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GENERAL PURPOSE STANDING COMMITTEE NO. 2

Wednesday 10 October 2012

Examination of proposed expenditure for the portfolio areas

MENTAL HEALTH, HEALTHY LIFESTYLES, WESTERN NEW SOUTH WALES

The Committee met at 10.45 a.m.

MEMBERS

The Hon. M. A. Ficarra (Chair)

The Hon. D. J. Clarke
The Hon. R. H. Colless
The Hon. P. Green
Dr J. Kaye
The Hon. A. Searle
The Hon. M. S. Veitch
The Hon. H. M. Westwood

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PRESENT

The Hon Kevin Humphries, *Minister for Mental Health, Minister for Healthy Lifestyles, and Minister for Western New South Wales*

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CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000

CHAIR: I declare open the budget estimates hearing for the portfolio areas of Mental Health, Healthy Lifestyles and Western New South Wales. I welcome Minister Humphries and accompanying officials. Before we commence I need to make some procedural matters clear. In accordance with the Legislative Council's guidelines for broadcasting of proceedings, only Committee members and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus for any filming or photos. In reporting the proceedings of the Committee you must take responsibility for what you publish or what interpretation you place on anything that is said before the Committee. Guidelines for the broadcast of proceedings are available on the table by the door.

Any messages from advisers or Minister's staff who are seated in the public gallery should be delivered through the Chamber and support staff or the Committee clerks. I remind the Minister and the officers accompanying him that they are free to pass notes or refer directly to the advisors seated at the table behind them. The transcript of this hearing will be on the web from tomorrow morning. The House has resolved that answers to questions on notice must be provided within 21 days. I remind everyone to put their mobile phones on silent. All witnesses from the department, statutory bodies or corporations will be sworn prior to giving evidence. Dr Kerry Chant has already been sworn and the Minister does not need to be sworn as he has already sworn an oath to his office as a member of Parliament.

DAVID ANTHONY McGRATH, Director, Mental Health and Drug and Alcohol Programs, New South Wales Ministry of Health, sworn and examined:

SIMON YARWOOD SMITH, Deputy Director General, Department of Premier and Cabinet, affirmed and examined:

KERRY CHANT, Chief Health Officer, Ministry of Health, on former oath:

The Hon. PAUL GREEN: Given that one in eight mothers develops postnatal depression, ranging in severity from mild and transient to severe and lingering, how much government funding is invested to specifically deal with postnatal depression?

Mr KEVIN HUMPHRIES: One of the issues that concerned me coming into government as a new member was a service that used to exist in New South Wales that was called the outreach program for perinatal services for women who were experiencing mental health issues, either in pregnancy or postnatal. One of the most vulnerable times at which a woman will experience mental health issues is usually post-birth. It was clear that whilst we had some services in the city, particularly at Westmead, most of those services had been disbanded. Alluding to our previous conversation, that was quite relevant. We have put in place what is called the SWOPS program—Statewide Outreach Perinatal Program—which is based at Westmead.

If a woman is known to the mental health service or private providers and there are concerns about her mental health—concerns might be expressed by the family for whatever reason, anxiety or depression, mood disorders and in some cases we have had people with schizophrenia—and staff within the health facilities need help they can now access direct support through the SWOPS team at Westmead. That support varies. It could be tele-help, tele-psychiatry or outreach, which involves mental health specialists travelling out to regional areas. We showcased two areas, one out of Orange and one out of Lismore, not long after it started. I visited that team in Lismore some months ago. That team will visit the site and provide support, not just to the consumer—the young mum—but also to the staff working with that person, and also to the family and carers.

If a person needs tertiary treatment, if they need to be brought into a specialist facility, that is available at Westmead. We have an inpatient bed facility at Westmead. That is not our preferred option. Even the previous Government alluded to that issue. We are better off treating people close to home. We have put a couple of case studies through—not that I will read them all today—so we know it is working. The program is providing a much better care regime to that young mum in the two cases I was going to refer to that I knew of, and also to the staff. The budgetary figure we allocated initially to start the program was an additional $2.7 million. That is one of the new programs we have created. Even though we have 15 health districts, a number of issues still require some statewide coordination. This is one of them. You might see that area grow a little more. It is a good program. It reaches across the State, no matter where you live. Each local health district certainly is aware of it and the staff are quite appreciative of it. In fact, the last place I was at in Orange we had a video hook-up to all those centres as well. It is going well.

The Hon. PAUL GREEN: In October 2006 the previous Government announced that it would provide $1 million for a Drought Mental Health Assistance Package to build capacity in rural communities affected by drought. Has the current Government continued this initiative? If so, how much has it invested in the package?

Mr KEVIN HUMPHRIES: We have seriously boosted that. The drought lifted the lid on mental health, particularly in regional areas where suicide rates were, and remain, way too high compared with metropolitan areas—in some cases they were more than double. A group of people was engaged through the Department of Primary Industries—from memory, there was a partnership also between the NSW Farmers Association and Health—that put in place drought support workers. Those workers morphed in a couple of directions. There was support as well from rural financial counsellors, which was 85 per cent funded from the Commonwealth. We wanted to progress that issue. As the drought came to an end three years ago, there was a need to continue the support mechanism not so much for when communities are going into drought but more related to adversity.

A proposal was put forward through the Centre for Rural and Remote Mental Health, Orange, known as the Rural Adversity Mental Health Program, or RAMP, that basically expanded the role of the drought support worker. This team is strategically located but is highly mobile across New South Wales to go to where the need is paramount. Whether it is during drought, flood, fire or famine, these support workers are able to

attend areas that are likely to experience adversity—obviously, isolation is included. Last year we put $2.3 million into the program to expand and continue it. The other advantage of the program is that it deals not just with mental health issues. It also undertakes screening programs for chronic disease, such as cholesterol and the like, particularly for males as they are far more likely not to attend their general practitioners or seek assistance.

The Hon. PAUL GREEN: I am sorry to interrupt, Minister, but I do not have much time in which to ask questions. Is that $2.3 million over four years?

Mr McGRATH: Per annum for three years.

Mr KEVIN HUMPHRIES: That is per year.

The Hon. PAUL GREEN: For three years?

Mr McGRATH: Yes.

The Hon. PAUL GREEN: In respect of the Western New South Wales portfolio, I have been advised that the Royal Flying Doctor Service has built a number of houses in Broken Hill for much-needed medical staff. However, with the service's expansion an additional three houses are required. Is the Government providing any funding? If so, how much is it contributing to assist this situation?

