

Questions relating to the portfolio of Mental Health
14 September 2010, 9:15 am – 1:00 pm
Questions from Ms Ficarra

1. Have there been any internal documents developed by the NSW Government specifically to canvas options regarding the future of drug, alcohol and mental health services under the new National Health and Hospitals Network Agreements?

This question was put to me at the Mental Health Estimates hearing of 14 September 2010. I would refer to the answer given at pages 29-30 of the Hansard transcript of the Mental Health Estimates hearing of 14 September 2010.

2. If so, to what extent have mental health consumers, carers and the general community been consulted and involved in the process.
a) Given they weren't consulted, how do recommendations made reflect their views and preferences?

This question was put to me at the Mental Health Estimates hearing of 14 September 2010. I would refer to the answer given at page 30 of the Hansard transcript of the Mental Health Estimates hearing of 14 September 2010.

3. In his Special Commission of Inquiry Report (page 103), Garling said "adult psychiatric facilities are a totally inappropriate place to admit an adolescent patient who requires acute treatment."
Do you think it's appropriate that Traeman Eggleton was housed in an adult mental health facility minister? Yes or no?

This question was put to me at the Mental Health Estimates hearing of 14 September 2010. I would refer to the answer given at page 31 of the Hansard transcript of the Mental Health Estimates hearing of 14 September 2010.

4. Garling noted that "each Area Health Service should be spending 15 per cent of its mental health budget on child and adolescent mental health, however, at best, it receives only 4 per cent (page 102)."

Why is this Minister and why aren't funds quarantined for child and adolescent mental health given that a flurry of mental health experts including Professor Patrick McGorry and Professor Ian Hickie have spoken out on the need to focus on prevention and early intervention?

I'm advised;

The data cited in the statement on page 102 of the Garling Report probably refers back to 1996 when it was estimated that Child & Adolescent Mental Health Services (CAMHS) in NSW were only receiving 3% or 4% of the total budget. In particular, there was only one acute inpatient unit with 9 beds in the state.

The latest comprehensive analysis of expenditure on CAMHS in Australia is provided in the National Mental Health Report 2005, showing data for 2002-03. A calculation from Table A-9 in that report (see over) shows that NSW was spending 9.5% of the

non-forensic Mental Health budget on CAMHS, as against a national average of 10.5% of the corresponding budgets. The 2007 National Mental Health Report did not provide such analyses. The next National Mental Health Report is due to be released later in 2010.

As part of the substantial increase in the mental health budget as a whole, there have been specific investments and significant growth in specialist child and adolescent mental health services.

Funding for all specific mental health programs or services are required to be used solely for those purposes, with CAMHS funding included as part of the overall quarantining of the mental health budget every year.

5. In your capacity as Minister are you aware of quarantined funds for mental health having been pulled into the greater health system or for other uses other than mental health?

This question was put to me at the Mental Health Estimates hearing of 14 September 2010. I would refer to the answer given at page 31 of the Hansard transcript of the Mental Health Estimates hearing of 14 September 2010.

6. In your capacity as Minister are you aware of community public mental health positions that have not been filled because of budgetary constraints?

This question was put to me at the Mental Health Estimates hearing of 14 September 2010. I would refer to the answer given at page 31 of the Hansard transcript of the Mental Health Estimates hearing of 14 September 2010.

7. A reply to Question on Notice 7963 dated 24 September 2009 states "the Northern Beaches Extended Hours Team has received enhancement funding to recruit a further 4.2 full-time staff. These positions are currently being advertised." Have these positions been filled? If not, why not?

I'm advised;

Three full-time mental health clinical nurse specialists in addition to a half-time psychiatrist have been employed.

Residents of the Northern Beaches will also benefit by having access to a team with a 24 hour seven day a week community response capability; access to a psychiatrist dedicated to the team and enhanced specialist mental health services to Manly Hospital Emergency Department.

8. Why is it that your Government won't commit to funding much needed suicide prevention infrastructure at suicide hotspots such as the Gap in Sydney? Minister, do you not think that saving lives is a priority for the people of NSW?

This question was put to me at the Mental Health Estimates hearing of 14 September 2010. I would refer to the answer given at pages 35-36 of the Hansard transcript of the Mental Health Estimates hearing of 14 September 2010.

