



The Hon Jai Rowell MP
Minister for Mental Health
Assistant Minister for Health

The Hon Melinda Pavey MLC
Chair
General Purpose Standing Committee 2
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Chair

Attached is a copy of answers to Budget Estimates questions taken on notice during the GPSC2 hearing into the Mental Health portfolio on 19 August 2014.

Yours sincerely

Jai Rowell MP



The Hon Jai Rowell MP
Minister for Mental Health
Assistant Minister for Health

BUDGET ESTIMATES

TRANSCRIPT QUESTIONS ON NOTICE

Question

Dr JOHN KAYE: In 2010-11, the figure was 57 per cent. Is that correct, 57 per cent of patients who were discharged from an acute public mental health unit were followed up by a community mental health worker within seven days of their discharge?

Mr CARTER: That is correct, and that represents an additional 1,000 hospital episodes that were followed up within those seven days. So there has been a significant—

Dr JOHN KAYE: That was the 2010-11 figure. What is the figure now?

Mr CARTER: The 2012-13 figure is 60 per cent.

Dr JOHN KAYE: We have gone from 57 per cent to 60 per cent.

Mr CARTER: We have in fact gone from 40 per cent over the past four years to 60 per cent, which is a 150 per cent increase in that period.

Dr JOHN KAYE: What is the target?

Mr CARTER: We expect that all people will be followed up by telephone or face to face.

Dr JOHN KAYE: No, sorry, with respect, Mr Carter, there is, or there was, a target. Does the Government no longer have a target?

CHAIR: Order! I think Mr Whelan was about to assist.

Dr JOHN KAYE: Is there no longer a performance target?

Mr WHELAN: I do not know that target off the top of my head, but my view would be the target should be up around 90 per cent. That comes back to the investment that I believe is required in the expansion of community mental health services to enable us, as a State, to follow-up—

Dr JOHN KAYE: We have just heard it is currently about 60 per cent. You think it should be 90 per cent?

Mr WHELAN: Yes, I do.

Dr JOHN KAYE: Why was it that in 2011-12 budget estimates the Minister told me that the target was 70 per cent. Has it been raised from 70 per cent to 90 per cent?

Mr WHELAN: I am sorry; I was not here in 2011. I am happy to take that on notice and get back to you.

Dr JOHN KAYE: Nobody at this table knows what the target is?

Mr JAI ROWELL: As our Deputy Secretary has said, we are happy to take that on notice.

Dr JOHN KAYE: In 2010-11, the figure that was given to me by the Minister's predecessor was 57 per cent. You are now saying it is 60 per cent. It is very hard for me to understand where the 150 per cent came from. When the figures go from 57 per cent to 60 per cent, I do not see how you can have a 150 per cent increase.

Mr JAI ROWELL: I am happy to get the information that you have in front of you, take the question on notice and get back to you.

Answer

The target for seven day follow-up of people who have been discharged from an acute mental health unit is 70%.

Question

The Hon. PAUL GREEN: I will hold off, given that explanation. I would rather bring up this distressful situation. Young people are choosing suicide to deal with their challenges on some occasions. The South Coast, particularly, has had some issues. What role does the Government and your department play in regard to high schools that have experienced episodes of suicide?

Mr JAI ROWELL: Thank you. I think that is an entirely appropriate question.

The Hon. PAUL GREEN: Sadly, it is probably more appropriate today than it was last time.

Mr JAI ROWELL: I am aware of some of the issues that may be requiring you to ask that particular question. Suicide in any form is tragic, particularly when it involves our young people. In regard to the Illawarra Shoalhaven—you will understand and appreciate that again I will not go into specifics—the Child and Adolescent Mental Health Team reviewed clients to identify if there were other young people in the area who required closer monitoring. In that particular situation we have had collaboration between the LHD and the Department of Education and Communities, and have worked closely with them at the particular high school involved. The new Headspace school support team, the National Youth Mental Health Foundation and local police work very closely together and we take these issues very seriously. There are a number of programs that this Government funds in relation to the risks of self-harm and suicide amongst child and adolescents in this State, whether it be the Child and Adolescent Mental Health Service [CAMHS] Assertive Outreach Service, which is a \$3.4 million piloted program across mental health and outreach in the community to prevent unnecessary hospitalisation, and we have also invested \$6.7 million in the Keep Them Safe program, which is four pilots of joint mental health, and drug and alcohol whole of family teams in Lismore, Newcastle, Gosford and, of course, Nowra. There are a number of other programs. If you would like further information, I am happy to provide you with that.

Answer

Per the answer supplied in the Budget Estimates hearing, the Ministry of Health and the Department of Education and Communities work closely to provide support to schools affected by suicide. This includes counselling and assistance for staff and students, as well as ongoing strategies to support positive mental health.

Child and Adolescent Mental Health Services (CAMHS) in Local Health Districts provide the full range of specialist mental health tertiary services for people under 18 years of age. Assertive CAMHS teams provide assessment and short-term treatment in the home or other community setting to help avoid admission to a mental health facility and support early discharge from inpatient care.