Mr KEVIN HUMPHRIES: I will take the housing part of the question on notice because I am not aware of that issue; to my knowledge, we have not been approached about that. The Royal Flying Doctor Service is based rurally in Dubbo and Broken Hill. The Broken Hill base is quite unusual in that it is a partnership not just with the Far West Area Health Service but also with Sydney university to assess and put in place some health planning, particularly around the chronic disease program. One thing we have done with the Royal Flying Doctor Service, which will be driving an additional need to recruit staff, is partner with some philanthropic groups—for instance, the Gonski Group—to run dental clinics around the more remote parts of western New South Wales, such as Wilcannia, Menindee, Bourke, Lightning Ridge and Walgett to name a few. Off the back of that we have been able to boost our mental health support. Given that Healthy Lifestyles includes oral health, that ticks a couple of our boxes, but additional mental health support services are also going in on that flight. Over time, I expect additional demand for staffing out there. If the service wants to approach us that is something we would be able to address.

The Hon. PAUL GREEN: Could you take that question on notice? It would be helpful to get back to us if there is anything going that way. My next question deals with Healthy Lifestyles. Given that 89 per cent of children between the ages of four and five spend more than two hours watching television and DVDs every day, and given that kids usually snack on foods high in sugar, salt and fat when watching television, what government Healthy Lifestyles initiatives exist to target sedentary behaviour in children?

Mr KEVIN HUMPHRIES: That is a good question. Obviously, we do not take a parental role in some of those things.

The Hon. PAUL GREEN: I understand.

Mr KEVIN HUMPHRIES: There are a lot of issues around changing behaviours and habits, particularly for parents knowing what their children are up to. The logical answer is just to switch off the television and get outside. Whether it is State or Federal governments or the number of social awareness campaigns on the obesity issue in which we have been involved around the country and of which Healthy Lifestyles is part, the obesity side of it fits in there and is part of corralling with the Preventative Health Fighting Fund with which we are in partnership with the Federal Government. Part of our State Plan is to drive down the obesity rate from 23 per cent to 21 per cent over the next couple of years. Our push will be on a number of fronts—some of you may be aware of them. Part of the push is the social awareness campaign, which Dr Chant might comment on, and the Get Healthy coaching line. One of the best ways to target children's behaviour is to work with adults. We want to do that on a couple of fronts and one is through the Get Healthy coaching line. About 12,000 people have either been part of that program—

The Hon. PAUL GREEN: That is my next question. How many daily calls have there been to that program? How do you gauge its success? I throw in those questions while you are answering.

Mr KEVIN HUMPHRIES: About 12,000 people have been involved in that program either directly or indirectly, and a large number of them have been completed. That has been one of the main pushes. The most likely person to call in and to be part of the program is a female between the ages of 14 and 49 and living in a rural area. We know that it is ticking a number of the boxes that we need to tick. If anyone is going to be educated in a family setting it must be the mother. In respect of students, some of the get-healthy activities have been undertaken in schools and have been about educating teachers and preschool directors. It might be the Crunch and Sip program, which is the canteen program, or the Go4Fun program.

Dr CHANT: I am pleased to say that we have a very strong focus on children in obesity prevention. That is being done in conjunction with the Commonwealth Government under a national partnership agreement. The program has three key planks. The first is a focus on early childhood settings. The Munch and Move program supports teachers in creating an early childhood setting that encourages physical activity, promotes water as the first choice drink and ensures that lunch boxes and food served within the facility are appropriate.

The Hon. PAUL GREEN: Does that mean there is no more school detention?

Dr CHANT: No, this program is for preschools. The Munch and Move program is evidence-based and it has been demonstrated to be effective. There is strong evidence supporting settings-based approaches to promote physical activity and nutrition. The second program is primary school based and, again, it is focused on physical activity and nutrition. It goes by different names and Crunch and Sip is but one. However, it is all about physical activity and nutrition and encouraging a health promoting school environment. The third program is the targeted equity program, which is called Go4Fun. It particularly targets socially disadvantaged groups. It involves the child's parent or caregiver and teaches them practical things such as how to read food labels, how to shop and how to prepare food, and it encourages children to be active. This eight-week program is an intense commitment on the part of parents and caregivers. However, evaluations have indicated significant weight loss in children and reduced sedentary time. It has been evaluated strongly.

Mr KEVIN HUMPHRIES: More than 60 per cent of our schools and 55 per cent of early childhood centres have joined the children's healthy eating and physical activity program. That is part of a $10 million commitment that the Government has entered into with the Federal Government to drive not only social awareness about the links between physical activity, good nutrition and lifestyle to chronic disease but also doing physical activity on the ground. I am sure members have visited schools and they would know that children are now eating far more healthy food than they have in the past. The real measure is the Schools Physical Activity and Nutrition Survey, which has been in operation for more than 12 years.

Dr CHANT: It is the longest longitudinal study of childhood and it gives us good data.

Mr KEVIN HUMPHRIES: It involves 8,000 studies and is probably one of the major studies being undertaken in the Western world. We know that we can track obesity, activity and dexterity. We know that obesity rates are declining in younger people—albeit marginally. However, the obesity rate for adults is not declining. Adults will be our target audience, which is why members will see more with regard to the workforce initiative over the next 12 months.

Dr JOHN KAYE: Minister, I thank your officers for the common courtesy that they displayed to crossbench members in providing information.

Mr KEVIN HUMPHRIES: Thank you.

Dr JOHN KAYE: That being said, you would be aware of the case of Mr P, the Sri Lankan asylum seeker/refugee who has developed a mental disorder, who came here with a mental disorder, or who has developed it while in Villawood prison. You would also be aware of the recent court case in which the expression "in the community" used in the Mental Health Act was taken effectively to mean—and I am paraphrasing—not within a mental health facility. Are you considering amending the legislation to ensure that patients who are refugees receive appropriate treatment?

Mr KEVIN HUMPHRIES: That is a good question. I am very much aware of that case. The refugee in question was admitted to an inpatient unit from Villawood to receive mental health care and support. We met our care responsibilities under our jurisdictional guidelines. That person was placed under a community treatment order, which says that patients must meet certain requirements, usually in respect of medication management. I think that was the issue in this case. When that person was discharged—which is all a health

facility can do—it then became a Commonwealth issue with regard to where he resided. As you know, that person was then taken back to Villawood and he has received ongoing care in that facility, and the clinical team is overseeing that care.

The State Government's responsibility in respect of clinical support, treatment and care is to ensure that it is meeting the needs of a consumer, whether he or she is an inpatient or at Villawood. It is not our role to become involved in the Commonwealth's realm of determining where a person should be located. The State Government's role is to continue to monitor that person's health and to supply the appropriate care. If that person became quite ill again and his health deteriorated to a point at which he again required inpatient care, that would be an option.

