
From: Cooper Smeaton
Sent: Tuesday, 21 November 2023 10:01 PM
To: Portfolio Committee 2
Subject: Re: Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales – Post-hearing responses – 30 October 2023

Dear Holly,

Thank you for your email. This all correct and I have been advised by Mr Simons family that this is the correct order of events. My reason for the request is this reflects the true order of events so that the committee has the most accurate information.

Thanks
Cooper

Cooper Smeaton

On Tue, 21 Nov 2023 at 03:14, Portfolio Committee 2 <PortfolioCommittee2@parliament.nsw.gov.au> wrote:

Hello Cooper

Thank you for your email.

So that I can ensure I understand your request, can I confirm that you wish to amend the transcript so that it would read ***'This was extremely damaging to the welfare and state of mind for Kahi. On his first attempt he was found to have attempted an overdose of more than 40 individual valium – this being his first attempt at taking his own life.'*** (Page 2)

While it won't be possible for us to amend the official transcript, as usually only minor corrections such as typographical mistakes, misspellings or the duplication or omission of words can be made to the transcript, you may clarify your evidence by providing an explanation to the committee. Therefore, while the transcript would remain the same, the Committee could decide to insert a footnote in the transcript clarifying your evidence. Please see below an example of what it would look like:

This was extremely damaging to the welfare and state of mind for Kahi.¹

¹ In correspondence to the committee, Mr Cooper Smeaton, clarified their evidence, stating that on Mr Simon's first suicide attempt, he was found to have attempted an overdose of more than 40 individual valium – this being his first attempt at taking his own life.'

So that we can put this request to the committee, could you please respond to this email confirming this is the clarification that you wish to make, along with a short explanation why (for example "This reflects my understanding of the order of events"). If the committee agrees to correct the transcript, the footnote would be hyperlinked to include any correspondence outlining your reasoning for the requested amendment. Please note that the committee may decide to publish this correspondence, and it would be publicly available on the inquiry's webpage.

I would be happy to answer any further questions you may have regarding this process, please do not hesitate to give me a call to discuss.

Kind regards



Holly Rivas

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Mr COOPER SMEATON, Individual, affirmed and examined

The CHAIR: Welcome, and thank you for making the time to give evidence today. Would you like to start by making a short opening statement?

COOPER SMEATON: Yes, thank you. First of all, I would like to also acknowledge the traditional owners of the land on which we meet today and pay my respects to Elders past, present and emerging. Good morning, Chair, Deputy Chair and Committee members. I am here today after making a submission to this parliamentary inquiry. Sadly, I bring the news with me of the passing of an amazing soul and loss to my community, who sadly completed suicide on 1 October this year. This has furthered my determination to speak here today. Today I will be dedicating my evidence and appearance here today to Kahi Simon, and I extend this to Kahi's family, some of which are here today.

My first point of discussion I would like to take the opportunity to speak to is to the care and treatment of Kahi, to which I have been told from his mother, Kelly, who is here witnessing today's proceedings along with her husband and members of Kahi's extended family. Kahi unfortunately became another soul lost to the critically important and saddening statistic that suicide is higher in Indigenous communities, and then higher again in males. Mr Simon was treated specifically in the Hunter New England Local Health District between Taree and the Newcastle area. I would like to take you to his treatment in the Manning Base facility. This was extremely damaging to the welfare and state of mind for Kahi. On his first attempt he...

In regards to a number of issues, a few of the key issues found here was the fact that Mr Simon was able to escape and exit care due to being moved to a non-secure ward because of the renovations in the secure unit. Even after he expressed to his treating team that he could not control himself, he was able to escape from the non-secure unit and was found to have attempted an overdose of more than 40 individual valium—this being his first attempt at taking his own life. Mr Simon and his family felt that his care was rushed and that they could not express the overall care concerns due to the fact that they weren't listened to in the first instance when he was able to escape after he expressed the exact statement, "I don't trust myself." This is extremely troubling for families, and I feel should be of the highest importance to fix. Mr Simon was discharged from care from a video consultation in which he expressed he did not feel that he was happy with—nor did his parents. He was not given the committed communication from the social worker that was told to the family he would receive, and nor did his family receive any ongoing community care.

The New South Wales community should know that the New South Wales health system and its people is one that works with a great sense of responsibility and genuine care for the people of New South Wales. But I believe that this is also a system that is under extreme pressure and that cracks are starting to show. If you look at the history of coronial findings that have had to include quite basic and standard operating procedures and obvious care recommendations, it is very difficult to not look past that and the fact that we have a significant care issue in the mental health sector of the New South Wales health system. Examples of this extreme pressure include the overwhelming ramping in trauma centres that should be staffed and resourced better, and the lack of responsibility that has been shown in regards to the discharge of extremely vulnerable and mentally ill patients, who have in turn ended their lives in the hours after presenting at an ED and not receiving critical and urgent care in the first instance.

The privatisation of mental health facilities that are looking to care for a so-called stable patient because they can't handle a patient who has, prior to admission, expressed suicidal ideations, is what you could call a sense of care discrimination. Mr Simon was denied the opportunity to enter a private care facility due to the fact that a non-medically qualified receptionist informed his mother he was not a suited patient as he was expressing suicidal ideations. This was the trigger for Mr Simon to complete suicide and cause the most severe pain for his family and to his community. This all stems from a complete lack of resource management and funding by State and Federal governments alike.

I'm not pointing the finger at any party and/or Government Ministers. This is a systematic harm issue that needs clear and concise discussion and response, with first being the funding to people at the forefront of where and what this is happening, patient-to-staff ratios and more accountability and acknowledgement of crucial and damaging coronial and statistical evidence that shows change is needed. I thank you for your time today. Again, I wish Kahi a peaceful rest and that he knows his death will not be in vain.

The CHAIR: Thank you so much for that statement. I want to acknowledge your loss of Mr Simon. Thank you so much for sharing that experience with us so that we can all help to make mental health care better for other people in New South Wales. It is really wonderful to have that story.

COOPER SMEATON: Thank you.