9. The NSW Mental Health Sentinel Events Review Committee, Fourth Tracking Tragedy Report, March 2008 identified a number of environmental and systemic issues in NSW Health that contributed to some of the suicides including:

- preventable hanging points in inpatient units
- lack of secure perimeter and observed entry/exit of clients
- variable procedure for the authorisation of leave
- poor communication with families
- poor quality of clinical documentation

In light of this, does the Minister think her Government is doing a good job in preventing suicides in NSW? Yes or no?

Yes, and we continue to work very hard to further reduce the rate of suicide in NSW.

I'm also advised;

The NSW Government has had a statewide suicide prevention framework in place for the last ten years. It is noted that the rate of suicide in NSW has been going down steadily for over a decade, from 14.8 per 100,000 in 1997 to 7.8 per 100,000 in 2008, the lowest in Australia.

Suicide rates in NSW for young people are also now below those of the general population with the rate for young people 15-24 years falling from 15.2 per 100,000 population in 1996/97 to 5.9 per 100,000 in 2008, the lowest in Australia.

The recently released five-year NSW whole-of-Government and whole-of-community Suicide Prevention Strategy 2010-2015 will further guide prevention and early intervention for at-risk individuals with the aim of further decreasing the number of suicides in NSW.

In relation to the rate of suicide in NSW mental health services, I would refer you to the Sentinel Events Review Committee's Fourth Tracking Tragedy Report (2008). It found that since 1999 there has been an overall downward trend in the number of inpatient suicide deaths in NSW Mental Health Services.

In response to the specific issues raised in the Supplementary Question, I am advised that NSW Mental Health inpatient units conduct regular safety audits to detect and eliminate any potential hanging points or other safety hazards within acute inpatient units.

The Australasian Health Facility Guidelines inform the planning, design and construction of new mental health facilities in NSW. These Guidelines recommend a number of safety and security measures in relation to hanging points, including the appropriate design of door handles, faucets and similar accessories.

In terms of security and observed entry and exit of clients, the Guidelines also detail recommended perimeter security measures and the security of doors, windows and entry/exit points. These measures are further supported by *Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities* and *NSW Health Guideline Safety and Security*.

Leave is approved by and monitored by each Area Health Service in accordance with the *Discharge Planning in Mental Health Inpatient Services* and the *Framework for Suicide Risk Assessment and Management – Protocols for Mental Health Inpatient Units*.

Communication with families and carers is a major consideration throughout the period of mental health treatment. It is of critical importance during the assessment phase, when considering leave from inpatient units and as part of the discharge planning process and in the community. The *Mental Health Act 2007* establishes the primary carer and ensures they are kept informed of the treatment plan.

All Health Services are required to have appropriate local procedures in place to ensure consistency and compliance with the many policies that deal with communication with families and carers such as the *Open Disclosure Policy* and the *Discharge Planning Policy for Mental Health Units*.

The Mental Health Clinical Documentation modules encourage standardised clinical documentation and support the recording and retrieval of clinical information at different points in the cycle of mental health care (assessment, care planning, review and discharge). This mandated set of tools encourages complete and accurate health records for mental health patients throughout NSW.

Area Health Services regularly monitor the clinical documentation through a series of audits. To support these audits, mental health staff receive training to increase awareness of the importance of good communication through documentation and improve clinical documentation skills.

10. If yes - The Garling report, page 805 section 22.70, found that the “inpatient psychiatric ward at Westmead Hospital is not on the ground floor (but on the fourth floor) and not suitable for mental health patients. There are many hanging points, doors open the wrong way, the wrong type of glass has been used, and an unsuitable mix of patients is housed together.”

What improvements have been made if any, and I ask again, does the Minister think her Government is doing a good job in preventing suicides in NSW?

I am advised;

I refer the Member to advice provided in question 9.

I can further advise that a number of strategies have been put in place to mitigate the risks identified by Commissioner Garling in regard to the Psychiatric Wards at Westmead Hospital.

Immediate strategies were:

- To reduce the number of beds from 26 to 22

- To reduce the complexity of the case mix being managed in those wards by separating the functions of wards C4A and C4B - ward C4A being for adult admissions and C4B for psychogeriatrics.
- Further reducing the case mix complexity by restricting C4A to admissions of adults with co-morbid physical health problems and psychiatric problems. This meant cessation of general acute psychiatric admissions and cessation of admission of mothers with their babies.

