

## Questions from Mr Khan

1. In the Garling report, on page 810 section 22.98, Mr Peter Garling stated “it is not clear to me why a mental health patient suffering an acute episode cannot go directly to an inpatient mental health unit...assuming that the patient does not have a medical condition which requires emergency treatment.” Hence, Recommendation 109 on page 810, states that “mental health patients re-presenting to a mental health inpatient facility or PECC be admitted to that facility without prior admission to emergency unless, in the opinion of a triage nurse or medical officer in emergency, that person requires specialist emergency medical care.”
  - a. Given that resources in our public hospital system are already overstretched and this would no doubt lighten the load, can you please update the committee as to whether any such changes have been made?

### ANSWER:

The Garling Report recommended that mental health patients re-presenting to a mental health inpatient facility or Psychiatric Emergency Care Centre be able to be admitted directly without having to go through the Emergency Department unless medical reasons precluded this course of action.

It has been common practice in NSW for mental health services to directly admit known mental health patients, including those attending within 28 days of a previous admission, to an acute mental health facility. These patients are able to access inpatient care without needing to attend an emergency department as their general health and mental health issues are known by the Mental Health Inpatient staff.

However, if there is any doubt as to diagnosis, or there is any reason to believe that subsequent medical complications may have occurred, then the patient would need to be cleared in the emergency department prior to transfer to the Acute Mental Health Unit.

A person suffering through an emergency episode of mental illness may be affected by drugs or alcohol, or injured as a result of self harm. It is essential that all patients have an assessment to clarify if there has been any such drug and alcohol or self harm issues prior to the direct admission to an acute mental health unit.

2. The Garling report, page 805 section 22.70, found that the “Mental Health Intensive Care Unit in Cumberland Hospital was housed in an old geriatric unit. This represented safety problems, and required a higher staff ratio to ensure patient safety.”
  - a. What has been done if anything to rectify this?

### ANSWER:

Staffing to the Unit is reviewed daily to ensure risk minimisation for patients and staff.

3. Similarly, 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. There is also a psycho-geriatric ward on the fourth floor which is unsuitable for mental health patients. A large sum, estimated at \$30,000 a week is spent on specialist nurses to supervise patients closely because of the unsuitability of the environment.”

a. What improvements have been made if any, in this regard?

**ANSWER:**

I am advised that planning is underway to physically separate C4AB into two units. Functionally this has already occurred with C4A allocated to people with physical health problems in addition to an acute mental health illness and C4B for psychogeriatric admissions.

An additional specialist Nurse Unit Manager has been appointed to the Psychogeriatric Unit to improve the quality of care.

Monthly Occupational Health & Safety environmental inspections occur in both units, and risk assessments have been completed on the physical environment and a number of modifications made.

4. 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.”

a. Have there been any improvements on this front since the Garling report?

**ANSWER:**

On 7 August 2009 I, and the then Minister for Health, 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 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.

5. 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.”

a. Were an additional 65 mental health staff employed by the end of 2008 and is this still set to double in 2009-2010?

**ANSWER:**

Under the NSW Mental Health Emergency Care program a number of new services have been established, including Psychiatric Emergency Care Centres and Community Mental Health Emergency staff which provide 24 hour emergency mental health cover.

The number of additional staff employed by the end of 2008 was approximately 145 Full Time Equivalent (FTE) staff.

By the end of 2009/2010, more than 300 FTE will be employed to provide 24 hour emergency mental health response from 34 Hospital sites across the state.

6. 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.”

a. Is this still the case, and if not, how has it been addressed?

**ANSWER:**

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

The act of “scheduling” is simply the authorisation required to have a person brought involuntarily to hospital for assessment. It provides no guarantee of admission.

The admission of a patient to a mental health bed at the Prince of Wales Hospital occurs after assessment by a psychiatric registrar and or a consultant psychiatrist.

