approximately $1.8 million in grants
- $4,979 average amount approved per woman
- 2259 women have appointments with Service NSW Return to Work Coordinators throughout March, April and May 2021.

There is a further $5,000,000 available in Phase 2 from 1 July 2021. However, based on take up rates and average grant amount, the NSW Government will likely bring forward the remaining $5 million to the current financial year to meet strong interest in the program.

Mental Health Line

Transcript page: 53

The Hon. TARA MORIARTY: I can genuinely understand what it is now that you are considering. But I guess from a member of the public's perspective, depending on where you live, you call the exact same number. So if you live in—I do not know what districts have it or do not have it—Queanbeyan and you call the Mental Health Line you will get a clinician. But if you live on the Central Coast or in Murrumbidgee you will get a call centre who will then direct you.

Dr LYONS: The call centre staff are not just—I think we are hearing "call centre" in a term like a normal call centre. This is a health call centre. They are clinical staff as well, often, in the call centre operation as well.

Mr PEARCE: Yes, I can confirm that. They are clinical staff that Medibank Health Solutions are utilising to man the service.

The Hon. TARA MORIARTY: I think that is helpful, but it is also a bit confusing in terms of why. We have clinical staff who are doing it in the sort of traditional model, but that is not necessarily working in the most effective way. So we are bringing in Medibank in some areas because they have specific call centre—I am not making it a derogatory term, but I am using the term "call centre" staff because based on what you have said today that is more efficient. But they are clinicians as well.

Dr LYONS: It is about how the model is designed locally. The districts came to the conclusions about what they wanted to invest in and how they wanted to do it. If they felt that they could build the service more effectively from within, they chose to take the money and take the project person to redesign and look at the improvement. Others, actually, already had Medibank Health Solutions providing the service and spoke very positively about it, so invested in that type of model. Then based on the experience that was presented by some of the districts, other districts said, "We think we need to test that type of model as well, so we will go with an investment in the Medibank Health Solutions model." But it is an integrated model that is built on the expertise of the Medibank Health Solutions people and the people who provide the service in the district.

The Hon. TARA MORIARTY: So the ones who are using Medibank with the call centre model, how does that work then? You have a person who takes the call and then has to send it somewhere. So the call will get answered in terms of the stats, but what is the time line or what are the requirements for it to be passed on to a professional? What happens to the person in-between?

Dr LYONS: The requirements are very rigid and we actually get better performance monitoring data from the Medibank Health Solutions model than we do from the in-house model, which has been one of our issues. We want to make sure that we have good data to manage the service and look at performance issues and benchmark, and look at quality dropout rates, call answer rates and whether they are referred to the right person. All of those things are being monitored. That is what the evaluation is going to look at and be able to compare which model is delivering more effectively and efficiently.

The Hon. TARA MORIARTY: Sure. But as part of that evaluation, what is the specific breakdown that you are looking at in terms of the KPIs? Call time would be number one, I get it. How quickly a call is answered. But for the person in Queanbeyan who picks up the phone and calls the same line as the person on the Central Coast, are you measuring how quickly I get to speak to a clinician—an actual health professional—or how quickly the phone is answered?

Dr LYONS: Both of those things are being looked at is my understanding, but on notice we can give you a detailed analysis of the sort of KPIs so that you have got those.

ANSWER:

Calls to Mental Health Line services operated by local health districts or by Medibank Health Solutions on behalf of local health districts are answered by mental health clinicians who offer advice, triage and referral to appropriate services, including to the local mental health team.

There are three key performance indicators for the Mental Health Line:

- Grade of service: 70 per cent of calls are answered in 30 seconds
- Maximum speed to answer: Less than 5 per cent of calls wait over two minutes in the call queue before being answered by a mental health clinician
- Call abandonment rate: Less than 5 per cent of calls are abandoned.

Funding in South Western Sydney

Transcript page: 54

The Hon. TARA MORIARTY: I would like an update or some information about Campbelltown and Camden hospitals. You would be well aware that doctors in the emergency departments of those hospitals have made quite a lot of public commentary around mental health waiting times—in some cases up to 100 hours—coming out of the Health inquiry. I am interested to know what work is being done to improve mental health access through the emergency areas of Camden and Campbelltown.

Mr PEARCE: I can start. It is important to have a look at the whole system. When we talk about access, it is a cycle. You need access to acute inpatient beds and acute inpatients require assertive community care when they are discharged. So it is not necessarily a matter of just looking at additional beds, but looking at the resourcing across emergency departments, inpatient and community. In the COVID enhancements there were some specific enhancements that increased resources to that area. We mentioned the Mental Health Line and there was resourcing for virtual mental health so that is teleconferencing, connecting clinical settings, connecting clinicians to clients with iPads and other devices to enable assertive care in the community.

The Hon. TARA MORIARTY: Sorry, I genuinely do not mean to interrupt or cut you off, but can I just clarify? I am talking about people presenting to emergency. Are these things that are being provided to them in those circumstances?