Dr JOHN KAYE: He was discharged from Bankstown Hospital under a community treatment order and went back to Villawood where he was in the hands of International Health and Medical Services, the contractor that provides health services at Villawood. The concern expressed by his lawyers was that the term "in the community" in the Act should be interpreted as being among the people who it is known will facilitate a return to good health. The evidence presented in this case was that Villawood would not be an environment in which he would return to good health. Is any consideration being been given to amending the legislation in respect of community treatment orders to give the term "in the community" more meaning in this case? He clearly would have been better off being transferred to some kind of community treatment arrangement. As I understand it, he is currently floridly psychotic.

Mr KEVIN HUMPHRIES: Again, I am not qualified to say what is best care. However, it is not up to the State Government to determine where that person is located. Our role is specifically to provide care. It is an issue that must be taken up with the Federal Government.

Dr JOHN KAYE: Last year I asked you about the number of clients who are discharged from a public mental health institution who are then seen by community care within a week. The figure for 2010-11 was 57 per cent. What is the figure for 2011-12?

Mr KEVIN HUMPHRIES: That is a good question. We all know that if people are not followed up quickly after being discharged from an inpatient unit they are far more likely to re-present. We have two targets that we are monitoring and driving up in one case and down in the other. We want to drive up the rate of contact that community mental health teams make within that first seven days and drive down the re-presentation rate within 28 days. We are back to about 50.9 per cent.

Dr JOHN KAYE: We have fallen from 57 per cent to 50.9 per cent. So it is worse?

Mr KEVIN HUMPHRIES: We have changed the definition. We have increased the rate of community follow-up within seven to 10 days.

Dr JOHN KAYE: So it is the opposite; it is up to 50.9 per cent?

Mr KEVIN HUMPHRIES: In 2010-11 we had a follow-up rate of 45 per cent and 2011-12 it was 50.9 per cent, and that is continuing to increase. I want to say something on that because there were issues around this. The previous Government needed to be aware of this and it was highlighted in the Auditor General's report. When we came into Government some community mental health teams had a vacancy rate of 40 per cent.

Dr JOHN KAYE: A vacancy rate in the number of people employed and positions unfilled?

Mr KEVIN HUMPHRIES: In some of the local health districts [LHD]. The previous Government was propping up the wages policy by not filling positions. Whilst Morris Iemma did a good job in 2006 in allocating an additional $900 million over six years into Mental Health, as the Auditor-General highlighted, it was difficult to find out where that money went, let alone whether those positions were being filled. The Auditor-General in his report—I will table it if I have to—articulated that at least half those positions in some of those LHDs were not filled in community mental health. Community mental health was being robbed and those positions were propping up other parts of the health system for political purposes, not for care purposes.

It was always going to be difficult to achieve an acceptable follow-up rate within the seven days, let alone drive down the re-presentations. Part of what we have done—and our clinical directors and chief

executives were put on notice—is track closely the vacancy rates. The vacancy rates have improved considerably, and we meet on a regular basis and ask them to report on it. You cannot track that issue in isolation. As Mr McGrath has reminded me, the previous definition included telephone calls to carers which were counted as contact. We do not see that as meaningful contact. We know the rates are improving; they will continue to improve and we will continue to make sure that the community mental health positions are filled.

Dr JOHN KAYE: The data you gave for last year was 57 per cent. You are now saying that it is 45 per cent because of the change of definition, which is not unreasonable. Does that mean of the 57 per cent 12 per cent of patients were only contacted by telephone and were not seen physically? Are you now saying the rate for 2010-11 was 45 per cent where you have excluded telephone contact?

Mr KEVIN HUMPHRIES: Sorry, 46 per cent, my glasses are not that good.

Dr JOHN KAYE: So 11 per cent of patients were only contacted by telephone?

Mr KEVIN HUMPHRIES: Mr McGrath, would you like to comment on that? Dr John Kaye, you are not far off the mark.

Mr McGRATH: That would be correct. The previous definition included telephone follow-up with carers. There are two counts. On the point of view of what is the best clinical process for following up with somebody and ensuring you get the best outcomes for an individual, you would want something stronger than a telephone contact with a carer to ensure that follow-up was appropriate in terms of their clinical circumstances. Secondly, the national definition was amended in the last 12-month period and we needed to comply with the national definition. The 46 per cent figure is the baseline recalibrated against the national definition and against our change in definition.

Dr JOHN KAYE: Mr McGrath, I am not giving you a hard time over this; I think the change in definition is sensible. In relation to data on seclusion, mechanical constraint and chemical restraint within public mental health facilities, the Victorian Government publishes annual data on average episodes per 1,000 bed days. In New South Wales the last data we could find was from December 2009. Minister, is it in your mind to publish the data? The data is on seclusion, mechanical restraint and chemical restraint. I should correct myself: I am not convinced the Victorians publish the chemical restraint but they do on the seclusion and mechanical restraint data.

Mr KEVIN HUMPHRIES: It is a good point and something we talk about regularly at a clinical level. I might ask Mr McGrath to comment on that in a minute. Interestingly, looking at the statewide data and the data I ask to receive when visiting those facilities—it is reflective on some of the facilities as well—the State seclusion rate has decreased since measurement commenced. The current rate of seclusion episodes per 1,000 bed days is 9.3 and that is down from 12.8 in early 2008. New South Wales has adopted an annual target of 15 per cent reduction in the use of seclusion.

I visited a number of facilities recently where this was an issue in terms of what the staff felt was important. They said, "One of issues we want to benchmark ourselves against is seclusion and restraint rates." Being an ex-aged care operator, it is the same in that industry as well. There has been a fair bit of professional development undertaken in terms of de-escalation within those staffing regimes within the inpatient units. I think that has had one of the biggest impacts. Part of our role is not just to skill up people in diversion therapy but also to de-escalate people when they become either episodic or behaviourally difficult to manage.

Dr JOHN KAYE: Are you prepared to publish those data on a local health district by local health district [LHD] basis?

Mr KEVIN HUMPHRIES: I am not sure that we do not do that through the LHD.

Dr JOHN KAYE: We were unable to find any data post-2009.

Mr McGRATH: No, we do not publish it at the moment, and one of the reasons for what I might describe as the delay in the publication of data in this space is to ensure that we have a consistent national definition. There is currently a process underway to determine a consistent national definition for "seclusion" and "restraints". You pointed out the Victorians publish some figures in this space—their definition is not necessarily the same as our definition. The National Mental Health Commission, which was set up by the

Federal Government recently, is determining a report card for mental health and this is one of the indicators they are intending to incorporate into that report card to provide the capacity to compare jurisdictions on seclusion and restraint.