7. The Garling report, page 811 section 22.102, highlighted that “patients suffering from drug and alcohol abuse problems also account for an increasing number of assaults on hospital staff....page 811 section 22.103 the recent “ice” epidemic poses particular safety and security issues in emergency departments.”

a. Given there have been numerous incidents of violence because of drug and alcohol abuse, namely at St. Vincents Hospital in Sydney, what is your department doing to ensure the safety and security of hospital staff?

**ANSWER:**

Drugs and Alcohol come under the portfolio responsibility of the Minister for Health, as such the question is best directed to the Minister for Health.

8. Why are we not moving down the residential respite centre path as in Victoria, hence, providing a filter to keep people out of hospital?

**ANSWER:**

NSW Health has recently considered the residential respite centre model as part of a review of Victorian Prevention and Recovery Care (PARC) services.

While the model is valuable, the service mix in NSW differs from that in other States. In NSW the Housing and Accommodation Support Initiative (HASI) makes a significant contribution to services catering for this population group. Decisions regarding a service based on the PARC model must take into account the NSW service continuum.

The HASI Program provides over 1000 places of support across NSW at a cost of approximately \$35 million in 2009/10.

The HASI Program has clearly demonstrated its important role in preventing hospitalisation. The evaluation of stage 1 of the HASI Program found that 84% of participants had reduced hospitalisation rates.

Further strengthening of high level support systems in the community that cover both clinical and non clinical care would be valuable. However, it is important that this support is provided to an individual, where possible, within their existing community.

There are a range of existing and developing service components in respite care. Significant development of respite services (funded by Families, Housing, Community Services and Indigenous Affairs) is occurring with four respite consortia funded across NSW.

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| 9. Can you please provide the committee with an annual review of finances per Area Health Service across NSW, and has there been a pull back from the Ministry of Finance in this regard? |
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**ANSWER:**

The 2008/09 initial budget for mental health was \$1.09 billion – the largest on record. Each year funding is allocated to Area Health Services for the purpose of providing specialist inpatient, community, and NGO provided mental health services.

Each financial year, Area Health Services submit their annual audited financial statements to NSW Health. These statements are reconciled and reported as the total revised budget for mental health in the budget papers released by the Treasurer. The revised budget for 2008/09 was \$1.102 billion.

The Ministry for Finance has not pulled back any funds related to the mental health program.

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| 10. Given that a large number of suicide victims suffer from mental health problems, what funding has the State Government committed to suicide prevention infrastructure at the Gap in Sydney. Woollahra Council's master plan for suicide prevention infrastructure has been costed at \$1.5 million with the Council contributing \$500,000 and the Federal Government contributing \$250,000 but nothing from the State Government to date? |
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**ANSWER:**

The NSW Government focuses its suicide prevention strategies on the community at large and on mentally ill patients in particular.

11. What is the status of Coffs Harbour Base Hospital mental health unit, which as I understand, recently hit crisis point, because it is dangerously understaffed and staff are chronically overworked. Have new nursing staff started and if so, how many? Has there also been a recent survey to measure the morale and health levels of staff? If not, why not?

**ANSWER:**

I am advised by the North Coast Area Health Service that the Coffs Harbour Health Campus Mental Health Adult Inpatient Unit is adequately and safely staffed as per benchmarking against other NSW Mental Health Adult Inpatient Units with a shift work establishment of 33.088 Full Time Equivalents.

The Unit is staffed 24 hours a day by a multidisciplinary team including Psychiatrists, Career Medical Officers, Registrars, a Program Coordinator, a Social Worker, Health Services Assistants (1 per shift), Hotel Services staff and Administrative staff. Two new Nursing Staff have recently been recruited and have commenced working in the Unit.

A staff survey has not been undertaken as Coffs Harbour Mental Health Adult Inpatient Unit. Management routinely meets with staff to discuss staffing level issues and the day to day operation of the inpatient unit.

12. Why was the Mental Health unit at Hornsby Hospital half opened and will it be fully functioning once it is re-built?

**ANSWER:**

The Mental Health Intensive Care Unit at Hornsby Ku-ring-gai Hospital was opened in February 2008 and has been fully operational since November 2008 when sufficient staffing had been recruited. The Unit sustained damage to the seclusion room and essential access doors during its earlier period of operation.