Mr PEARCE: Correct. This is about avoiding the need for a presentation to emergency in the first place. Often mental health clients present to emergency departments [EDs]. There are other more appropriate venues. That is what I meant about the whole cycle of care. Some will require assessment and admission to an inpatient unit, but others will not. The suite of funding options that we gave to south-western Sydney included additional community mental health clinicians for more assertive care in the community. Also in the Towards Zero Suicide funding there was specific funding there for alternatives to ED—the Safe Haven Model. Funding was given to south western for that. Also, suicide prevention outreach teams provide assertive care in the community for clients who had suicidal ideation. There was a suite of measures where funding was provided to south western Sydney. I can take on notice if you wanted specific dollars—

ANSWER:

The $632 million stage two Campbelltown Hospital redevelopment will include a new Emergency Department and a significant expansion of mental health services.

The Mental Health Service has received new funding enhancements as part of the NSW Government's $80 million mental health COVID-19 package. SWSLHD received $4,810,500 through COVID-19 MH funding in 2020-2021- including

- $1,220,500 for Virtual mental health
- $2,000,000 to Enhance Community Mental Health Services
- $1,000,000 to fund two Police, Ambulance, Clinical, Early, Response (PACER) models in partnership with Campbelltown and Bankstown Police Local Area Commands. The service commenced on 26 October 2020
- $590,000 to enhance therapeutic activities.

Nearly 26 new FTE positions have been recruited under this funding.

The District have been funded from 2020-21 to 2021-22 to implement the following initiatives under the Towards Zero Suicides initiatives.

- Suicide Prevention Outreach Teams ($1,020,000)
- Alternatives to Emergency Department Presentations, also known as, Safe Havens ($880,000)
- Zero Suicides in Care ($250,000)

The District Mental Health Service is undertaking initiatives to enhance community services to assist in reducing demand across Emergency Departments.

Senior specialist clinical mental health nurses are based in the emergency department to provide timely assessment and review of patients presenting with mental health concerns.

Over the last year, the number of mental health patients with an extended length of stay in the Campbelltown Hospital ED has been reduced by more than 50 per cent as a result of strategies put in place by the District.

National Mental Health Service Planning Framework – NSW demand for mental health services

Transcript page: 55

Ms CATE FAEHRMANN: I think the Minister earlier today was talking about the fact that there is rising demand for mental health services and that New South Wales is meeting this demand. I understand that the Productivity Commission has suggested that demand estimates, like estimates for demand from a tool called the National Mental Health Service Planning Framework—which is the tool to model demand for health services. I understand that the Productivity Commission has recommended publishing that demand. Where is New South Wales at with that thinking? That was a recommendation from the Productivity Commission.

Mr PEARCE: Yes. I cannot give you a definitive answer on that. I would have to check our response. My recollection is that we wanted to confer with other jurisdictions and have further dialogue on that so there is a consistent approach nationally to that.

Ms CATE FAEHRMANN: The Victorian royal commission also recommended the same thing. What are the reasons that are coming out of those two commissions in terms of why that demand should be made public in the first place? What is your understanding of that?

Mr PEARCE: It would give you a good comparison of resourcing to meet need across all jurisdictions. But it would be good to have a consistent approach nationally and with the support of all jurisdictions.

Dr LYONS: I think that is our position. The national mental health planning tool was actually developed in New South Wales probably 10 or 15 years ago now, so that is a product of work that was done by Mental Health Branch at the time here in New South Wales. So it does provide a good basis for looking at and assessing the likely demand for service and then what would be required to invest in to support that over time. The issue for us when you look at comparisons between the States and Territories is that our service profiles and configurations of services—it is a recommendation from the royal commission in Victoria as well. The way we deliver services and the way we are configured is very different and the way we count things and what descriptions are used for how we deliver care are very different, and it makes direct comparisons somewhat difficult. So we need to move to a much more standardised approach nationally about what we count and how we count it.

Ms CATE FAEHRMANN: Yes.

Dr LYONS: That has come up in relation to some of the work we are now starting to do for the development of a new national health partnership agreement with the Commonwealth because the relative starting positions of each State and Territory are very different. What they provide in their State-funded public services, what they provide in primary care, what is under the Commonwealth—they are all very different.

Ms CATE FAEHRMANN: Yes.

Dr LYONS: What non-government organisations provide-all very different. So I think it is a challenge for us, and we need to look at the totality of service delivery once we look at those planning models because it is not just about what we deliver on the State side, it is also about what is available in totality.

Ms CATE FAEHRMANN: Sticking to the State side, sticking to New South Wales. There is the National Mental Health Service Planning Framework. What are the tools available for NSW Health to estimate the demand for mental health services? What do we use?

Mr PEARCE: We use that planning framework.

Ms CATE FAEHRMANN: What is it saying in terms of what the demand is currently in New South Wales? Is that demand being met?

Mr PEARCE: Again, I would have to take the specifics on notice, but there is further work to do in investment in community mental health.

ANSWER:

The National Mental Health Services Planning Framework (the Framework) is one of several sources of information used for NSW mental health planning. Planning is also informed by things such as local demographics, activity data, resource and infrastructure availability, as well as models of care, service structures and expert local knowledge.

While the Framework does estimate the demand for mental health services, it does not identify if this estimated demand is being met. This requires assessing existing services against the Framework's demand estimates.