Dr JOHN KAYE: When is that report card due to be made public?

Mr McGRATH: I would have to confer with the chief executive of the commission, but it is a project they must complete within this financial year.

Dr JOHN KAYE: That is mandated by the Federal Government?

Mr McGRATH: It is indeed. It is a stated budget initiative under the Federal Government.

Mr KEVIN HUMPHRIES: It is something we have signed up to. We talk to them on a regular basis. A number of our task force members that help set up the commission are on the National Mental Health Commission, including Allan Fels who chairs it. Basically, their role will be to report on benchmarks and outcomes and health service delivery across the country. Part of the push is to standardise care and reporting.

The Hon. MICK VEITCH: Minister, my question to you is in your capacity as Minister for Western New South Wales. Could you advise the Committee in relation to your concerns about the strategic land use policy of your Government?

Mr KEVIN HUMPHRIES: My main concern is that your Government did nothing for 16 years and that there were no safeguards in place.

The Hon. MICK VEITCH: Have you not been quoted as saying that, "They should continue to lock the gate"?

Mr KEVIN HUMPHRIES: I am very clearly on the record as supporting the strategic land use policy. One of the frustrations that you would have experienced as a country member in that sense is the frustration that people were exposed to for too long. I am on the record speaking with a number of industry-based groups, individuals in my area in groups, stating that I am very supportive of the policy. The fact that it took us a year and a half to get to where we got—

The Hon. MICK VEITCH: You have not said that those reports are incorrect?

Mr KEVIN HUMPHRIES: What reports?

The Hon. MICK VEITCH: Are not you quoted as saying, "They should continue to lock the gate"?

Mr KEVIN HUMPHRIES: The context of my discussion is it is not up to the Government to tell people what they can and cannot do; that is not our role. To take a comment out of context is a little disingenuous. I support the policy, I think the policy is a good one and I think as we have worked our way through it with the community over the last year and a half we have alleviated a great deal of concern, based on the fact that we have a regulatory regime that was targeting our election commitment to protect prime agricultural land. Previously that was not the case. What we have in place now is a robust regulatory regime that not only underpins that safety issue around agricultural production and aquifer interference but also restores, I believe, the landholder's rights because they now have a process to work through. Not only that, they now will have, hopefully sooner rather than later, a land and water commissioner who will advocate on behalf of landholders in the wider community in a process that previously was not in existence.

The Hon. ADAM SEARLE: Minister, the previous Labor Government budgeted nearly $65 million to redevelop and expand the capacity of the Campbelltown Mental Health Service for south-western Sydney residents. I know you have been in the media in the Campbelltown and Macarthur region saying that mental health services in that region need to be expanded. Will your Government deliver the $65 million upgrade and if not, what expansion of mental health services out of Campbelltown hospital will you provide?

Mr KEVIN HUMPHRIES: The previous Government committed to a lot of things, a lot of which were never delivered. We did not necessarily accept the proposal that was put forward by the previous Government and whilst we have committed to many of the forward estimates in terms of capital expenditure,

having just come back from a great proposal at Nepean last week, we felt that the Campbelltown proposal needed to be broadened. We felt that it was not necessarily in the broader interests of that part of south-west Sydney, given the growth expectations of south-west Sydney—particularly from Liverpool, Campbelltown and right down to Bowral where Campbelltown currently services—and that there needed to be a broader view of what mental health services needed to be incorporated in that area.

It needs to be a mixture of acute, sub-acute and community-based facilities that reflects the growing need of that community. Interestingly that part of the world, in terms of current mental health inpatient units, has the highest presentation of first time episodic cases. We believe there are some intricacies into that part of the world that need to be further explored. That is why we put additional funding into reviewing the planning process for south-west Sydney.

The Hon. ADAM SEARLE: Minister, will you commit to additional funds to deliver services in south-western Sydney?

Mr KEVIN HUMPHRIES: We are committing over time to making sure that we have got a proper planning processes in place to meet the needs of that community; not a one-off pre-election commitment that was not necessarily in their best interests nor was it the best and efficient use of money.

The Hon. ADAM SEARLE: Is that a "no"?

Mr KEVIN HUMPHRIES: I will respond to the "no" by saying we are continually working with that community and all the stakeholders in that area who are pretty happy with what is going on. Two weeks ago we held a forum in Parramatta which covered the three health districts where the Minister for Health and I clearly articulated our commitment to south-west Sydney but we want to get it right. Interestingly, the partnerships that we have formed there, with the preventative health fund that we have set up in south-west Sydney in partnership with the University of Western Sydney, we see a growing demand there. Last week I visited Camden where a number of private providers tap into Federal recurrent funding for services and we are starting to see a better mix of community-based services which the emerging Medicare local out there, I suspect, is very keen to drive. To put all your eggs in one basket and commit to one project pre-election, we think, was a little bit short sighted. We can do better.

The Hon. HELEN WESTWOOD: In relation to the recent announcement about the sobering up centre, how much funding has been allocated to your department for the establishment of that centre?

Mr KEVIN HUMPHRIES: Any reference to the sobering up centre should be directed to the Premier and the Minister for Police and Emergency Services. I can say that the Sydney central business district will have a sobering up centre next year.

The Hon. HELEN WESTWOOD: Surely it will be drug and alcohol counsellors, mental health nurses and registered nurses who will staff that centre. As Minister for Mental Health is that your responsibility?

Mr KEVIN HUMPHRIES: Those questions should be directed to the Minister for Police and Emergency Services and the Premier. We have committed to a trial that will be undertaken which needs some legislative requirements which have not yet been determined.

The Hon. HELEN WESTWOOD: Mr McGrath, have you provided any information to the Premier or the Minister for Police and Emergency Services on what will be required to establish the sobering up centre at Kings Cross?

Mr McGRATH: No.

Mr SMITH: I can answer that. At the moment the Department of Premier and Cabinet has convened a task force that does involve Health and Police and the other agencies that will be involved in it to develop a delivery model for the whole program. That is still in the preparation stage.

The Hon. HELEN WESTWOOD: Is there a timeline when that will be established and opened?

Mr KEVIN HUMPHRIES: The commitment was to 2013.

The Hon. HELEN WESTWOOD: At this stage is there any additional funding for it within your department?

Mr SMITH: The funding will be handled through a central arrangement once the business model and the exact responsibilities are fully understood.

