# Response to Questions Taken on Notice

**Question on Notice – Page 2 of Transcript**

**The Hon. MELINDA PAVEY:** The Opposition has information that the beds at the Royal Prince Alfred Hospital, which basically is an adult facility, have been reduced from 10 to four, but the Minister said that anorexia nervosa was on the increase. Are you happy with that situation, if it persists?
**Mrs BARBARA PERRY:** Are we talking about the child and adolescent unit?
**The Hon. MELINDA PAVEY:** I am talking about anorexia nervosa as a general condition, whether it involves adolescents or adults.
**Dr MATTHEWS:** I am not aware of any reductions at Royal Prince Alfred Hospital, but I am happy to take that question on notice, investigate the matter, and come back to you.

**RESPONSE**

Sydney South West Area Health Service Mental Health Service provides an inpatient treatment program for people with eating disorders, based at Missenden Psychiatry Unit, Royal Prince Alfred Hospital.

The Chief Executive of the Sydney South West Area Health Service advises that there has been no reduction in the number of beds at the Royal Prince Alfred Hospital's Missenden Unit.

The Royal Prince Alfred Hospital has a long history of treating eating disorders but there has never been 10 beds used for that purpose.

Up to four beds are used regularly for treatment of eating disorders with the exact bed number fluctuating according to demand.

**Question on Notice – Page 2 and 3 of Transcript**

**The Hon. DAVID CLARKE:** Do all mental health facilities have segregated areas for male and female patients?
**Mrs BARBARA PERRY:** I have not visited all mental health facilities, and I think you would understand that is because I have been the Minister for only five weeks. I have visited Nepean mental health facility.
**The Hon. DAVID CLARKE:** Perhaps Dr Matthews knows?
**Dr MATTHEWS:** The reason I hesitated was that I am almost certain the answer to that question is that they are segregated, but I was searching my mind to make certain that there were no special circumstances where that might not be the case. In general I cannot think of any that are together. The Bunya unit, which is a forensic unit at Cumberland, has separate wings for male and female patients, but they share common areas. When I went to New Zealand I was very interested to see that their child and adolescent units were mixed. They felt that was normal practice and that it was actually therapeutic. They have quite a different view to the one we have taken traditionally. I have a fairly open mind on the subject because it is a subject, particularly in relation to young people, on which the mental health community is split. There are those who say they should be separate and there are those who say that there are positive benefits in having them together. It is like the schools debate, really.
**The Hon. DAVID CLARKE:** Without going into the policy considerations of it and so that you do not have to rely on your memory, would you like to take that question on notice?
**Dr MATTHEWS:** I am happy to.
**The Hon. DAVID CLARKE:** And advise us of what mental health facilities have segregated areas in regard to male and female patients, and which ones do not?
**Dr MATTHEWS:** To be specific, you are referring to the sleeping accommodation as opposed to the communal areas?
**The Hon. DAVID CLARKE:** As much detail as you can give us.

**RESPONSE:**

Mental health inpatient services provide segregated sleeping arrangements for male and female patients. An exception to this pattern is the Psychiatric Emergency Care Centres (PECCs) which have small bed numbers (6-8 beds) and high staffing ratios providing 24 hour direct supervision of patients. Patients are also co-located within Emergency Departments which treat patients of both genders.

Mental health units constructed during the past decade provide single bedroom accommodation; in some units the rooms have doors that are lockable either by the patient, or on request. In older units, patients share 2 or 3 bed rooms, and males and females sleep in gender specific wings of a facility.

There is the capacity within the inpatient units to segregate and move patients, and to closely monitor them depending upon the clinical assessment of risk that they present to themselves and to others within their immediate environment.

**Question on Notice – Page 3 of Transcript**

**The Hon. DAVID CLARKE:** Is a record kept of assaults that occur within State mental health facilities?
**Mrs BARBARA PERRY:** Yes.
**Dr MATTHEWS:** Yes.
**The Hon. DAVID CLARKE:** Can you provide data on the types of assaults that occur, for instance, between male and female, and so forth, the number that have occurred over the past five years and by facility?

