



LEGISLATIVE COUNCIL

PORTFOLIO COMMITTEES

## **BUDGET ESTIMATES 2020-2021 Supplementary Questions**

**Portfolio Committee No. 2 - Health**

**MENTAL HEALTH, REGIONAL YOUTH AND WOMEN**

Hearing: Thursday 11 March 2021

**Answers due by: 6 April 2021**

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# MENTAL HEALTH, REGIONAL YOUTH AND WOMEN

## Questions from the Hon Mark Banasiak MLC

### Questions regarding the Banksia Mental Health Unit

1. a) According to an article in the Northern Daily Leader, the clinical services plan estimates that New England North West won't need any additional beds until 2031. Do you agree with that estimate?
- b) Can you please provide a copy of the Banksia Mental Health clinical services plan?
  - i. Can you please provide a breakdown of services provided by the old Banksia mental health unit and those that will be provided through the new one?
- c) One thousand people were admitted to the Banksia mental health unit in 2017, that is three a day. How many were admitted in 2020?
  - i. How often was Banksia at capacity or over capacity?
- d) How much is the new 33-bed unit going to cost?
- e) Out of the \$700m mental health infrastructure program how much will the Banksia unit receive.
  - i. Has it been budgeted?
- f) Will the new unit absorb the services currently provided at Dean House, the community mental health centre?
- g) Hunter New England CEO Michael DiRienzo estimated that the co-design of the Banksia Mental Health Unit could be completed in six-months to a year, with construction completed in 18 months. This would give the unit a 2024 opening date. Is that on track to occur?

## ANSWER

1. a) – c)

The Banksia redevelopment will include eight older persons' mental health acute beds. The Clinical Services Plan projects demand out to a 10 year planning horizon, and the modelling indicates that with the additional dedicated older persons' mental health acute beds (i.e. beds for people ages 65 years and over) the new Banksia Unit will address both current and predicted demands to 2030-31. This additional capacity will provide approximately 30 per cent more patients with access to inpatient mental health support each year.

The modelling also shows that the District and the New England catchment have adequate adult acute care beds (i.e. beds for people ages 18 to 64 years) to meet current and expected demand by 2030-31.

Over the next 10 years and in line with contemporary national and international models of care, the District will continue to transition consumers from hospital to community-based care where appropriate, which will further improve access to adult acute beds.

The New England Mental Health Clinical Service Plan is an internal document for planning purposes. Acute inpatient mental health services are considered in the context of all mental health services in the New England region.

The Tamworth Mental Health inpatient unit (Banksia Unit) provides short to medium term inpatient assessment and treatment to reduce severity of symptoms and/or distress for those clients who are acutely unwell and/or have high levels of risk. The Unit provides voluntary and involuntary acute inpatient admission for those with an acute psychiatric illness and/or disorder under the *NSW Mental Health Act 2007*, No 8.

The new Banksia Unit MHIPU will provide these same services in a purpose built, co-designed inpatient unit, with the addition of eight inpatient beds to provide services to patients aged 65 years and older.

There were 1021 people admitted to the Banksia Unit in 2020. There were no instances of the Unit being at or over capacity.

d) – g)

The new Banksia Mental Health Unit project is part of the \$700 million Statewide Mental Health Infrastructure Program.

It will not absorb Dean House services, but will be a dedicated unit to provide acute inpatient care and treatment. Mental health services are integrated and networked to ensure consumers received the most appropriate care in the most appropriate setting, which may be an inpatient admission or in the community.

The project is on track to be complete by 2024. Full costings are not presently available.

### Questions regarding drug and alcohol rehabilitation centres

2. a) How full are NSW drug and alcohol rehabilitation centres on an average day?
- b) Can you provide a list of them and the number of days they're at or over capacity?

### ANSWER

2. a) – b)

NSW Health delivers alcohol and other drug (AOD) treatment services state-wide through a variety of settings including public sector hospital-based and inpatient services, ambulatory, community-based services and non-government organisations.

In NSW, AOD residential rehabilitation services are delivered by non-government organisations (NGOs) and private providers. NSW Health funds 20 NGOs to deliver AOD residential rehabilitation services across NSW.

NGO providers manage demand and intake according to client needs and clinical acuity, staff capacity and bed availability.