A key challenge in assessing if estimated demand is being met is to ensure that the service demand modelled in the Framework is being compared with equivalent services in NSW. The Framework is a national tool based on a nationally modelled taxonomy of mental health services, service types and care profiles. There are differences in the modes and models of service delivery nationally and within States and Territories.

NSW Health cannot provide, publicly, reports and outputs from the National Mental Health Services Planning Framework due to its licensing agreement with the Commonwealth.

The Commonwealth may review license conditions around public availability of the estimates from the Framework as part of its consideration of the recommendations (Action 24.9) of the Productivity Commission Inquiry into Mental Health Services.

It is recognised that there is a need for a greater focus on enhancing community-based mental health care in NSW. The NSW Government is enacting this through funding community-based investments and actions as part of its Mental Health Reform in response to the NSW Mental Health Commission's "Living Well" Report, Towards Zero Suicides program of work and COVID-19 staffing enhancements.

National Mental Health Service Planning Framework - Mental Health Commission access

Transcript pages: 56 - 57

Ms LOUREY: When we were doing *Living Well in Focus*, we obviously did not have access to that data. That is why we relied upon what was publicly available through the Australian Institute of Health and Welfare. But I have used these planning tools in my career and I suppose, for me, the point that we have raised in *Living Well in Focus* and in Living Well initially is that you are actually trying to address distress and mental ill health. And if you take that as the first step, then you understand that is why investing in schools and that is why investing in early childhood and families is important. And that goes to my point earlier that if you understand how we can prevent mental illness and invest in those other portfolios, then it means that the investment in health becomes a lot more effective and targeted, and we keep people in the community well.

I and the other Mental Health Commissioners around Australia meet with the Productivity Commission during their deliberations. This is really the point that we made to them and we think that they picked up on: We do have the National Mental Health Service Planning Framework. We also have the NDIS now that also influences how people get services. We have the advent of a range of investments in suicide prevention. The National Mental Health Service Planning Framework, though, is about health but about mental health. It actually just looks at one part of the whole picture. That is why—I mean, when we look at what we invest in the non-government sector as well in housing. Housing, first, is a really important thing when we are looking at mental health. As a person who has used the model I think it can be fit for purpose for what is meant for, but you do have to understand that if you only looked in that lens, you are not always going to be able to address the mental health issues of a person.

Ms CATE FAEHRMANN: As commissioner, you said earlier that you do not have access to the framework but you have had access to it in different roles. Would you find it useful, from the commission's perspective, to have access to that to be able to do your work and have you asked to have access to it?

Ms LOUREY: It would be useful. Also noting that one of the commissioners in the Productivity Commission was Professor Harvey Whiteford at the University of Queensland who did the latest iteration of that model. So, I suppose he is speaking from a particular lens as well. I just think that transparency and accountability are really important, and they are important to the role of the commission. As I said, for us it would be having access to that. But it is also having access to that bigger picture because everything has to come together. As I said in that earlier answer to you about how we can get Treasury to start thinking in that broader sense of investment. It is no use us investing in mental health, even if we do it brilliantly, if we do not have all those other investments in those other parts of someone's life because it will not be effective.

Ms CATE FAEHRMANN: Thank you.

The CHAIR: You still have some crossbench time, Cate. You are most welcome to it.

Ms CATE FAEHRMANN: Okay. That is interesting. Just to clear: Has the commission asked for access to the data and the framework?

Ms LOUREY: We have previously but, as you can see, there are a whole lot of other issues around inter- jurisdictional issues. I used to be at the National Mental Health Commission and we were at the same sort of flipside, if you know what I mean.

Ms CATE FAEHRMANN: But in terms of transparency of data—

Ms LOUREY: You are trying to understand every jurisdiction.

Ms CATE FAEHRMANN: Mr Pearce, are you aware of this request and why we do not give the Mental Health Commission access to the National Mental Health Service Planning Framework data?

Mr PEARCE: I am not aware of that request in my time.

Ms LOUREY: I made it a while back.

Ms CATE FAEHRMANN: Is there a reason why, that you could see, they would not be able to access it to assist their work?

Mr PEARCE: I would just have to check in terms of the cross-jurisdictional rule around access to that information.

Ms CATE FAEHRMANN: On the face of it, it does seem like it would be a wonderful thing for the Mental Health Commission to have access to data around whether the supply of mental health services is meeting the demand, and I am sure there is a lot of other—obviously I do not know the detail of the framework and what it provides, but on the face of it that would seem extremely sensible. It may be something I should have asked the Minister this morning and perhaps we will do that in the House next week. So I am sure her people will be listening and can prepare for that.

Ms KOFF: We can take it on notice because I think the critical issue is the proprietary nature of it.

Mr PEARCE: Correct.

Ms KOFF: Given Catherine, the commissioner, mentioned that it was updated by Queensland—I do not know the licensing requirements but we are happy to take that on notice and find out.

ANSWER:

NSW Health cannot currently provide outputs from the National Mental Health Services Planning Framework to the Mental Health Commission of NSW.

NSW has signed a licensing agreement with the Commonwealth, which permits it to use the National Mental Health Services Planning Framework's Planning Support Tool and Documentation. The Agreement contains several clauses which limit use of the Planning Support Tool, its documentation and Reports, to suitably trained users, and restricts the sharing of information.