Question

The Hon. PAUL GREEN: I refer to recent reports that the NSW Police Force will carry out a major three-year study aimed at tackling mental health issues, particularly post-traumatic stress disorder, in the force. Will you update the community about this study and how much has been allocated to the study?

Mr JAI ROWELL: That is a question better directed to the Minister for Police and Emergency Services. I am happy to take that question on notice and get back to you.

The Hon. PAUL GREEN: Given the relatively high post-traumatic stress disorder found amongst war veterans, what role is the Government playing in that?

Mr JAI ROWELL: I am happy to take that question on notice. I can give you some information around the Police Force Mental Health Intervention Team, which is a partnership between NSW Health and the NSW Police Force. The Police Force is implementing a two-tiered mental health training system with all NSW Police Force officers. All officers receive a minimum of one day of training in mental health. As at April 2014, more than 1,600 officers completed that training. Selected graduates will also transition into the four-day mental health intervention team program, meaning that they will become prioritised first responders to mental health crisis events. If there is any further information you want, then I am more than happy to take it on notice.

Answer

Since 2011, NSW Health has provided funding to support the Clinical Academic Workplace Mental Health Research Program at the University of New South Wales.

The main aim of the program is to conduct research on the mental health needs of NSW front line emergency workers (police officers, ambulance officers and fire fighters) and develop interventions to address mental health problems in this population.

The research program addresses a wide range of issues including resilience, screening, early intervention and promoting recovery and return to work.

Question

The Hon. ADAM SEARLE: I will look at that. Earlier I asked about the Queanbeyan Mental Health Service moving to essentially crisis management rather than holistic care. Has that model now been used across the State for other services, particularly in Maitland and the lower Hunter area?

Mr JAI ROWELL: I am very much committed to making sure that services that are provided by this Government are robust and meet the needs and the demands of our consumers.

Mr WHELAN: As I said, I take that on notice so we can find out exactly what is happening from your perspective in southern because of the language, from my point of view, that is not what we are purchasing. We are purchasing a comprehensive mental health service to support consumers in Queanbeyan and certainly that is far more than just crisis management.

The Hon. ADAM SEARLE: What I was talking about, though, was whether this model of care used in Queanbeyan was now being rolled out to other places in the State, in particular Maitland and the lower Hunter?

Mr WHELAN: I understand that.

The Hon. ADAM SEARLE: You will take that on notice?

Mr WHELAN: Absolutely.

Answer

Queanbeyan Mental Health Service provides a comprehensive suite of services for their local community.

The statement "shift from crisis management to holistic care" does not accurately describe the change in model. The Service is modernising its model to be more in line with contemporary evidenced based care provided by community mental health teams across the country.

The Queanbeyan Mental Health service provides clinical care for acute mental health conditions, partner NGOs provide community based rehabilitation, and primary mental health care is provided by GPs, private practice mental health clinicians and clinicians employed through the Medicare Local.

Hunter New England Mental Health Service is currently reviewing its models of care as part of the Hunter New England Mental Health Clinical Services Plan, in line with modern evidence-based care.

Question

The Hon. LYNDA VOLTZ: The Coroner's Court on 10 January came down with findings in the Waterlow case. When will you be responding to those findings? When will you make them public?

Mr JAI ROWELL: I am happy to take that question on notice.

Answer

This matter is currently under consideration by the NSW Government.

Question

Dr JOHN KAYE: I have one last aspect of the question I was asking before about targets. Minister, can you provide on notice the percentage of patients seen by a caseworker within seven days of discharge over the period in which we are making the comparison? Can you also give the Committee the number of patients who are actually discharged, so we know the size? It may well be that there has been a reduction in the number of patients in hospital.

Mr JAI ROWELL: Yes, I am happy to take that on notice.

Answer

In 2007/08, 40% of consumers were followed up within seven days of discharge from an acute mental health unit. Year to date April 2014, 63.5% of consumers were followed up within seven days of discharge from an acute mental health unit. An additional 1,800 hospital episodes were followed up within seven days in 2012/13 compared to the previous year.

Question

Dr JOHN KAYE: If an LHD contracts out a particular service to a non-government provider you would not know how much they had put into the contract?

Mr WHELAN: We would know how much was in the total contract, but not necessarily on a month-to-month spend. I am happy to take that on notice, get the details from finance and report back to you.

Dr JOHN KAYE: If I were to ask you, for example, how much of the annual budget of each LHD is spent within the public sector and how much is spent within the non-government sector, would you be able to get that information?

Mr WHELAN: I would be able to get that information for you. Would you like me to?

Dr JOHN KAYE: Yes, I would.

Mr WHELAN: Data on LHD spends on non-government organisations within mental health?

Dr JOHN KAYE: That is correct, and on government provision of services so we can have a comparison between the two. Can you get that data historically? How far back can you go?

Mr WHELAN: I would have to check, but I would presume we can go back.

Dr JOHN KAYE: If we can go back as far as you can and get a matrix that would be extremely useful.

Mr WHELAN: I will have a look.

Answer

The amount of funding provided by Local Health Districts to Non-Government Organisations is reported each year in Local Health District financial statements which are tabled in Parliament and published as an appendix to the NSW Health Annual Report.