An additional Nurse Unit Manager was employed to manage the Psychogeriatric Ward so that in effect, the two wards were functionally separated. Staffing levels were also reviewed to ensure appropriate nursing staff are deployed to each ward.

A regular audit of environmental risks is undertaken and a number of alterations have been made to improve the ward safety. These include fixing the ward roof space so that patients could not access the unsafe roof area adjacent to the ward; alterations to bathrooms; and ensuring the safety of curtain rails and other potential hanging points.

In addition to minimising risk and improving environmental safety, where possible all psychiatric wards have an observation protocol in place based on the level of risk of self harm identified for each patient. Nursing levels of observation are increased for high risk patients.

Wards C4A and C4B have had no serious patient self-harm or suicide incidents since these risk mitigation strategies have been in place.

11. Why is your Government seeking to sell part of the Chatswood Community Health site (Westview) when in a meeting late last year, Sue Capel said the site would not be sold off?

I'm advised;

The building ('Westview') was decommissioned on 31 July 2009 for safety reasons and is included in the Chatswood land divestment.

Services previously provided at the Westview building including social programs for mental health consumers such as art therapy and barbecues will not be affected and continue to be provided in a number of alternate locations.

These services are currently being delivered in partnership with local council at Kirribilli Neighbourhood Centre and Bradfield Park, in addition to Royal North Shore Hospital. This has been very well received by consumers. From March 2011, services will also operate from the new Royal North Shore Community Health Centre.

The NSW Government has always identified that part of the funding for our \$1.07 billion investment in health infrastructure at Royal North Shore Hospital, including a new acute services building, a new community health centre and the recently completed \$3.6 million Chatswood Community Health Centre was to be funded from the sale or lease of land that was no longer suitable for utilisation by and delivery of health services.

12. Regarding Assertive Outreach Mental Health teams, what is the average ratio of clinicians to patients where applicable per Area Health Service.

I'm advised;

Community mental health service configuration is complex and variously titled. Structure of service delivery models, workloads and day to day functioning are managed primarily by individual Area Health Services and vary across the state in order to respond more appropriately to local need and context.

Assertive Community Treatment (ACT) is a service model to deliver assertive clinical community treatment and care coordination on an extended-hours basis, for individuals with a diagnosed or emerging severe and persistent mental illness.

This service function particularly focuses on people with significant social and functional impairment that requires intensive and multileveled supports to allow them to remain out of hospital care for extended periods.

The ACT function is an important element in the spectrum of service responses that public mental health services provide to support patients with varying levels of need. However, the function may be delivered by teams under various names or through integrated or merged service models.

Area Health Services delivery of community mental health care includes a number of components and options in terms of team structure to provide assertive outreach. Functions such as community acute and emergency mental health care, ongoing case management (also known as care coordination) and the mental health component of supported housing (HASI) all potentially contribute to the activity of assertive community care.

All mental health community outreach and support services are required to respond to various needs and presentations of their clients. This includes engagement with other services in the community that can assist in maintaining community tenure for mental health consumers. A number of partnerships with other agencies such as Housing, Police and other services are supported through formal agreements such as the Memorandum Of Understanding with NSW Police, and the partnership program with Housing and Non-Government Organisation (NGO) service providers through the Housing and Accommodation Support Initiative (HASI).

All public mental health consumers are encouraged to have a General Practitioner (GP) and there are a number of shared initiatives between Mental Health and GP Divisions to support shared management of the health needs of people with mental illness, both in providing physical health care and ongoing mental health treatment.

Family and carer involvement in all mental health responses is enshrined in the NSW Mental Health Act (2007) and supported by programs to improve staff competency in working with carers and through funding to NGOs, providing direct support to carers in facing the unique and complex issues that mental illness can raise.

13. The Garling Report, page 805 section 22.70, also found that “the building in James Fletcher Hospital in Newcastle is extremely old. The general wards are of poor standard and not well laid out. Boronia House for elderly patients, is so old that it has become below standard”. Have there been any improvements on this front since the Garling report?