The Commonwealth may review license conditions around public availability of the estimates from the Framework as part of its consideration of the recommendations (Action 24.9) of the Productivity Commission Inquiry into Mental Health Services.

The Ministry of Health will liaise with the Mental Health Commission of NSW on what information can be provided to them giving consideration of the provisions of the Commonwealth Licensing Agreement.

Official Visitors Scheme

Transcript page: 57

Ms CATE FAEHRMANN: I want to move to the official visitors scheme, if I may. Firstly, I am wondering how many full-time equivalent positions there are for the official visitors scheme, if you have that information.

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

Ms CATE FAEHRMANN: You can take that on notice? Okay. I am also interested in: How many by LHD? How are they distributed throughout the LHD? Also, for the official visitors scheme, whether you have people who identify as Aboriginal or Torres Strait Islander in those, whether you specifically recruit for that, and also people who identify as LGBTIQ. So that would be useful on notice. Thank you. Do unannounced visits happen with that scheme? How do the visits themselves work?

ANSWER:

Official Visitor Program staffing:
There are currently 99 Mental Health Official Visitors appointed by the Minister for Mental Health. They live across NSW, serve four-year terms and work on a casual basis with variable hours.

There are 11 Drug and Alcohol Official Visitors appointed by the Minister for Health. They live either in Sydney or Orange, NSW, serve three-year terms and work on a casual basis with variable hours.

A Principal Official Visitor is appointed in 1.0 FTE position by the Minister for Mental Health, for Mental Health Official Visitors, and by the Minister of Health, for the Drug and Alcohol Official Visitors. The Principal Official Visitor oversees both mental health and drug and alcohol functions.

The Official Visitors Program has 3.5 FTE administrative and support staff employed as Public Sector employees; a Program Manager, a Training and Information Coordinator, a Data Analyst and an Administration Support Officer.

The Official Visitors Program currently has one Official Visitor who identifies as an Aboriginal or Torres Strait Islander person. The Official Visitors Program does not have specific data on whether any Official Visitors identify as LGBTIQ+.

Official Visitors by LHD
Official Visitors visit declared public and private mental health inpatient facilities, large Emergency Departments, smaller declared rural Emergency Departments, declared community mental health facilities and the Involuntary Drug and Alcohol Treatment units on a regular basis.

Number of Official Visitors currently visiting per LHD (as at 22 March 2021)*

Albury Wodonga	2
Central Coast	5
Children's Hospital Network	19
Far West	2
Forensic Mental Health	9
Hunter New England	17
Illawarra Shoalhaven	9
Mid North Coast	3
Murrumbidgee	5
Nepean Blue Mountains	7
Northern NSW	7
Northern Sydney	16
South Eastern Sydney	9
South Western Sydney	12
Southern NSW	4
St Vincent's	5
Sydney	12
Western NSW	8
Western Sydney	14

*Official Visitors may be allocated to >1 LHD.

Official Visitor functions:

The functions of Mental Health Official Visitors are set out in section 128 of the *Mental Health Act (NSW) 2007* and for Drug and Alcohol Official Visitors in section 27 of the *Drug and Alcohol Treatment Act 2007.*

Unannounced visits occur when necessary.

Official Visitors work in teams of two or more, one with a clinical background (e.g. doctor, nurse, psychologist) and the other a community background (e.g. teacher, lawyer, academic). At each visit, Official Visitors talk with consumers and carers; discuss with them the person's experiences, answer questions and provide on-the-spot advocacy. They meet with clinical, managerial and executive staff, talk with support services and follow up on any issues. Official Visitors also examine documentation, comment on the condition of the environment and inspect the facilities. A visit ranges from 2-5 hours depending on the setting. A review report is provided to the service after each visit which services respond to in writing.

Southern NSW Local Health District – Staffing restructure

Transcript pages: 60 - 61

The Hon. TARA MORIARTY: Thank you. I have a couple of specific questions relating to the Southern NSW Local Health District, probably because it is my neck of the woods. I am sure you have followed the restructure that is happening there. It has caused quite a lot of concern for the community and for the staff working in Health across the area and particularly in major centres such as Goulburn and Bega. There have been mixed reports about the number of jobs that will be gone—I am told 50 to 60. I know some of them have gone already, with voluntary redundancies. Can I get some numbers on that? There have also been mixed reports on affected positions, so restructured positions within the district. The reports I have range anywhere from 50 to 220. The people I am speaking to who work in the district down there do not know and that is why they are really concerned. That is why I have said to them I would raise it here. Can you give us an update on what is happening?

Ms KOFF: I am just looking to Mr Minns, our director of workforce, to see if he has that information at hand. He would be best placed—

Mr MINNS: Yes, extensive consultation over a long period. The restructure actually first commenced four years ago under quite possibly—well, definitely a different chief executive [CE] and I think there might have been another in between. It has been a very long, drawn-out process. The commitment of the new CE when she started in May of last year, after listening to staff feedback, was to commit to bringing it to a swift conclusion, albeit continuing a very strong consultative model. I am aware that there have been many, many meetings on all impacted sites to go through the change plan. I can take on notice the exact numbers, but my recollection is that it is about 40 to 50 actual roles that are impacted. The district has been at pains to emphasise no forced redundancies, so it is a voluntary framework only.