NSW Health funded AOD residential rehabilitation services are listed on the NSW Health website at <https://www.health.nsw.gov.au/aod/Pages/wmrs-contact.aspx#bookmark2>

## Questions from the Hon Mark Buttigieg MLC (on behalf of the Opposition)

### Bushfire Relief – Deployment of mental health clinicians

3. It has been a year since the devastating bushfires. As part of the bushfire recovery effort the Government deployed 150 mental health clinicians in fire affected area. Can you indicate:
  - a) The cost of the deployment of the mental health clinicians on the 2019-2020 and 2020-2021 Budgets?
  - b) A breakdown of where mental health clinicians were deployed, by:
    - i. Local Health District
    - ii. The number deployed to each fire affected Local Health Districts.
  - c) Whether the mental health clinicians deployed were new staff or existing staff resourced from other Local Health Districts.
    - i. Which Local Health Districts the mental health clinicians were resourced from.
4. Of the 150 mental health clinicians deployed how many still remain the designated fire affected communities?
  - a) How long did/have the clinicians remained in the fire affected communities?
5. What programs are in place in bushfire affected areas to ensure those impacted by the bushfires continue to have access to mental health services?

### ANSWER

3. – 4.

The NSW Governments emergency response to the 2019-20 bushfires included the deployment of 149 mental health clinicians from less affected local health districts to regions that were most affected by bushfires.

Appointments varied over LHDs at different times, with some seeing multiple deployments over different periods.

As NSW transitioned from emergency response to recovery, the Government announced a recovery package that included \$14.8 million to recruit 30 new Bushfire Recovery Mental Health Clinicians to work on an ongoing basis to support recovery.

5. Funding was allocated in 2019-20 to recruit 30 new specialist mental health Bushfire Recovery Clinicians across nine Districts.

These specialist clinicians work closely with primary health providers, community and welfare agencies to provide direct care and respond to local needs and issues. They actively engage in rural community outreach and mental health promotion activities.

They add to the significant investment made by the government to support disaster recovery, including:

- 27 farm gate counsellors and drought peer workers
- An expansion of the Rural Adversity Mental Health Program to nearly 20 coordinators
- additional 180 mental health clinicians, a large number of which are active in fire-affected regions across the State
- A \$6.5 million funding boost for Lifeline, including \$5.5 million to boost its core statewide support, \$500,000 to establish a bushfire support line and \$500,000 to Lifeline Central West to deliver its outreach program in the Southern fire zones
- \$20 million to expand virtual mental health services, part of which will ensure more mental health support is available in more rural and remote areas
- Mental health training for 5,000 pharmacists across regional areas

Services are accessible by anyone affected by the bushfires. There are also phone-based mental health services that can be accessed including:

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

### **Mental Health Telephone Line**

6. Can you outline the annual budget for the 1800 011 511 Mental Health Telephone Line for:
  - a) 2019-2020
  - b) 2020-2021
7. The additional funding provided to the Mental Health Telephone Line as part of the Government's COVID-19 Response was for 12 months.

Will the Mental Health Telephone Line continue to receive additional funding beyond 30 June 2021 to maintain support capacity?

8. Can you please outline the operational structure of the Mental Health Telephone Line, undertaken by:
  - a) The Medibank Health Solutions and,
  - b) When the Telephone Line is operated in-house.

### **ANSWER**

6. a. – b.

Individual budget figures for local health districts are not held centrally and are a matter for each District. An additional budget of \$16.4 million was allocated from COVID funding in 2020-21 to enhance the performance of the Mental Health Line.

7. Budget decisions are a matter for the government as part of the budget process..
8. a. – b.

The Mental Health Line is a free service available 24 hours a day, 7 days a week. Calls to the Mental Health Line 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. Mental Health Line services operated by local health districts or by Medibank Health Solutions on behalf of local health districts are required to comply with relevant NSW Health policies, guidelines and reporting.

### **Suicide Monitoring System**

9. The Suicide Monitoring system currently provides initial data – gender, age, location.

When can we expect the Suicide Monitoring System to be able to provide enhanced data – which will include social, economic and other pressures of a person and previous contacts with the health service?