Mr KEVIN HUMPHRIES: Yes, we need models of care and that is what it will come down to. As the Hon. Helen Westwood knows, the Government has committed to taking on the issue of excessive consumption of alcohol in parts of this city. Indeed, that remit, which I think is publicly on the record, will expand to include not only King Cross but also the city. Are we serious about the issue? Yes, we are. But again these are complex issues and we need all people involved in consultation to make sure that we do get it right. The underlying issue is the tackling of binge drinking excessive amounts of alcohol in a targeted part of the city. It will not just be around a sobering centre or a social campaign because we have a number of groups that are largely volunteers—the community drug and alcohol teams, and there is a very good one at Surry Hills—will also be involved. The overall principle is taking on that issue which is a problem that our community expect us to do something about.

The Hon. HELEN WESTWOOD: As Minister will you seek additional funds for that or are you willing to accept that you will have to use your existing resources to establish the centre?

Mr KEVIN HUMPHRIES: Those roles have not yet been defined.

The Hon. HELEN WESTWOOD: Where will the cost savings come from your department?

Mr KEVIN HUMPHRIES: As I say, those roles and the model of care have not been defined. I think you might see something a bit smart in that space. Again, I cannot comment on something that has not been worked up, as it would be irresponsible to do so.

The Hon. HELEN WESTWOOD: Will you advise which organisations are affected by the Government's review of grants to non-government organisations? I know a number of them have no guarantees of funding beyond June 2013. Which organisations are they and what amounts are we talking about?

Mr KEVIN HUMPHRIES: Yes, I can comment on the mental health and drug and alcohol space largely because we do rely on a lot of the non-government organisations to deliver those services, which is appropriate. The overall health figure is 300 non-government organisations, and last year NSW Health provided nearly $150-odd million. In the mental health space there are about 95 non-government organisations, and from memory in the drug and alcohol space there are about 55 non-government organisations. For the past 1½ years we have been talking with the non-government organisations about how we can do things better, given that we have an excessive amount of duplication in some of those services.

We are encouraging non-government organisations to look at the services they deliver, at how they fit into what we would call a continuum of care, given that we did not have a statewide mental health plan or a statewide drug and alcohol plan, to see where they can synergise up with some of the other non-government organisations. Some of the larger non-government organisations, like Psychiatric Rehabilitation Australia, as it was known in the Richmond Foundation have merged and have started to do that. We think there are benefits in organisations aligning or merging and having that discussion on how they become part of the network. No-one's funding has been cut to date but part of what the Government's remit is good efficient use of funding. To do that we need a good plan and to engage with all providers whether they be State-based agencies or community-based organisations to see how they can best fit into that plan and deliver and go from there.

One of the reasons why we have such a plethora of third party providers is governments were becoming too used to third party endorsement. We were funding non-government organisations, not based on a care plan, but based on endorsement given back to government. That is not the best way to do business. We cannot treat the non-government organisation sector any different from the government sector. It is about us providing a system that is based on a purchase of services, not based on feel-good decisions. They are aware of that. We have had a mature discussion about that and I suspect over time we will rightfully see some alignment in that space.

The Hon. HELEN WESTWOOD: When will the non-government organisations be advised that they will not be funded?

Mr KEVIN HUMPHRIES: I think that is a bridge too far. You are alluding to the fact that it is the aim over time to invest more in community-based organisations. In some cases, we as a government are probably not the best group to deliver services. As we are growing more subacute space for beds, there will be at least another couple of subacute beds coming on line in this State over the next year or two. Now, how do we define those? We do not necessarily want them based in an inpatient acute facility; they will be based out in the community. Just as the Victorian and other jurisdictions have done, and that we have looked at for best practice, we would be looking to partner with the community in a more robust way to deliver those services. So I suspect in my area you may actually see some growth.

The Hon. HELEN WESTWOOD: Given that there is possible growth in non-government organisations, have you assessed yet what the increase cost will be for those services to meet obligations under the Social and Community Services award and equal pay case outcome? A number of these organisations will be employing workers under that award. Have you assessed yet what that amount will be and advised Treasury?

Mr KEVIN HUMPHRIES: No, not as far as I am aware.

The Hon. HELEN WESTWOOD: Mr McGrath, have you turned your mind to that? We are talking next year. Surely you have some understanding of what the cost implication will be and will have advised Treasury of it.

Mr McGRATH: I would have to refer that question to the Chief Financial Officer, because there would be a global process throughout the ministry for managing the risk to non-government organisations across the whole of the Ministry of Health portfolio. I am not in a position to respond to that specific question on behalf of the Mental Health portfolio.

The Hon. HELEN WESTWOOD: Would you take that question on notice?

Mr McGRATH: Yes.

The Hon. HELEN WESTWOOD: Thank you.

The Hon. ADAM SEARLE: Minister, capital spending in your portfolio for the last budget year was originally proposed to be nearly $114 million, but that has been revised down to just under $24 million. I am dealing with Budget Paper No. 3, page 6-9. That is an underspend or a cut of $90 million. Can you tell the Committee what works originally proposed were not delivered in the financial year?

Mr KEVIN HUMPHRIES: I will refer the question to Mr McGrath. But everything that we proposed, as far as I am advised, has been delivered. In terms of new works, the budget this year is an increase of some $72 million. Part of that—

The Hon. ADAM SEARLE: Minister, I am referring to the 2011-12 financial year and to Budget Paper No. 3, page 6-9. Originally, in last year's budget, the Government proposed $114 million worth of capital spending, but has delivered only $24 million. What was the reason for that revision downwards? Also, what works that were proposed to be delivered on budget day last year were not delivered, and why?

Mr KEVIN HUMPHRIES: I could take that on notice.

The Hon. ADAM SEARLE: Please do.

Mr KEVIN HUMPHRIES: But I can tell you that everything that we committed to is either delivered or underway. Part of the existing budget going forward—

The Hon. ADAM SEARLE: This is the $48 million that you are proposing this year?

Mr KEVIN HUMPHRIES: Of the $72 million. It depends what you define as a new project. But I can tell you that new capital works will be in Goulburn, Prince of Wales, Nepean, Bathurst and Orange. There is $16.5 million of new funding going there, as opposed to what we committed to before—whether it was Wagga Wagga, Dubbo, Nepean, Blacktown, Mount Druitt or Liverpool. All those projects are either underway or have been completed. But we can get you a breakdown of that.

The Hon. ADAM SEARLE: Just to be very clear: you proposed spending of nearly $114 million in capital last year and you have delivered less than $24 million. This year you say you are going to deliver $48 million. I would like to know what was not delivered. What projects did you not deliver that you were going to deliver?

Mr KEVIN HUMPHRIES: Again, I suspect that is a bridge too far.