They have sought the agreement of the ministry—and we granted it—to provide a longer grandfathering arrangement for people who would find themselves placed in a role but at a lower level than where they may have been acting for a period of time. That was done because of the length of uncertainty with the restructure, such that we had people who were acting in roles and, therefore, being paid perhaps higher than their normal base salary for much longer than we would normally think is a good thing. Therefore, we extended salary maintenance out to 12 months for people who are placed in roles where their substantive pay reduces. The last piece of information I can advise is that parties were in the Industrial Relations Commission today, talking about a small number of contested roles. Agreement has been reached, with the support of the commission, on how to approach those. So the restructure will continue and it will be complete, I would think, within four to six weeks.

The Hon. TARA MORIARTY: Thank you for also taking on notice the numbers of jobs.

Mr MINNS: There are two numbers that are important: The number of equivalent full-time roles and then it is a question of how many positions—how many people by headcount—might be impacted. They are different numbers but we can get them both for you. I might be able to do it before the end of today's session.

The Hon. TARA MORIARTY: That would be great. I guess I am asking this with a couple of hats on. That restructure is happening across the entire health district, so it affects all kinds of different roles within that district. If possible, can I also get a breakdown—based on this estimates—of how many mental health roles in whatever capacity will be gone as part of that?

Mr MINNS: We can do that for you. The generic issue about the restructure is that it is concerned with managerial roles, more so than frontline service delivery roles. That is just a function of that period of time that it has taken to complete this restructure.

The Hon. TARA MORIARTY: The information I have is that some of them are front facing, some of them are kitchen staff or bus drivers, and some of them are managerial, so whatever breakdown we can get but particularly—given the topic today—in terms of mental health. You are welcome to give the Committee a breakdown on all of it; that would be helpful.

ANSWER:

Restructured positions

- 42 positions were excess to the needs of the organisation
- Additional 80 positions were impacted by changes to grades or position descriptions.

Mental Health

- A total of six Mental Health positions were included in the above.
    - Three managerial or administrative positions which were phased out (excess), and
    - Three managerial or administrative positions which were amended with no change in grade.

New positions associated with Mental Health

- Two new managerial positions were created in Mental Health to support quality improvement of mental health services and enhance strategic planning for mental health care in Southern NSW LHD.

Voluntary redundancies

- Total 54 FTE (55 Headcount). Final implementation anticipated to be completed by June 2021
    - 31 managerial or administrative positions phased out (excess)
    - Eight additional managerial or administrative positions with increased grade resulting in individuals electing voluntary redundancy
    - 11 additional managerial or administrative positions with decreased grade resulting in individuals electing voluntary redundancy
    - Five managerial or administrative positions which were significantly amended resulting in individuals electing voluntary redundancy.

Chemical restraints – Justice Action

Transcript pages: 63 - 34

Ms CATE FAEHRMANN: Dr Wright, I want to ask a few questions about forced medication or chemical restraints. I understand you have been approached by some mental health advocates, particularly Justice Action and some other organisations, around what I understand is a 2014 communiqué in relation to community treatment orders as well as forced medications. Are you aware of what I am referring to?

Dr WRIGHT: I am not aware of the specific communiqué that you are referring to. I am certainly familiar with community treatment orders and I am certainly familiar—

Ms CATE FAEHRMANN: It is a 2014 communiqué from you and basically it is around treatment orders as well as, I understand, forced medication—this is the power of the health department to forcibly medicate individuals.

Dr WRIGHT: I understand what the powers are under a community treatment order but I am certainly not familiar with the detail of that communiqué.

Ms CATE FAEHRMANN: Are you aware of the case of Kerry O'Malley that went before the Supreme Court?

Dr WRIGHT: Yes.

Ms CATE FAEHRMANN: I think she was successful in that in terms of being forcibly medicated and what she endured as a result of that.

Dr WRIGHT: Yes, although again, the detail eludes me. Perhaps if you ask your specific question and I will see if I have got sufficient information.

Ms CATE FAEHRMANN: We have had Justice Action and a number of different organisations advocating for the law to be updated to reflect, for example, the Supreme Court's ruling in relation to forcible injections or forcible chemical restraints. The court found that we have to define what is "serious harm". Are you aware of that? I understand that you have had quite a few people contacting you about this.

Dr WRIGHT: No, that is not correct.

Ms CATE FAEHRMANN: I have some emails in front of me. Basically, you have suggested to these people that they contact the Mental Health Review Tribunal to essentially see if they can update their website. This is a serious issue. You are aware of potentially thousands of people in New South Wales who are basically being forced to take medication potentially that is being used as a chemical restraint?

Dr WRIGHT: I am certainly aware of the Mental Health Act and how it pertains to community treatment orders, and I am certainly aware that there are concerns about the, at times, coercive nature of community treatment orders and how they are interpreted and play out. I think that the specifics of the issues that have been raised with my office, I ought to take that on notice so that I do not mislead. But the question of definition of serious harm, that is an issue not just for community treatment orders, that is an issue for the Mental Health Act per se. It is one of the characteristics of any form of involuntary treatment, whether it is under a community treatment order—

Ms CATE FAEHRMANN: I do understand that you can potentially change your direction to NSW Health, though. The Supreme Court ruled that the justification of serious harm in terms of forcibly injecting should only be used to describe extreme situations. I understand that the way in which the potential to pose serious harm, according to a number of different advocates, is too broad; therefore, this is being used too widely. Have you had advocates for that particular point of view approach you, and as I said, this is what the Supreme Court has found?