### **ANSWER**

9. Data from the suicide monitoring system is designed to support to support communities, local organisations and government agencies to respond to suicide more timely and effectively. NSW Health is working closely with the Department of Communities and Justice, NSW Police and the State Coroner on further measures that can be made available to key agencies and organisations on an internal basis to support decision making

### **Fly in and Fly out Psychologists**

10. In August the Government committed to 16 permanent fly in and fly out psychologists and telepsychology for students in regional and remote communities of NSW.
  - a) Are all 16 fly in and fly out psychologists employed and available for students to access?
  - b) Which schools will have access to the 16 psychologists?
  - c) Of these schools, will students have access to a psychologist on a full-time basis? If not, what is the allocation of staff?
  - d) Are the 16 psychologists funded out of the \$88.4 million commitment the Government made to school counsellors or is this additional funding?

### **ANSWER**

10. a) – d)

This is a matter for the Minister for Education.

## Hospital waiting times

11. The Healthcare Quarterly notes that there was an increase the bed days for mental health admitted patients in the period of July to September 2020. This was an increase of 10.9% from the same period the year before.

According to personal accounts, on 23 February 2021 a patient was told there was no mental health beds available in NSW.

What actions is the Government taking to resolve the demand for beds in emergency departments?

## ANSWER

11. Should the Honourable Member wish to provide further details of this personal account, I will endeavour to arrange an appropriate response.

People needing a mental health bed are generally transferred to an appropriate mental health unit outside an emergency department.

Further details on expenditure are contained in the Budget Papers.

## **Women's Health**

12. What is the role of Minister for Women in ensuring that local women's health centres across the state are funded to respond to the needs of women for health care, support and health education?
13. What is the average waiting time for access to trauma counselling in a metropolitan women's health centre?
14. What is the average waiting time for access to trauma counselling in a rural or regional women's health centre?
15. What is the government doing to address the disparity in women's health between the metropolitan and rural/regional areas?
16. In order to ensure quality, specialist trauma counselling is available across the State will the Government allocate an additional counsellor to each Women's Health Centre in NSW?

### **ANSWER**

12 – 16: This is a matter for the Minister for Health.

## **Long-term impact of Domestic and Family Violence on Women's Health**

17. What additional funding is being provided for the recovery of women and children who have experience the traumatic impact of domestic and family violence?
18. What new initiatives are being funded to support women and children who can suffer for years, decades, or a lifetime from domestic and family violence trauma? (Beyond short term, crisis responses or 3-6 month post separation programs)?
19. What funding is being provided to establish the first-in-Australia, community supported initiative in the Illawarra for a domestic and family violence Trauma Recovery Centre?
20. What is the Minister doing to advocate the provision of this service?
21. Has a social impact investment opportunity been considered for this, as per the NSW Government Blueprint for Reform?

### **ANSWER**

17 – 21: This is a matter for the Attorney General and Minister for Domestic Violence.

## **Women in Prisons**

22. What programs are aimed at halting and reducing this increase in female prisoners?
23. How many women in this state's prisons have access to educational programs in?



## ANSWER

22-23: This is a matter for the Minister for Counter Terrorism and Corrections.

24. What support services are provided to the children of women prisoners?

## ANSWER

24: This is a matter for the Minister for Families, Communities and Disability Services and the Minister for Counter Terrorism and Corrections.

25. What culturally specific programs have been implemented to prevent Aboriginal women entering the prison system?

26. What housing and support services are provided to women prisoners exiting prison?

## ANSWER

25-26: This is a matter for the Minister for Counter Terrorism and Corrections.

### Women Carers

27. What programs have been funded to protect the mental health of women carers?

## ANSWER

27. The NSW Government supports carers and families of people living with a mental illness through the NSW Family and Carer Mental Health Program. This is a statewide program delivered in partnership between all 15 local health districts, the Justice Health & Forensic Mental Health Network and five specialist community managed organisations.

In 2020-21, NSW Health allocated \$9.4 million for the NSW Family and Carer Mental Health Program comprising of \$2.45 million ongoing funding to local health districts and \$6.95 million to five community managed organisations.

The program focuses on the delivery of education, information, resources, one-on-one support and coordinating support groups, advocacy and improving access to services for families and carers.

Five specialist community managed organisations provide education, training, individual support and advocacy services. These include CatholicCare Wilcannia Forbes, Mission Australia, Parramatta Mission, One Door Mental Health and Stride.

NSW Health also funds Mental Health Carers NSW, the peak body for mental health carers in NSW. Along with advocacy, Mental Health Carers NSW provides support and education for carers.