**RESPONSE:**

Assaults that occur within mental health facilities are notified to the state-wide Incident Information Management System (IIMS). IIMS was rolled out across all public health facilities state-wide in 2005. For the period 1 July 2005 to 30 June 2008 there were 7,398 aggression incidents notified from mental health inpatient units.

Analysis of aggression incidents has shown that verbal aggression is most prominent followed by physical assault. Other aggressive acts notified within IIMS include bully/intimidation, aggression towards an inanimate object, throwing of an object, death threats, discrimination/prejudice/harassment and sexual assault. The majority of these incidents are of minor or lesser harm.

At the aggregated state level, patient information is not available to identify the gender of incident perpetrators or details of the specific facility involved.

**Question on Notice – Page 4 of Transcript**

**The Hon. DAVID CLARKE:** Have any guidelines been prepared for staff to assist them in what matters should be reported and what matters should not be reported?
**Dr MATTHEWS:** Yes. The department, as the Minister said, has a zero policy to anything of this kind in the workforce. Every acute or subacute unit and every service's normal policies and procedures manual would contain guidance as to what to do in these kinds of circumstances.
**The Hon. DAVID CLARKE:** These guidelines have been reduced to writing and they are in the manual?
**Dr MATTHEWS:** Yes, and we can provide you with some examples of those.
**The Hon. DAVID CLARKE:** Could you just refer us to the manual in which these guidelines are retained?
**Dr MATTHEWS:** Each unit has its own management guidelines, which vary according to the type of patients and the age of patients, so there is not a standard set of guidelines for the management of acute units. They are produced by the unit. We could give you some examples.

**RESPONSE:**

NSW Health has developed a Policy Directive *Zero Tolerance Response to Violence in the NSW Health Workplace* (PD2005_315). The aim is to ensure that in all violent incidents, appropriate action is consistently taken to protect health service staff, patients, visitors and health service property from the effects of violent behaviour.

The *Zero Tolerance Policy and Framework Guidelines* document that was developed as part of the policy directive was developed in consultation with Area Health Services, key violence prevention and security experts, police, criminologists and health unions. The guidelines provide advice on violence risk identification and assessment and local incident reporting.

Policy Directive 2007_061 *Incident Management* provides advice to health staff on the effective response to all corporate and clinical incidents that occur in the health system. Objectives of the Incident Management Policy Directive include:

- the provision of advice to assist Area Health Services with timely and effective management of incidents and,
- guidance to help ensure a consistent and coordinated approach to the identification, notification, investigation, analysis of incidents with appropriate action on all incidents.
- The provision of a resource for staff to develop skills required to effectively manage health care incidents.

The Incident Management Policy contains the Severity Assessment Code risk matrix to assist staff to prioritise and classify incidents. The scoring system provides clear direction about incident reporting requirements and is designed to ensure that appropriate management of the incident occurs dependent on the level of risk that the incident poses to a patient(s) and/or to the healthcare organisation.

**Question on Notice – Page 4 of Transcript**

**The Hon. DAVID CLARKE:** Thank you. Have any sexual assaults been reported at mental health facilities in recent years?
**Mrs BARBARA PERRY:** Over what period are we talking about?
**The Hon. DAVID CLARKE:** Say, over the past four years?
**Mrs BARBARA PERRY:** Sexual assaults upon whom and by whom?
**The Hon. DAVID CLARKE:** Sexual assaults on patients or on staff.
**Dr MATTHEWS:** I would say the answer to that is almost certainly yes. If you ask me how many, I would have to take the question on notice, but certainly we would be able to provide that information to you.
**The Hon. DAVID CLARKE:** I would be obliged if you would take that on notice, as well as sexual assaults, if any, by staff of patients.