Dr WRIGHT: Again, I do not have a recollection. Sorry, I have a—

Ms CATE FAEHRMANN: What is your view of it, Dr Wright?

The Hon. NATASHA MACLAREN-JONES: Point of order: The member is asking the witness for an opinion.

Dr WRIGHT: I can go to an email. There was an email that I sent on 8 December last year and it is in response to the communique in November 2014 about—shall I read it out? That might help.

Ms CATE FAEHRMANN: Sure, I am happy for you to read it out, unless it is very, very long.

Dr WRIGHT: No, it is not. It states:

> *As per our previous correspondence on 4 November 2020, the New South Wales Chief Psychiatrist's communique of November 2014 remains relevant in guiding mental health clinicians regarding the considerations in the assessment of risk and in line with the legislative definitions as provided by the New South Wales Mental Health Act 2007 and the New South Wales Mental Health Tribunal. No further indication is indicated at this time. If you wish to further clarify the legislative definitions of serious harm, you should contact the New South Wales legislative bodies or the New South Wales Mental Health Review Tribunal.*

Ms CATE FAEHRMANN: Just to be clear then, given what the Supreme Court found and the treatment of Ms Kerry O'Malley, in terms of your role making recommendations around those guidelines, your role in terms of narrowing the definition of serious harm—which really should be in terms of serious harm, physical harm, obviously sexual assault, any physical harm—but in terms of discomfort or disturbance by that individual, that should not be serious harm. I suppose the question is, firstly, what is the definition from your point of view? What is serious harm? And is the only way for it to be updated, despite what the Supreme Court says, is the only way for it to be a legal change? Surely you have a role as well in terms of making recommendations?

Dr WRIGHT: Again, I think that to give fairness to this issue is to take the question on notice so that I can go back to the sources that were utilised when I composed that response, because I do not really want to give a misleading answer on the run at this point.

Ms CATE FAEHRMANN: I respect that. I am not trying to push you further in that way. I respect your response. When there are court cases, for example that have the potential to change the law, I am assuming that the mental health Minister, yourself and others would get together and say: Do we need to update these guidelines considering this is still happening? Is that happening, for example?

Dr WRIGHT: It happens most commonly in response to coronial inquiries and the recommendations of coronials, and there is a clear process for a review of all the recommendations that come out of those kinds of inquiries. Obviously, if there was a case that was specific and to another aspect of the mental health legislation, then we, in conjunction with the tribunal and the legal branch within the ministry, would also review that.

Ms CATE FAEHRMANN: Can I potentially make a strong recommendation that—thankfully in this situation it is not a coronial inquiry and it is something that went to the Supreme Court—this is something that should be looked at before, thankfully, we are talking about dead bodies and looking at what we should have done. I am very interested for you to take this on notice and coming back. Not just Justice Action, but a number of different organisations have been asking for this: Mental Health Australia, Mental Health Carers NSW, the Victorian Mental Illness Awareness Council [VMIAC] and Consumers Health Forum of Australia have all been asking for this. Obviously Justice Action has been calling for this. It is something that is an issue and I have been asked to ask the Chief Psychiatrist directly to see if some conversations can take place internally. Because what we are getting from those advocates for people with mental health issues is that the situation is less than perfect and far from ideal, that they are hitting blockages internally within the department. Thank you, Dr Wright.

Transcript page: 67

Ms CATE FAEHRMANN: Yes, I do. I just wanted to ensure we were clear in terms of the discussion before, Dr Wright, about the Supreme Court ruling in relation to 74-year-old Kerry O'Malley. This ruling, as I understand it, was last year and came basically after Ms O'Malley was essentially fighting the imposition of what I understand was forced medication for the last 47 years. I think you are aware of that situation, is that correct—the Supreme Court order?

Dr WRIGHT: I am aware of it but my recollection of it is not strong. That is why I wish to take the question that you asked on notice.

Ms CATE FAEHRMANN: The question, just so we can be really clear: Firstly, you have had mental health patient advocates asking you about this and asking you to look at the guidelines. Essentially the Supreme Court ruled that the justification of "serious harm" should only be used to describe extreme situations—

The Hon. WES FANG: Point of order: The witness has taken the question on notice and now Ms Cate Faehrmann is using this as an opportunity to put on the record, it would seem, the details of the issue that she is questioning. The witness is aware of it and has taken the question on notice. There is no need for this line to—if there is a question then I am happy for the question to be asked, but what is happening at the moment is Ms Cate Faehrmann is just reading onto the record detail—

Ms CATE FAEHRMANN: To the point of order: For goodness sake! I am just trying to clarify what I was asking before. Obviously we are allowed to ask the questions in the way that we want to ask them. I am getting to a question just to clarify what I was referring to before because I have found—

The Hon. WES FANG: I don't think there is any need—was clarity asked for?

Ms CATE FAEHRMANN: Excuse me! This guy really needs to—

The CHAIR: Order!