The Hon. ADAM SEARLE: I am happy for you to take the question on notice.

Mr KEVIN HUMPHRIES: Some of those projects are obviously subject to progress and progress payments.

The Hon. ADAM SEARLE: I am very interested in the breakdown, which I am happy for you to take on notice.

Mr KEVIN HUMPHRIES: If there is any particular project you have a concern about, come and have a chat to us.

The Hon. ADAM SEARLE: I will be in touch. Minister, Dr Andrew Macdonald asked you some questions on notice about Ellimatta Lodge and Karrawa Cottage in Port Macquarie. I have reviewed your answers to those questions on notice which suggest in terms that both of those facilities are continuing to deliver services. But there continues to be community disquiet and media reports that they are in fact defunct. Can you advise the Committee whether those two facilities are in fact operating? Also—I am happy for you to take this on notice—when will the Clinical Services Plan commissioned by the Mid North Coast Local Health District be publicly available?

Mr KEVIN HUMPHRIES: I know both services quite well; I spend a reasonable amount of time in Port Macquarie. As part of that review, and as part of the recalibration of services—and, from memory, Ellimatta was providing respite services, and it is a non-government organisation—in the development at Coffs Harbour, certainly not too far away, an additional number of beds went into Coffs Harbour. But Coffs Harbour provides a pretty smart rehabilitation centre as well for mental health clients and services on the mid North Coast. So part of the reconfiguration there of allocation would have been subject to Coffs Harbour. The correspondence that we had from Ellimatta we dealt with at that point in time. The main concern at Port Macquarie at the time—given that I had conducted a number of mental health forums there, and a suicide prevention forum as well—was the issue around the loss of adolescent services under the previous Government, which were taken out of the mainstream and disappeared into a black hole somewhere in the health system.

From discussions with the Federal Government—and we have a very good relationship with the Federal Government in terms of trying to get equitable access to services around the State—Port Macquarie will host a Headspace facility. So, on the one hand, there was this perception by a small group that we actually were losing services out of Port Macquarie. That is not the case at all. It is actually going to receive enhanced services. The fact that the high number of acute beds and rehabilitation beds are at Coffs Harbour does not mean that people do not have access to them anymore. They still do.

The Hon. MICK VEITCH: Minister, I have one further question of you as Minister for Western New South Wales. There was in my view—and I might be biased—an outstanding report prepared by the Standing Committee on State Development regarding economic impacts.

Mr KEVIN HUMPHRIES: It was outstanding.

The Hon. MICK VEITCH: Have you had a chance to read that report?

Mr KEVIN HUMPHRIES: I have.

The Hon. MICK VEITCH: I understand we are still awaiting the Government response to the recommendations. In your capacity as Minister for Western New South Wales, are there any recommendations that you are particularly pursuing implementation of?

Mr KEVIN HUMPHRIES: Certainly one that I know you felt strongly about was the Bells Line of Way.

The Hon. MICK VEITCH: Particularly the preservation of the corridor.

Mr KEVIN HUMPHRIES: Yes. One of the things that we committed to in the first term, which I think was articulated by the Deputy Premier as well, was to preserve the corridor for the Bells Line of Way. That project is an interesting one because it is an intergenerational project. On the one hand, you have planning for the future happening under this Government by preserving that corridor, but you are also looking at making sure that the commitment we made—commenced under your Government, which got a bit wayward at one stage—was for completion of the Windsor to Katoomba four-lane highway across that section, which I think is earmarked to be completed by 2015. So on the one hand we are planning for the future, but we are also upgrading that infrastructure as it goes forward. I think that is a good thing; and it is a sensible way to go.

The Hon. MICK VEITCH: I am particularly interested in the recommendation regarding the Blayney to Demondrille rail line and whether or not you are pursuing that as Minister for Western New South Wales.

Mr KEVIN HUMPHRIES: I notice that got a good run, and I noted that you gave three cheers for that one as well, being not too far away. It is no accident that I think nearly $300 million of grain line funding was announced five or six weeks ago by the Minister for Roads and Maritime Services. That funding will see the upgrade of the three export grain lines, which are the Moree to Mungindi line, the Walgett line and the Coonamble line. A lot of that work is being undertaken already. You will see additional works down around Bogan Gate, Tottenham and Rankin Springs. I am not sure specifically where that line is up to at this stage, but I will find out for you.

The Hon. MICK VEITCH: Will you take that on notice?

Mr KEVIN HUMPHRIES: Yes. That is part of a discussion that commenced in 2004 with the Grains Council. Queensland previously had undertaken a robust discussion between rural landholders, the grain growers and road and rail providers, and chose to sacrifice, in some parts of that State, road over rail. That is why their rail network became more robust in some parts of the State and why in other parts of the State their roads are better than their rail. They worked their situation out some years ago. We never continued that discussion. It continued on in 2007. In the meantime, we had pretty much a 10-year period where there was no investment in rural freight, particularly when it came to rail, so particularly west of the Divide. That discussion has been had. The Minister, to his credit, is the first Minister to set up a freight division within the Roads and Maritime Services portfolio, and I think you will see a lot more in that space in the near future.

The Hon. ADAM SEARLE: Minister, are the smoking restrictions prescribed in the Tobacco Legislation Amendment Act which will be introduced from January next year applicable to temporary structures such as tents and marquees where food is served, particularly in pavilions or marquees set up for racing fixtures and other events that take place in country New South Wales?

Mr KEVIN HUMPHRIES: That is a good question. I will ask Dr Chant to answer it.

Dr CHANT: There are different timings of the different elements of the tobacco control legislation. Those elements of the Act with restrictions around smoking within playgrounds and seated sporting areas will commence next year. The legislative elements in relation to food premises do not commence until later, in 2014.

The Hon. ADAM SEARLE: When they do commence will they apply to marquees and other temporary fixtures at country New South Wales events such as racing fixtures and other shows?

Dr CHANT: There are a number of elements of the Act that interplay. I would be happy to provide specific advice on the specific circumstances rather than just a generalisation. For example, there is interplay between the four metres from an entry and exit and whether they are on a sporting field. There are a number of interplays.

The Hon. ADAM SEARLE: Perhaps you can take that question on notice.

Dr CHANT: Thank you. I will.

The Hon. ADAM SEARLE: Minister, $1.34 billion was spent in the mental health portfolio in the last financial year. As Minister can you give a guarantee that every dollar was spent on mental health service

provision and capital expenditure and not siphoned off to other parts of the health system? If the answer is yes, what protocols or mechanisms are in place to verify that?