I’m advised:

On 7 August 2009 the Minister for Health and I officially opened the \$200 million redevelopment of the Calvary Mater Newcastle Hospital, including new mental health facilities for services that had been based at the James Fletcher Hospital site.

The mental health services component of the overall Mater redevelopment was \$46.15 million.

Mental health services and patients were transferred from the old James Fletcher Hospital facility to the new facilities at the Mater during June 2009.

The new mental health facility at the Mater now enables enhanced care and treatment for patients, a better environment for staff and improved facilities for family and carers.

14. The Garling report, page 802 section 22.56 stated “NSW Health will employ an additional 65 mental health staff by the end of 2008 and that figure will be doubled in 2009-2010 to provide out-of-hours emergency and acute community response across NSW.” Were an additional 65 mental health staff employed by the end of 2008 and did this figure double in 2009-2010?

I’m advised:

By the end of the 2008/09 financial year 60.7 FTE had been recruited. Up to 31 December 2009 this had risen to 87.3 FTE.

The Department of Health is yet to finalise the validation of program data from 1 January 2010 to 30 June 2010.

15. In regards to a lack of inpatient beds for the mentally health, The Garling report, page 804 section 22.67, found that “staff at Prince of Wales Hospital have resorted to requesting a patient be scheduled in order to obtain a bed, even though the patient is, in fact, voluntary.” Is this still the case, and if not, how has it been addressed?

I’m advised;

The act of “scheduling” is simply the authorisation required to have a person brought involuntarily to hospital for assessment.

Decisions around admission of patients to mental health facilities is always based on the patient’s presenting symptoms and clinical management and treatment needs. Bed allocation is based on this assessment.

The admission of a patient to a mental health bed at the Prince of Wales Hospital, like any other hospital throughout the Area Health Service, occurs after assessment by a psychiatric registrar and or a consultant psychiatrist.

16. In relation to the Government's NSW: A New Direction for Mental Health policy document, please outline the outcomes for the Monaro electorate in each year since 2007. What outcomes are planned for the Monaro electorate in each of the next three years?

I'm advised;

NSW Health does not allocate resources or provide services on the basis of State electorates. However, the Monaro electorate is part of the Greater Southern Area Health Service and since the roll out of initiatives under NSW: A New Direction for Mental Health in 2006/07, Greater Southern Area Health Service has significantly expanded its mental health workforce and services, with more than 90 new positions having been filled to 30 June 2010.

In terms of achievements against individual programs, I am pleased to report:

- The Rural Mental Health Emergency and Critical Care Program is being implemented in Greater Southern Area Health Service with 10 new positions having been filled and video conferencing facilities in 41 Emergency Departments now allowing face to face mental health advice from mental health resource hubs in Wagga Wagga, Albury and Goulburn.
The Wagga Wagga Mental Health Emergency Care Support Centre was awarded the 2008 NSW Health Award in Category 5 – *Make smart choices about the costs and benefits of health services.*
- A total of 13.1 new positions in Greater Southern Area Health Service have been filled under the Community Mental Health Emergency Care program to increase the capacity of mental health services to respond on site to acute mental health events, particularly those that occur out of hours.
- A total of 108 places are available under the Housing and Accommodation Support Initiative (HASI) program in the Greater Southern Area Health Service, with 98% filled as at 30 June 2010. In addition, the new HASI 5A package, which provides a new model of service delivery of HASI that is culturally appropriate for Aboriginal people, is currently being rolled out across NSW and will deliver support packages to 100 Aboriginal people.
- Enhancements to Child & Adolescent Mental Health Services have been funded to improve links between inpatient and community services for children and adolescents, and their families to improve transition to the community and reduce hospitalisation rates. In addition, the Youth Mental Health Service Model is being implemented with 4.5 new positions in Greater Southern Area Health Service filled to June 2010.
- Two new worker positions have been filled in Greater Southern Area Health Service under the Rural Adversity and Mental Health Program, formerly the Drought Mental Health Assistance Package, to identify and develop mental health responses to help rural and remote communities cope with disasters such as drought, flood, and bushfires, and to adapt to the social and economic pressures of changing rural circumstance.