28. What carer respite programs are available to women carers in NSW?

## ANSWER

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

### **Equitable Access to Safe and Affordable Abortion & Reproductive Health Services for women**

29. Now that the decriminalisation of abortion has been achieved, has Women NSW undertaken any research or planning to identify what reproductive health services, including surgical and medical terminations of pregnancy, are available to women in regional communities such as the Wagga Wagga area?
30. What is the strategy to ensure all women in NSW have access to medical and surgical terminations, regardless of their capacity to pay?
31. What strategies have been put in place to encourage GPs to prescribe and refer women for medical and surgical terminations of pregnancy?
32. What is the plan to ensure resources will be provided to public hospitals to provide free and safe abortions in particular for women
  - a) In rural and regional areas where private service providers are not available?
  - b) Women escaping DFV relationship or who are experiencing financial abuse and/or reproductive coercion?

## ANSWER

29-32: This is a matter for the Minister for Health.

### **Employees**

33. Minister, for each department, agency, State-owned corporation or other body, and for each division of those bodies, if any, in your portfolio:
  - a) What is the gender pay gap, both generally and across those employees in SEB or SEB-equivalent bands?
  - b) What is the highest remuneration for female employees– both generally and for SEB/SEB-equivalent employees?
  - c) What is the lowest pay received by female employees – both generally and for SEB/SEB-equivalent employees?
  - d) What is the average remuneration received by female employees – both generally and for SEB/SEB-equivalent employees?
  - e) What is the highest remuneration for male employees– both generally and for SEB/SEB-equivalent employees?
  - f) What is the lowest pay received by male employees – both generally and for SEB/SEB-equivalent employees?

- g) What is the average remuneration received by male employees – both generally and for SEB/SEB-equivalent employees?
- h) How many female and how many male SEB or SEB-equivalent employees are there?
- i) What is the highest number of direct reports to female SEB or SEB-equivalent employees?
- j) What is the lowest number of direct reports to female SEB or SEB-equivalent employees?
- k) What is the average number of direct reports to female SEB or SEB-equivalent employees?
- l) What is the highest number of direct reports to male SEB or SEB-equivalent employees?
- m) What is the lowest number of direct reports to male SEB or SEB-equivalent employees?
- n) What is the average number of direct reports to male SEB or SEB-equivalent employees?
- o) What is the highest number of staff managed by female SEB or SEB-equivalent employees?
- p) What is the lowest number of number of staff managed by female SEB or SEB-equivalent employees?
- q) What is the average number of number of staff managed by female SEB or SEB-equivalent employees?
- r) What is the highest number of staff managed by male SEB or SEB-equivalent employees?
- s) What is the lowest number of number of staff managed by male SEB or SEB-equivalent employees?
- t) What is the average number of number of staff managed by male SEB or SEB-equivalent employees?
- u) In providing answers to questions (a) to (t), please provide the information for each SEB band or band equivalent.
- v) What steps are you taking to eliminate the gender pay gap?
- w) What timeframe have you set to eliminate the gender pay gap?

## ANSWER

### ***Mental Health***

Please refer to answer provided by the Minister for Health and Medical Research in his supplementary questions.

### ***Women***

Please refer to answer provided by the Attorney General and Minister for the Prevention of Domestic Violence in his supplementary questions.

### ***Regional Youth***

Please refer to answer provided by the Deputy Premier and Minister for Regional NSW in his supplementary questions.

34. Cluster Secretary- for each department, agency, State-owned corporation or other body, and for each division of those bodies, if any, in your Cluster:
- a) What is the gender pay gap, both generally and across those employees in SEB or SEB-equivalent bands?
  - b) What is the highest remuneration for female employees– both generally and for SEB/SEB-equivalent employees?
  - c) What is the lowest pay received by female employees – both generally and for SEB/SEB-equivalent employees?
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  - e) What is the highest remuneration for male employees– both generally and for SEB/SEB-equivalent employees?
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  - o) What is the highest number of staff managed by female SEB or SEB-equivalent employees?
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  - u) In providing answers to questions (a) to (t), please provide the information for each SEB band or band equivalent.
  - v) What steps are you taking to eliminate the gender pay gap?
  - w) What timeframe have you set to eliminate the gender pay gap?

## ANSWER

34: Please refer to response to supplementary question 33.