Mr KEVIN HUMPHRIES: I can say to the best of my knowledge that money has been spent. Certainly meeting with the chief executives and the clinical directors on a more regular basis there is a much clearer line of sight for those people and the delineation of mental health and health as it reflects back in the budget at the local health district levels is becoming far clearer to assess. Previously you could not do that. That is still a work in progress but I can inform the Committee that I am quite satisfied that the best endeavours are being undertaken in that field.

The Hon. ADAM SEARLE: I am happy for you to take on notice what processes or protocols are in place to verify that that expenditure has been spent?

Mr KEVIN HUMPHRIES: Each of the local health districts is audited, and that is part of our service agreement that we now have with local health districts, which previously was not the case. The Department of Health sets service agreements with each local health district on a number of fronts and mental health is one. Whether that is dealing with acute or subacute entities or community mental health, it falls under our remit. Those agreements are there for a reason—that is, to hold people to account. We want a more transparent approach. It is open and those issues will be published. That was not the case previously; you could never track where that money was going. I know where it was going. It was going into driving down waiting lists for elective surgery for political reasons. It had nothing to do with best care for mental health care. Previously it was a problem—everyone said so. We are in the process of fixing it and we are well on the way.

CHAIR: Yesterday the Minister for Health and you opened Tierney House at St Vincent's Hospital. How will this centre improve care for homeless people in the inner city area of Sydney?

Mr KEVIN HUMPHRIES: What a wonderful question. Tierney House is part of the St Vincent's Hospital consortium that was set up by the Sisters of Charity. Maurus Tierney was a Sister of Charity who worked in Sydney, Potts Point and around Woolloomooloo during the Great Depression. She is well-known. Those who have seen any of the photographs would know that her main remit was to support the homeless, particularly homeless men. She provided one of the first robust outreach services in Sydney, particularly in the inner city, during the Great Depression and pre and post war. What Tierney House does now is in honour of that wonderful lady. It is a co-location of a mental health model that targets homeless that the Government wants to drive around the State.

Within the O'Brien Centre at St Vincent's Hospital we have located the community mental health team, the drug and alcohol team and the assertive outreach accommodation team, known as Neami, part of The Way 2 Home Program. Instead of allowing those people who present to the emergency department of St Vincent's Hospital who are chronically ill largely from mental health and comorbidity of drug and alcohol issues who have been treated and stabilised being discharged back into the community with no follow-up care, we now have a step-down facility—which the Government has supported based on their recommendations and the innovative model that has been put in place—the cottage of Tierney House co-located on the site. It has 12 beds and these people can stay for a number of weeks. In that time they will stabilise and the assertive outreach accommodation team will kick in. Those people will not be discharged from Tierney House until proper accommodation processes are put in place and they have proper wraparound services to support them, particularly in relation to mental health and drug and alcohol issues.

The Minister for Health and I met a number of people yesterday who had been through that program. The point of Tierney House and why the Government has promoted it is that it starts to see that merging of government service providers through Health and also the non-government sector. In other jurisdictions it is quite obvious to see that people do not care who they get their treatment from, they just want to be able to get access to treatment. In some cases we have to blend those services, particularly in the inner city, where there is a high rate of homelessness. Having been on the beat with these guys a couple of times, I know that if you are going to be homeless then Sydney is not a bad place to be. These people are picked up very quickly and the appropriate care is provided. That model of co-location of services we feel very strongly about.

The other issue that the Government feels very strongly about, which I acknowledge that the previous Government did start, and we have extended it, is to use accommodation as the main platform for delivering mental health and, to an extent, drug and alcohol services. If people are not stably accommodated, if they do not feel safe and secure, it is very difficult to provide them with treatment. You will see the Government stepping a

lot more into that space. We have got some quite significant agreements in place with the Commonwealth Government to expand that service. It is a good news story. The push by St Vincent's Hospital into that area deserves to be acknowledged. They are out in front on that one.

The Hon. DAVID CLARKE: Minister, earlier this year you launched the Perinatal Mental Health Outreach Service. Will you inform the Committee how this service has had an impact for mothers with mental health problems living in rural areas?

Mr KEVIN HUMPHRIES: We did talk about this earlier: the pre and post support for pregnant mothers who are experiencing mental health issues. Do you want me to go through that again?

The Hon. DAVID CLARKE: Minister, I am giving you the opportunity to expand on that if you wish.

Mr KEVIN HUMPHRIES: There were two cases but I will only allude to one of them. Sometimes we lose sight of the impact that these programs have on people. One 29-year-old lady pregnant with her first child needed help. She had been living with her partner for eight years in a rural area. She was quite isolated and did not have too much community or family support. She was also experiencing social anxiety. She had learning difficulties. She was bullied at school. She had had depression and experienced anxiety attacks from as early as eight years old, which is quite significant. Her family history included mental illness, including suicide, and during the past six months her mood declined significantly and she experienced increasing levels of anxiety, particularly about her pregnancy. Her local GP—and this was the issue where we got involved—had prescribed antidepressant medication due to her depressive illness, which included high levels of anxiety. The GP arranged for this lady to have a caesarean section at a metropolitan hospital over 150 kilometres away from her home town.

During an antenatal clinic appointment at the hospital the midwife arranged an assessment with the local consultant psychiatrist. The psychiatrist completed an assessment and referred the woman to the local mental health service and also to the State-wide Outreach Perinatal Service mental health [SwOPSmh] contact in the local health district. The SwOPS contact liaised with the local mental health clinician—and that is the team that was based at Westmead, some 300 kilometres away—and within a few days this lady and her partner met with a mental health clinician in the local rural mental health service through telemedicine, and that was part of the SwOPS initiative. She was able to consult with the perinatal psychiatrist and clinical nurse consultant based at Westmead and they were able to virtually join them to discuss and assess the situation.

The big thing was that this lady was on the wrong medication—or it was not the best medication. She really could have been treated through cognitive behavioural therapy, and she undertook some sessions after this meeting, through the consultation with Westmead with the psychiatrist and the clinical nurse. Her medication was adjusted, she got back on track, she was monitored through and, thanks to the work of that great team, she had a successful delivery and mum and baby and her partner are doing very well. So it was a matter of realigning and providing that specialist input at a critical point of time. It is a good news story and we have got quite a few of those now. Obviously is about better care.

The Hon. DAVID CLARKE: Clearly a very worthwhile project and one that you are certainly going to keep there and pursue?

