

Questions from Dr John Kaye MLC

1. Can the Minister please provide a breakdown of funding in the 2011-12 Budget between acute care and community care within the total mental health budget.

ANSWER:

The Mental Health Program budgets are not allocated or reported at State level in terms of “acute care” and “community care”.

The Mental Health Establishments National Minimum Data Set for 2009/10 indicates that approximately 44% of Mental Health Program direct expenditure was for ambulatory services (non-inpatient services), including NGO funding (subject to final validation by the Australian Institute of Health and Welfare).

2. Can the Minister please provide a breakdown of funding in the 2011-12 Budget between public community mental health services and community mental health services delivered by non government organisations?

ANSWER:

Mental Health Program budgets are not allocated or reported at State level in terms of “community mental health services” split by “public” and “non government organisations”.

For 2011/12, the Mental Health Program budget for non government organisations administered through the Ministry of Health and Local Health Districts is approximately \$77.6 million.

3. Can the Minister please provide a breakdown of numbers of community mental health services located on hospital grounds compared to those located in the community context?

ANSWER:

Of the 601 community mental health services, 272 are located on hospital grounds and 329 are located in the community. Community health centres that are co-located on a hospital campus, such as Royal North Shore Community Health Centre and the Sutherland Community Mental Health Centre, have been classified as being located on hospital grounds.

4. How will the government ensure that funding for community mental health within the total mental health budget is quarantined?

ANSWER:

The NSW Government has established this State’s first ever Minister for Mental Health. This means that for the first time Local Health Districts will be directly accountable for their allocated spend on mental health. The new Mental Health Commission will also be responsible for ensuring that resources are allocated and spent appropriately.

The Statewide Management Reporting Tool (SMRT) will be the standard reporting tool used by the NSW Health system and will enable the monitoring of specific budget funding across the state, including the Mental Health Program. During 2011/12 it is expected that project level reporting of budget and actual will be available in the SMRT system.

In the longer term, Activity Based Funding (ABF) will be the mechanism by which funding will be provided on an activity basis. Nationally, ABF for the Mental Health services is planned to commence from financial year 2013/14. The proposed classification systems for ABF will

stratify acute inpatient services; sub and non-acute inpatient services; and non-admitted patient services, including hospital auspiced community based services.

5. How many people with mental illness are currently in NSW prisons?

ANSWER:

The 2009 Inmate Health Survey identified that 47.2% of men and 54.4% of women in custody in NSW had reported having received assessment or treatment from a psychiatrist or doctor for an emotional or mental problem. In the same study, 16% of participants reported having been admitted to a psychiatric unit.

6. What actions are the government taking to ensure fewer people with mental illness end up in the NSW prison system?

ANSWER:

This Government made a strong commitment whilst in Opposition to address the high proportion of people with a mental health problem in the criminal justice system. This included a commitment to establish a Mental Health Commission for NSW with an initial priority to develop a plan to divert people with a mental illness away from the prison system.

This intent is supported by the *NSW 2021* target to increase the number of adults and adolescents with mental illness who are diverted from court into treatment, and priority actions to assist in diverting people with mental health problems out of the criminal justice system and into services which meet their needs.

Legislation to establish the NSW Mental Health Commission is currently before the NSW Parliament. If the bill is approved, it is anticipated that the Commission will be operational by July 2012.

7. How many acute care psychiatric beds are there currently in NSW? How does that compare to the other states and territories and the OECD?

ANSWER:

At 30 June 2011, there were 1,679 publicly funded acute care mental health beds and 1083 publicly funded non-acute care mental health beds, making a total of 2762 publicly funded inpatient beds in NSW.

Comparison with other States and Territories can only be achieved using available nationally validated data sources. Most recent data, from the National Mental Health Report 2010, expressed in terms of percentage of the Mental Health Clinical Care and Prevention planning model indicate the number of acute beds as at 30 June 2008 for the respective State and Territory populations:

NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUST
90%	81%	68%	96%	92%	83%	84%	64%	83%

The Ministry of Health is not aware of a comparable data source that would allow easy analysis of OECD member countries.

8. What is the average case load for a mental health worker in NSW?

ANSWER:

Information on mental health case load is not collected or reported at a state level. This is due to it being an impractical indicator to collect on the basis of substantial differences in operational arrangements across the state due to geography, co-location of services, mix of workforce skills and seasonal demand factors. Further the mix of functionality of individual

workers varies widely and an average measure would be misleading for system and operational planning purposes.

Resource planning is better managed through identification of population need and grossed up resourcing which is then operationalised locally based on local need.

9. a) Is the Minister aware of the litany of complaints that have been made against the changes to the MHRT that commenced in June 2010?
- b) What steps has the Minister taken to resolve those problems?
- c) Does the Minister believe it is appropriate for a person to be detained against their will without review for up to 4 weeks as is the current policy?

ANSWER:

(a) and (b):

The key component of the NSW Government's reform agenda for mental health is to establish a NSW Mental Health Commission by 1 July 2012. Importantly, the Government's initial priorities for the Mental Health Commission are that the Commission consider:

- better management of the experience of people with mental illness, their families and carers;
- diversion of the mentally ill from the prison system; and
- how to help ensure smooth operation of the Mental Health Review Tribunal.