**RESPONSE:**

Sexually aggressive incidents are not notified uniformly within IIMS. 'Sexual assault' is a broad, all inclusive term for sexually related incidents that could range from an uninvited touch of any part of a person's body to forced intercourse with penetration. Sexual assaults may also include sexually disinhibited behaviour because of the acute phase of the patient's illness.

IIMS notifications from July 2006 – June 2008 identify 60 notifications of "sexual assault" within mental health inpatient units over the period. Due to issues with misclassification, this figure is unlikely to represent all the incidents that have been entered in IIMS over this period.

The data does indicate a wide range of behaviour is being exhibited including incidents where perpetrators were inappropriately touching other consumers or staff members, sexually inappropriate comments, sexually disinhibited behaviour where patients have exposed themselves. There are also reports of patients complaining of being sexually propositioned or threatened with sexual assault.

**Question on Notice – Page 5 of Transcript**

**The Hon. DAVID CLARKE:** Do all juvenile health and rehabilitation facilities segregate male and female patients?
**Dr MATTHEWS:** I will have to take that on notice. "All" is always a tricky one. I will take that one on notice and get back to you.

**RESPONSE:**

Specialist child and adolescent mental health units provide separate sleeping arrangements for males and females. However male and female patients can, and do share the same programs and ward areas.

**Question on Notice – Page 10 of Transcript**

**Ms LEE RHIANNON:** I understand that Mount Druitt, which is smack in the middle of one of the growth centres of Sydney, has the highest level of mental illness in New South Wales. I know mental health services are limited. I understand that a floor was allocated for mental health services. Would you provide an update on the commitment for the provision of that unit?
**Mrs BARBARA PERRY:** I am not sure what you are talking about.
**Dr MATTHEWS:** I am not aware of any commitment in relation to Mount Druitt.
**Ms LEE RHIANNON:** What do you do for mental health in Mount Druitt?
**Dr MATTHEWS:** We have ambulatory services at Mount Druitt. We have just commenced a HealthOne facility at Mount Druitt where there is something like more than 100 community health staff, many of whom are mental health, drug and alcohol workers at that health one working in partnership with general practice. We have some forensic services now being provided there by the forensic experts within Justice Health. In terms of admissions for those people in Mount Druitt who require admission, they would be admitted either to the unit at Blacktown Hospital or to the unit within Westmead adult hospital or the Cumberland Hospital or the Child and Adolescent Unit in Westmead kids hospital or Redbank House which is also part of that campus. There has not been a government commitment to a mental health inpatient unit at Mount Druitt in my time. There may have been one in the dim and distant past; I would have to check.

**RESPONSE:**

Sydney West Area Health Service (SWAHS) operates a networked Mental Health Service, which was designed by clinicians with an understanding of the community needs and the best way to meet them considering the service demand, the most appropriate models of care and the resource capability of the Service.

Under this model people from within Sydney West have access to the types and levels of care needed that best suits their age, illness acuity and location.

Within Blacktown LGA, Blacktown and Mt Druitt Hospitals operate as a single health service across two campuses. Blacktown Hospital provides Acute in-patient mental health facilities for the city of Blacktown (including the Mount Druitt suburbs.)

Two Psychiatric Emergency Care Centres (PECC) have been opened within the SWAHS over recent years. One of these is at Blacktown, recognising the importance of providing increased acute services to this area.

Recognising the needs for young people in this area, additional funding has been received to develop the 'HeadSpace' service at Mount Druitt. This is a community based service which will be provided from leased accommodation conveniently located for public access. The Blacktown Early Access Team will be relocated to this building in Mount Druitt in late November to provide mental health services for young people.

Additionally, at Mount Druitt Hospital, SWAHS Mental Health in collaboration with the Justice Health Adolescent Community Mental Health team operate an alternate care clinic (a jointly funded program with the Department of Community Services) to better support children taken into care.