Mr KEVIN HUMPHRIES: Very much so, and I think it sets up a bit of a template to expand. It highlighted the fact that we have got some seriously gifted people within the health system and we need to share that knowledge and that skill base. I think when we had the hook-up with Lismore and Orange it was very, very clear that the local staff, the local clinicians, were highly appreciative of that support and they were able to act on that. It gave them the confidence to deal with, in this case, this lady at the local level, and obviously the clinical support in terms of the medication supervision came to the fore. It is a good news story and we are getting a lot more of them, which is terrific. That is what it is all about.

The Hon. DAVID CLARKE: Strongly supported by the clinicians.

Mr KEVIN HUMPHRIES: Strongly supported by the clinicians and strongly supported by the unit at Westmead that had this expertise, but it was confined to one part of Sydney. That is now a statewide service. I think it is making better use of our resources and better use of our skill base. If you want to drive down re-presentations in terms of mental health—which is what we are doing because it is best care but it is also not

affordable in the long run—it is a better way of doing business: it is a smart way of doing business and everyone wins.

The Hon. RICK COLLESS: I know that prior to the 2011 election you were very concerned about drug and alcohol treatment and you had a lot to say about that. What has been done to deliver on those commitments that you gave prior to the election?

Mr KEVIN HUMPHRIES: One of the things that we have been involved in, which honourable members would be aware of, was the previous Inebriates Act, which gave magistrates the power to detain people for up to 12 months, largely in a mental health institution, to deal with chronic alcoholics. It tended to be more a behavioural measure than a care measure. What we have done is put in place the Drug and Alcohol Act. Recently I attended North Shore and will be opening some of those beds in Orange in the IDAT unit, the Involuntary Drug and Alcohol Treatment Program.

So we now have in place at two sites—at North Shore and at Bloomfield in Orange—involuntary drug and alcohol treatment beds. That followed a trial that was undertaken by the previous Government in Nepean but which went into abeyance for some time. We have taken a project that was previously trialled and turned it into an outcome. Now you will be able to schedule people into an involuntary treatment centre. I visited North Shore a couple of weeks ago for the first intake of people that had just been through their first three-week session—a mixture of detoxification, cognitive behavioural therapy and clinical support. One of these chaps—and, again, this is where you get a better use of resources and a better way of doing business—had presented 54 times to an emergency department and I think had been through detox well over a dozen times. It might have been 19 times. This was highly expensive but, more importantly, not in this person's best interest. Each time he had been discharged there was no or little follow-up care.

The Involuntary Drug and Alcohol Treatment Program has eight beds at North Shore and another eight at Bloomfield. People who are chronically ill, where all previous treatment has failed and they are in danger of harming themselves or, sometimes, other people, will now be able to—whilst it might be involuntary most of the people I spoke to were highly appreciative of it—be part of a program that we believe will have far better clinical outcomes. Once a person is released from those two facilities there is follow-up support for a period—up to 12 months and sometimes beyond. We think that is a far, far better way to go to keep people more stable in their community. My discussions with the people who have been part of the IDAT program to date have shown that those people are highly appreciative of it.

The Hon. RICK COLLESS: Has that been effective in the smaller western communities as well?

Mr KEVIN HUMPHRIES: We wanted a metropolitan location in a rural population, so Bloomfield being quite a significant site for mental health support—it would be the largest in inland Australia without doubt, if not in the Southern Hemisphere by the time it is completed—will become a base for referrals, particularly for rural people. Whether it is a magistrate, whether it is a GP, whether it is people who are concerned about the welfare specifically of an individual, certainly we have got a reasonably good spread now between the city and the bush. That is not to say we do not have other services; we have quite a number of other detox centres and voluntary programs right around the State, which are largely run by the non-government organisations, but this is a highly specialised support unit.

The Hon. RICK COLLESS: The Mental Health Commission was also a big election commitment prior to the 2011 election. Can you give us a bit of an outline about what has occurred in that space so far?

Mr KEVIN HUMPHRIES: I certainly can. We spoke about the Mental Health Commission quite significantly pre-election, and have done post-election, and I can say that we have delivered on the legislation and the framework for setting up the commission. As previous members here have said, that was largely around bipartisan commitment too, which was fantastic. We now have a commissioner in place, John Feneley, who came from the Mental Health Review Tribunal. That process will continue. Their main aim is to provide—and it is quite a powerful remit—strategic direction for the Government in the future in terms of mental health priorities, but in also to make recommendations to Government on how it should be allocating its resources. Their other function—going back to some of the previous questions—is to report on how Government is performing in that space. We envisage that over time—at least a decade probably, if not more—the Mental Health Commission will give structure and form to mental health service delivery in New South Wales.

The three initial target areas are around what is best care—whether that be inpatient acute facilities or whether it be care in the community. We want a balance there. It has the resources to test that—not necessarily on best care based on political imperatives but what is best for the community. An enormous amount of interest was generated in the community on that front and part of the role of the commission or part of what will be incorporated will be a community advisory council as well.

The second target, apart from defining what is best care and the continuum of care in the context of New South Wales, is to look at how we can best divert people with mental illness out of detention and incarceration. Too many people with mental health issues are ending up incarcerated. Even though the diversion rate is dropping significantly with our court liaison type programs—quite markedly, about 30-something per cent—there is still a need to look at how we can best divert people out of that system. At the front end the commission obviously will be making recommendations about community care and pulling people up before they get to that stage.

The last issue it will be targeting specifically is the role of the Mental Health Review Tribunal: how best can we support the tribunal? How best can we have advocates in our community advising people of their rights and pathways through the mental health system? The Mental Health Review Tribunal really was set up to provide an appeals process for mental health care consumers who were being involuntarily detained. We have an appeals process for them to appeal that involuntary detention while they are receiving care. Part of what the review of the tribunal will expose is an issue that I have always articulated, that is, what happens when you are denied care? Just as we have an appeals mechanism to get out of involuntary care, in some cases we need an appeals process for people who are denied and should be in involuntary care.

That has been driven by consumers and it has been driven by carers. It will also come up as part of the review of the Mental Health Act. We have just put out a discussion paper on that, and in fact I think there is a session today at Australian Technology Park. Again, it has generated a wide audience in terms of what people want to see incorporated in the Act. The commission is there to oversight that. The value is that it goes beyond the political cycle and it gives us continuity for planning for mental health care in the future.

The commissioner's role is interesting in that on a cooperative basis the commissioner has the remit to deal with some of the other portfolios that I deal with, whether they are issues around homelessness, welfare, or police contact—they are the major ones, as well as aged care and disability. The commissioner has met with each of those Ministers and there is a cooperative move to do what needs to be done to help the commissioner put that plan in place that we would all commit to. It is one of those cross-portfolio benefits that I think will bear fruit in the not too distant future, but certainly for the future.

The Committee proceeded to deliberate.