To enable the establishment of the Commission, the *NSW Mental Health Commission Bill 2011* was introduced to Parliament on 24 November 2011. The Bill sets out the organisational structure, functions and powers for a Commission that will address the Government's priorities including its commitment to the smooth operation of the Mental Health Review Tribunal.

(c):

The Mental Health Act 2007 provides for the care, treatment and control of persons who are mentally ill or mentally disordered taking into consideration the rights of persons to liberty and protection from unwarranted detention. Decisions to involuntarily detain a person under the Act are not taken lightly with strict criteria and procedures guiding the process.

All patients may appeal and have access to an independent review by the Mental Health Review Tribunal at any stage following detention under the Act.

Persons wishing to challenge their detention have the right to request discharge by an authorised medical officer immediately after admission, and if that is refused or not dealt within three days, a right of appeal lies to the Tribunal which provides an early hearing before a full panel of lawyer, psychiatrist and other suitably qualified member. The review of the Mental Health Act in 2012 will provide an opportunity to further examine this issue.

10. If as has been reported, the Mental Health Review Tribunal is given the power to order hospitals to take patients that have previously been denied treatment, will the government commit to simultaneously increasing the numbers of acute care beds in the NSW public hospital system?

ANSWER:

Right of appeal provisions will be considered as part of the upcoming review of the Mental Health Act 2007. Consultation will commence in 2012, and will include consideration of the impacts of legislative changes on service provision.

11. Regarding the proposed amalgamations of the state's Tribunals, which will be the subject of the Standing Committee on Law and Justice inquiry, what impact would those changes, if they were to go ahead, have on the Mental Health Review Tribunal and thus the provision of mental health services in NSW?

ANSWER:

The Mental Health Review Tribunal (MHRT) is a specialist quasi-judicial body constituted under the Mental Health Act 2007. It has a wide range of powers that enable it to conduct mental health inquiries, make and review orders, and to hear some appeals, about the treatment and care of people with a mental illness.

The MHRT's decisions can involve the consideration of quite complex issues, impacting directly on people's lives, health and liberty. In making its decisions, the MHRT seeks to balance several sets of often competing rights – the individual's right to liberty and safety and to freedom from unnecessary intervention, the individual's right to treatment, protection and care, and the right of the community to safety and protection.

As such, and in line with most Australian jurisdictions, it is appropriate for the MHRT to be kept separate from the proposed NSW Civil and Administrative Tribunal.

Any recommendations made by the Standing Committee on Law and Justice regarding consolidating NSW Tribunals will be considered and an assessment made regarding the potential impact on the functions of the MHRT and NSW mental health service provision.

12. For each Local Health District, can the Minister indicate the target for the number of case workers?

ANSWER:

The NSW Mental Health Program does not use the nomenclature of "case workers" as a defined employment group, as care coordination (case management) is only a proportion of work that would be performed by direct care clinical staff, both inpatient staff and community (ambulatory) staff.

13. For each Local Health District, can the Minister indicate the current number of case worker positions?

ANSWER:

A certain amount of investment is provided to Local Health Districts for agreed outcomes. Local Health Districts are required to configure their service profiles to meet the needs of their communities to best achieve these outcomes. This includes inpatient and community care.

14. For each Local Health District, can the Minister indicate the current number of case workers employed?

ANSWER:

Please refer to the answer for question 13.

15. Can the Minister provide further details of how the number of case worker positions allocated to each Local Health District is determined?

ANSWER:

Please refer to the answer for question 13.

16. a) Can the Minister indicate the target for the time taken for a person with mental illness to be seen by a case worker following discharge from hospital?

b) To what extent is that target achieved in percentage terms?

ANSWER:

The NSW Health system target for the proportion of clients discharged from an acute public mental health unit to be followed up by a community mental health team within seven days of that discharge is 70%.

Some people leaving hospital receive follow-up from private psychiatrists, psychologists, GPs or non government services. NSW Health does not collect data from these services. Therefore a target of 70% has been set for this indicator.

In 2010/11, 57.0% of clients discharged from an acute public mental health unit were followed up by a community mental health team within seven days of that discharge.

17. a) Can the Minister indicate the target for the time taken for a person with mental illness to access treatment after being contacted by a case worker following discharge from hospital?

b) To what extent is that target achieved in percentage terms?

ANSWER:

The Discharge Planning for Adult Mental Health Inpatient Services Policy (now revised and expanded to include Child and Adolescent Inpatient Services) provides a structured and standardised process for ensuring safe and successful transition of people with a mental illness from time of admission to hospital to post-discharge. This policy is currently under revision, and is expected to be focussed on transfer of care both between inpatient settings, but also from the hospital to the community.

The seven day follow-up performance indicator is the applicable State-wide (and national) indicator, having been validated nationally for this purpose. Given the priority of this indicator for government it has been included as an indicator in *NSW 2021*.

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There were no additional questions on notice lodged by members relating to the portfolio of Mental Health, Healthy Lifestyles, Western NSW.