Ms CATE FAEHRMANN: —get a grip.

The CHAIR: I have been listening quite attentively. What I understood the honourable member was doing was to in fact delineate the specific questions that Dr Wright has agreed to take away on notice and deal with. I do not think there is a need to contextualise what the questions are but rather to nominate those questions for him to take away for examination and provide an answer to the Committee.

Ms CATE FAEHRMANN: Thank you. Just to be clear, since the Supreme Court ruling around the justification of the use of "serious harm" has there been consideration of changing the guidelines to reflect the law—and if not, why not? That is essentially what is to be taken on notice, thank you.

ANSWER:

The communique provides guidance to mental health clinicians making decisions regarding involuntary treatment under the Mental Health Act 2007 regarding the 'risk of serious harm' criterion, and to consumers, carers and families. The communique was written in 2014 in response to a coronial recommendation following the inquest into the tragic deaths of Nicholas Waterlow and Chloe Heuston. The communique makes no comment on forced medication. It was written as a reminder to clinicians about good practice in terms of determining risk of harm.

The content of the communique was in line with the legislative definitions as provided by the NSW Mental Health Act 2007. There is no intention to revise the communique.

NSW Health is not aware of any Supreme Court ruling dealing with issues raised by Ms Faehrmann in regard to community treatment orders and serious harm.

Access to education within locked mental health units

Transcript pages: 67 - 68

Ms CATE FAEHRMANN: I also just wanted to ask a question about whether there has been any consideration of provision of education in mental health hospitals in terms of locked hospitals. What consideration has been given to that? I understand that there is not any access to teachers or courses, if you like. Is that correct?

Dr WRIGHT: I think the question related to that was asked by Ms Hurst this morning and I gave a response to say I do not have any specific details. But there is a broad issue, which is that for the most part what we are trying to do when someone has a serious mental health condition requiring to be hospitalised is to assist them on the path to recovery. The recovery includes, where possible, engaging with normal activities, which include education, employment and other social activities. So if someone is able to productively engage in education, then it is more likely than not to happen in the community as opposed to in a facility. That is in the young adult and adult area. With young school-age people, some of our facilities do actually have access to education on site in the facilities. It is a vanishingly small number, thankfully, of people who are permanently locked up in mental health facilities. It is not the same as being incarcerated.

Ms CATE FAEHRMANN: Sure. I do understand that those people who advocate for consumers, however, have been after and advocating for access to education, particularly after the situation with the terrible death of Miriam Merten in Lismore. I understand that that has been something that they have been advocating for.

Dr WRIGHT: One of the recommendations—well, the recommendations talk about the importance of having a meaningful program within the inpatient units. In broad terms I would include different forms of education as part of that. The program is often based on improving on activities of daily living. It is often based on occupational therapy or psychotherapy. As for specific components of education, I cannot comment on its connection with the case that you are referring to.

Ms CATE FAEHRMANN: I just drew the connection for it in terms of the mental health consumers advocacy network have said, on behalf of mental health consumers, that access to education is one key area that they felt they were not listened to.

The Hon. WES FANG: Is there a question there?

Ms CATE FAEHRMANN: I am clarifying.

The Hon. WES FANG: Well, you are clarifying rotten.

The CHAIR: Order!

Ms CATE FAEHRMANN: We will have to look into how we can boot out a member of the Committee when they become—

The Hon. TARA MORIARTY: Do it!

Dr WRIGHT: I do think the importance of access to education is—I am absolutely 100 per cent with that. I think my point is that wherever possible that would be in a community-based setting, not in an inpatient setting. So I am not sure, particularly in adult inpatient units, precisely what it is.

Ms CATE FAEHRMANN: This question is very specific about that. That is the question.

The Hon. WES FANG: The question was far from specific.

Ms CATE FAEHRMANN: Point of order: Honestly, the banter from across the other side by that member is incredibly rude and disrespectful. Can I suggest he be chucked out of the room if he continues?

The Hon. TARA MORIARTY: Hear, hear!

Ms CATE FAEHRMANN: Seriously, I am asking legitimate questions about deaths of patients and he is being so rude and so disrespectful to the whole process.

The Hon. WES FANG: No, what is disrespectful is the way that you—

The CHAIR: I ask the Hon. Wes Fang to please restrain himself. Government members made a decision not to ask questions, leaving it to the Opposition and crossbench. Ms Cate Faehrmann has the call so I ask that you not interrupt her, please.

Ms CATE FAEHRMANN: I was just clarifying that. It was specifically a question within locked mental health units.

Dr WRIGHT: It may be preferable to take that very specific and, I think, relatively discrete issue on notice.

ANSWER:

When someone has a serious mental health condition requiring an inpatient admission, the aim is to facilitate effective treatment, alleviate symptoms and to assist them with their identified recovery plan. Where possible this includes engaging in activities such as education, employment and other social based activities. When a person is admitted involuntarily under the *Mental Health Act,* the high levels of acute mental health symptoms that the person is likely to be experiencing combined with an on-average short admission, mean that it is more likely that patient engagement in education activities will occur in the community post discharge.