- A total of three new positions in Greater Southern Area Health Service have been filled under the Aboriginal Mental Health Workforce Program including a clinical leader and two mental health trainee positions. The Cooperative Research Centre for Aboriginal Health has also been engaged to develop a Statewide Manual for the Aboriginal Mental Health Worker Training Program with it anticipated to be launched as part of the annual Aboriginal Mental Health Workers Forum in October 2010.
- The Family Friendly Mental Health Program continues to be implemented with two new worker positions in Greater Southern Area Health Service having been recruited.
- The Community Rehabilitation and Vocational Education, Training and Employment (VETE) Service program continues to expand with five new positions in Greater Southern Area Health Service filled as at 30 June 2010 and recruitment underway for a further four positions.
- Further improvements have been made to Specialist Mental Health Services for Older people with 4.7 new positions filled as at 30 June 2010 in Greater Southern Area Health Service and recruitment is underway for a further 2.8 positions. NSW Health is also currently developing a Specialist Mental Health Services for Older People acute inpatient model for care, to be finalised in late 2010.
- There has been improved integration of mental health and drug and alcohol services with the roll out of drug and alcohol consultation liaison services, including recruitment of three new clinical nurse consultant positions.

Funding for these programs has been built in to forward estimates and it is anticipated to continue over the next three years.

17. In relation to the Government's NSW: A New Direction for Mental Health policy document, please outline the outcomes for the Port Macquarie electorate in each year since 2007. What outcomes are planned for the Port Macquarie electorate in each of the next three years?

I'm advised:

NSW Health does not allocate resources or provide services on the basis of State electorates. However, the Port Macquarie electorate is part of the North Coast Area Health Service and since the roll out of initiatives under NSW: A New Direction for Mental Health in 2006/07, North Coast Area Health Service has significantly expanded its mental health workforce and services, with more than 45 new positions having been filled to 30 June 2010.

In terms of achievements against individual programs, I am pleased to report:

- The Rural Mental Health Emergency and Critical Care Program is being implemented in North Coast Area Health Service with seven new positions having been filled, an acute care service operating in emergency department and in the community and a 24/7 Mental Health Telephone service.
- A total of 8.3 new positions in North Coast Area Health Service have been filled under the Community Mental Health Emergency Care program to increase the capacity of mental health services to respond on site to acute mental health events, particularly those that occur out of hours.

- A total of 102 places are available under the Housing and Accommodation Support Initiative program in the North Coast Area Health Service with 100% filled as at 30 June 2010. The new HASI 5A package, which provides a new model of service delivery of HASI that is culturally appropriate for Aboriginal people is currently being rolled out across NSW and will deliver support packages to 100 Aboriginal people.
- Enhancements to Child & Adolescent Mental Health Services have been funded to improve links between inpatient and community services for children and adolescents, and their families to improve transition to the community and reduce hospitalisation rates. In addition, the Youth Mental Health Service Model is being implemented with 4.5 new positions in North Coast Area Health Service filled to June 2010.
- A new worker position has been filled under the Rural Adversity and Mental Health Program, formerly the Drought Mental Health Assistance Package, to identify and develop mental health responses to help rural and remote communities cope with disasters such as drought, flood, and bushfires, and to adapt to the social and economic pressures of changing rural circumstance.
- Two new mental health trainee positions have been filled in North Coast Area Health Service under the Aboriginal Mental Health Workforce Program. The Cooperative Research Centre for Aboriginal Health has also been engaged to develop a Statewide Manual for the Aboriginal Mental Health Worker Training Program with it anticipated to be launched as part of the annual Aboriginal Mental Health Workers Forum in October 2010.
- The Family Friendly Mental Health Program continues to be implemented, delivering direct support to local families and carers affected by mental illness, support sessions for clinicians and staff education and training.
- The Community Rehabilitation and Vocational Education, Training and Employment (VETE) Service program continued to help people with mental health issues to remain in the community for their treatment when clinically appropriate and lead productive lives by providing coordinated pathways to education and employment.
- Further improvements have been made to Specialist Mental Health Services for Older People with 8.5 new positions filled as at 30 June 2010 in North Coast Area Health Service. NSW Health is also currently developing a Specialist Mental Health Services for Older People acute inpatient model for care, to be finalised in late 2010.

Funding for these programs has been built in to forward estimates and it is anticipated to continue over the next three years.