



LEGISLATIVE COUNCIL

GENERAL PURPOSE STANDING COMMITTEE NO. 3

# **BUDGET ESTIMATES 2009-2010**

## **QUESTIONS ON NOTICE**

### **General Purpose Standing Committee No. 3**

Mental Health

Tuesday 15 September 2009

Answers to be lodged by: Friday 9 October 2009

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Hearing date	Portfolio	Answer to be lodged by
15 September 2009	Local Government	9 October 2009 [21 days]
15 September 2009	Mental Health	9 October 2009 [21 days]
15 September 2009	Attorney General, Industrial Relations	9 October 2009 [21 days]
15 September 2009	Corrective Services, Public Sector Reform, Special Minister of State	9 October 2009 [21 days]
18 September 2009	Lands, Rural Affairs	14 October 2009 [21 days]
18 September 2009	Police	14 October 2009 [21 days]
18 September 2009	Gaming and Racing, Sport and Recreations	14 October 2009 [21 days]
18 September 2009	Juvenile Justice, Volunteering, Youth, Veterans' Affairs	14 October 2009 [21 days]

## Questions relating to the portfolio of Mental Health

15 September 2009, 12.00 pm – 1.00 pm

### Questions from Mr Khan

1. In the Garling report, on page 810 section 22.98, Mr Peter Garling stated “it is not clear to me why a mental health patient suffering an acute episode cannot do directly to an inpatient mental health unit...assuming that the patient does not have a medical condition which requires emergency treatment.” Hence, Recommendation 109 on page 810, states that “mental health patients re-presenting to a mental health inpatient facility or PECC be admitted to that facility without prior admission to emergency unless, in the opinion of a triage nurse or medical officer in emergency, that person requires specialist emergency medical care.”
  - a. Given that resources in our public hospital system are already overstretched and this would no doubt lighten the load, can you please update the committee as to whether any such changes have been made?
2. The Garling report, page 805 section 22.70, found that the “Mental Health Intensive Care Unit in Cumberland Hospital was housed in an old geriatric unit. This represented safety problems, and required a higher staff ratio to ensure patient safety.”
  - a. What has been done if anything to rectify this?
3. Similarly, the Garling report, page 805 section 22.70, found that the “inpatient psychiatric ward at Westmead Hospital is not on the ground floor (but on the fourth floor) and not suitable for mental health patients. There are many hanging points, doors open the wrong way, the wrong type of glass has been used, and an unsuitable mix of patients is housed together. There is also a psycho-geriatric ward on the fourth floor which is unsuitable for mental health patients. A large sum, estimated at \$30,000 a week is spent on specialist nurses to supervise patients closely because of the unsuitability of the environment.”
  - a. What improvements have been made if any, in this regard?
4. The Garling report, page 805 section 22.70, also found that “the building in James Fletcher Hospital in Newcastle is extremely old. The general wards are of poor standard and not well laid out. Boronia House for elderly patients, is so old that it has become below standard.”
  - a. Have there been any improvements on this front since the Garling report?
5. The Garling report, page 802 section 22.56 stated “NSW Health will employ an additional 65 mental health staff by the end of 2008 and that figure will be doubled in 2009-2010 to provide out-of-hospital emergency and acute community response across NSW.”
  - a. Were an additional 65 mental health staff employed by the end of 2008 and is this still set to double in 2009-2010?
6. In regards to a lack of inpatient beds for the mentally health, The Garling report, page 804 section 22.67, found that “staff at Prince of Wales Hospital have resorted to requesting a patient be scheduled in order to obtain a bed, even though the patient is, in fact, voluntary.”
  - a. Is this still the case, and if not, how has it been addressed?

7. The Garling report, page 811 section 22.102, highlighted that “patients suffering from drug and alcohol abuse problems also account for an increasing number of assaults on hospital staff....page 811 section 22.103 the recent “ice” epidemic poses particular safety and security issues in emergency departments.”
  - a. Given there have been numerous incidents of violence because of drug and alcohol abuse, namely at St. Vincents Hospital in Sydney, what is your department doing to ensure the safety and security of hospital staff?
8. Why are we not moving down the residential respite centre path as in Victoria, hence, providing a filter to keep people out of hospital?
9. Can you please provide the committee with an annual review of finances per Area Health Service across NSW, and has there been a pull pack from the Ministry of Finance in this regard?
10. Given that a large number of suicide victims suffer from mental health problems, what funding has the State Government committed to suicide prevention infrastructure at the Gap in Sydney. Woollahra Council’s master plan for suicide prevention infrastructure has been costed at \$1.5 million with the Council contributing \$500,000 and the Federal Government contributing \$250,000 but nothing from the State Government to date?
11. What is the status of Coffs Harbour Base Hospital mental health unit, which as I understand, recently hit crisis point, because it is dangerously understaffed and staff are chronically overworked. Have new nursing staff started and if so, how many? Has there also been a recent survey to measure the morale and health levels of staff? If not, why not?
12. Why was the Mental Health unit at Hornsby Hospital half opened and will it be fully functioning once it is re-built?
13. Chatswood Community Mental Health Centre (including Westview), was apparently closed temporarily because of structural damages to buildings, and its services were relocated to Royal North Shore Hospital. Given that Chatswood Community Mental Health Centre has been categorically closed since 2004 with no improvements to the buildings, and there is strong dissatisfaction from the local community denouncing the move away from community based services, when will the facility re-open?
14. I am aware there are plans to house a new facility on the Chatswood Community Mental Health Centre site. There is growing concern from the local community that it will not offer the complete services previously offered at the Chatswood Community Mental Health Centre. What services will it offer and do they equate to the volume and type of services previously offered by Chatswood Community Health Centre?
15. Are there plans to sell the remaining land at the Chatswood Community Health Centre site?
16. What has been the uptake from former patients of Chatswood Community Mental Health Centre to Royal North Shore Hospital?
17. Would you agree that the services offered to mental health patients at Royal North Shore are clinical based and not rehabilitation based as offered at Chatswood Community Mental Health Centre. So what has become of the patients and staff from Chatswood Community Mental Health Centre as I am aware that 10.5 staff (case workers) were no longer required who between them managed 176 clients.