The programs available in inpatient units are often based around occupational therapy and diversional activities, counselling and social interaction groups as well as activities of daily living programs and group activities. An individual's ability to engage in such activities is a matter for both the patient and the treating team and is reviewed frequently.

All young people admitted to a NSW Child and Adolescent inpatient unit have access to an education program appropriate to their developmental and mental health needs.

Seclusion and restraint

Transcript pages: 68 - 69

Ms CATE FAEHRMANN: I just want to go back to the seclusion and restraint, if we could. I understand in relation to ensuring compliance with the policy that all districts and networks must develop a service level action plan?

Dr WRIGHT: Yes.

Ms CATE FAEHRMANN: Do you know off the top of your head that most services are developing these plans or are on track to do that?

Dr LYONS: Yes, I believe so. Mr Pearce may have something to add to that.

Ms CATE FAEHRMANN: Mr Pearce, is it?

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

ANSWER:

The *Seclusion and Restraint in NSW Health Settings (PD2020_004)* Policy Directive, published in March 2020 requires all NSW Local Health Districts and Specialty Health Networks to develop and annually review service level Action Plan/s to prevent, reduce and, where safe and possible, eliminate the use of seclusion and restraint.

Reducing the use of seclusion and restraint practices in mental health units is a patient safety priority for NSW Health. In March 2020 all Districts and Networks developed local seclusion and restraint prevention Action Plans in partnership with consumers and carers. In February 2021, a request was sent to Districts and Networks to provide updated annual local Action Plans to the Ministry of Health for review. This is currently in progress with completion due this month.

100 nurses in schools

Transcript page: 70

The Hon. TARA MORIARTY: Just quickly, there was an announcement we touched on this morning that the Minister made in terms of 100 nurses in schools over a period of years. Presumably the department is involved in that in some way. Can I ask: What planning has been done? Really the crux of my question, given the time, is: Are these positions going to be existing nurses moved or are they new positions? What is the process?

Dr LYONS: They are new positions. We are well advanced with the planning. The investment the Government made was announced in November and we have very rapidly worked with the local schools and education department along with the local health district to identify what communities would be best for those positions to go into. The advertisements are now running. They will be new positions. So they are in addition to the existing profile of the local health service and the education department. Ads are running at the moment for people with the appropriate skills, training and experience to apply for those and we are looking to rapidly fill them.

The Hon. TARA MORIARTY: You said that you worked on deciding which communities would be best to get these nurses. Which communities will be?

Dr LYONS: I will take that on notice about the detail of it. I think there are about 40 or 50 in the first round. Basically, we have worked through a process with the Department of Education about saying what will be the best schools and communities for these to go into. We have got a list. I will provide that on notice.

ANSWER:

Priority locations for the first 50 WHIN Coordinator positions have been identified, with 30 of these in regional and rural NSW communities.

The Ministry of Health, and the Department of Education, with support from the NSW Office of Regional Youth agreed on principles and a process for identifying priority NSW Local Government Areas (LGAs) for locating the WHIN Coordinators.

The priority LGAs are were selected based on data indicators for child and family vulnerability, socioeconomic disadvantage, health and mental health risk factors, bushfire and drought affected communities, and regional/rural/remote location.

Local consultation between local health districts and education is occurring to recommend school sites in priority LGAs.

The first intake of school nurses will soon occur, with the first interview round completed and a first round of applicants due to be offered positions.

Full details will be announced by June 2021.

A second tranche of 50 WHIN Coordinator locations will be identified by June 2021.

Reviews into deaths of nurses in the mental health system

Transcript pages: 70 - 71

The Hon. TARA MORIARTY: Fantastic. Thank you. I am not leaving this till the end of the day on purpose and I want to be really sensitive about how I ask, but there are a couple of things that I want to know if it is possible to get some updated information on. Again, I want to be really sensitive and careful about this but they are in relation to the deaths of nurses in the mental health system—one of them at Liverpool Hospital and the other is the community nurse. Is there any update on what is happening with reviews of those that you can provide? Again, I do not mean to be insensitive to leave it to this point, but I would like to ask.

Dr LYONS: I think in the interests of time we might take it on notice. They were very distressing events that have been reviewed very thoroughly both by the districts concerned and have been the subject of coronial inquiries as well. We can take it on notice about what actions are in place. I know that the Sydney LHD were very active in responding and very supportive of the family of the nurse, very concerned for the staff and colleagues. So a whole lot of actions are being taken. But I think in terms of the detail it would be safe if we could take it on notice, if that is okay.

The Hon. TARA MORIARTY: If that can include, obviously, the reviews of the incidents themselves but also things that have been put in place in order to—

Dr LYONS: Make it safer.

The Hon. TARA MORIARTY: —not let it happen again. That would be great.

ANSWER:

The incidents in Sydney Local Health District (SLHD) and South Western Sydney Local Health District (SWSLHD) were both subject to investigations by NSW Police, Safework NSW and the local health districts. Both local health districts conducted a root cause analysis review.

For the incident in SLHD, a comprehensive review of the mental health home visiting process was completed in March 2020. This review identified actions in 24 set areas. The root cause analysis investigation for SWSLHD was completed in June 2020. Recommendations from both these investigations are being incorporated into ongoing efforts to increase safety for staff, consumers and carers.

Ongoing support has and will continue to be provided to the families.