The Mental Health Intensive Care Unit has been temporarily closed since 31 August 2009 to enable repair work to be undertaken for a period of 12 to 14 weeks. It is estimated that the Unit will be fully operational again in late November 2009.

13. Chatswood Community Mental Health Centre (including Westview), was apparently closed temporarily because of structural damages to buildings, and its services were relocated to Royal North Shore Hospital. Given that Chatswood Community Mental Health Centre has been categorically closed since 2004 with no improvements to the buildings, and there is strong dissatisfaction from the local community denouncing the move away from community based services, when will the facility re-open?

**ANSWER:**

There is no move away from delivering community health services in the community.

Planning for services on the Lower North Shore is based on an international best practice model, called a hub and spoke model, where staff will be based at the new Community Health Building at Royal North Shore Hospital, but continue to deliver a range of community health, and community mental health, services in the community. This may be from the new Community Health Centre to be constructed at Chatswood; the existing centre at Cremorne; the new Community Health Building at Royal North Shore Hospital; in homes; schools or other community facilities.

There is very strong local support for this model of care from the majority of staff, clinicians and consumers.

Northern Sydney Central Coast Area Health Service acknowledges that some local mental health advocates have expressed dissatisfaction with this model of care, and every effort has been made to consult with these parties. However, Area Health Services must act in the best interests of the community.

The buildings housing the Chatswood Community Mental Health Centre and the 'Westview' service have been closed due to significant structural, occupational health and safety and security concerns in both facilities, and there is no plan to re-open these buildings which will be replaced by the new purpose built Chatswood Community Health Centre and the Community Health Building at Royal North Shore Hospital.

Westview activities have been temporarily relocated to a local community-based organisation while refurbishments are carried out on a vacant cottage at 13 Albert Avenue, Chatswood. It is anticipated that Westview will be able to operate from 13 Albert Avenue by the end of January 2010.

The Chatswood Community Mental Health team is now located on the Royal North Shore Hospital campus with no interruption to the provision of services.

14. I am aware there are plans to house a new facility on the Chatswood Community Mental Health Centre site. There is growing concern from the local community that it will not offer the complete services previously offered at the Chatswood Community Mental Health Centre. What services will it offer and do they equate to the volume and type of services previously offered by Chatswood Community Health Centre?

**ANSWER:**

I am advised that the new Chatswood Community Health Centre at Chatswood will be completed in mid 2010. It will provide a range of community health services including, community mental health; child and adolescent mental health; drug and alcohol counselling; sexual health; diabetes and early childhood services; as well as the potential to deliver a range of other new services and community education programs.

Under the new hub and spoke model of care, and supported by new health infrastructure that enables staff to deliver best practice clinical care, there will be wider range of services available, and more choice for consumers.

15. Are there plans to sell the remaining land at the Chatswood Community Health Centre site?

**ANSWER:**

Yes. The NSW Government has been transparent in this regard.

16. What has been the uptake from former patients of Chatswood Community Mental Health Centre to Royal North Shore Hospital?

**ANSWER:**

I am advised by Northern Sydney Central Coast Area Health Service that there has been a statistically negligible reduction of less than 25 open referrals to the Chatswood Community Mental Health team in the past five years. This is contrasted with a measurable increase in

overall length of treatment episodes and in the number of single and group episodes of community contact.

17. Would you agree that the services offered to mental health patients at Royal North Shore are clinical based and not rehabilitation based as offered at Chatswood Community Mental Health Centre. So what has become of the patients and staff from Chatswood Community Mental Health Centre as I am aware that 10.5 staff (case workers) were no longer required who between them managed 176 clients.

**ANSWER:**

I am advised that current international best practice models of care emphasise the importance of clinical rehabilitation, as well as addressing clinical needs of mental health consumers. The model of care practised on the Lower North Shore will enable more integration of these services, with key community and local government partners in the future. In reference to staff numbers, I am advised that there has been no reduction in staff numbers of the Chatswood Community Mental Health Team.