

GENERAL PURPOSE STANDING COMMITTEE NO. 2

Monday 12 August 2013

Examination of proposed expenditure for the portfolio area

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. J. Barham
The Hon. J. Buckingham
The Hon. D. Clarke
The Hon. J. A. Gardiner

The Hon. P. Green (Deputy Chair)
Dr. J. Kaye
The Hon. S. Moselmane
The Hon. H. Westwood
The Hon. E. Wong

PRESENT

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

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 this hearing for the inquiry of budget estimates 2013-14 open to the public and I welcome Minister Kevin Humphries and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolios of Mental Health, Healthy Lifestyles and Western New South Wales. In accordance with the Legislative Council's guidelines for the broadcast of proceedings, only committee members and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any filming or photographs. In reporting the proceedings of this Committee the media must take responsibility for what they publish or what interpretation they place on anything that is said before the Committee. The guidelines for the broadcast of proceedings are available on the table by the door. I note that today's hearing is open to the public and is being webcast live via the Parliament's website.

Before we commence I will make some comments about procedural matters. Any messages from advisors or members' staff who are seated in the public gallery should be delivered through the chamber and support staff or committee clerks. Minister, I remind you that you and the officers accompanying you are free to pass notes and you may refer directly to your advisors seated at the table behind you. Transcripts of this hearing will be available 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 turn off their mobile phones, or at least turn them to silent. All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a Member of Parliament. I ask that each other witness, in turn, states his or her full name, job title and agency, and swear either an oath or take an affirmation.

DAVID McGRATH, Director, Mental Health and Drug and Alcohol Office, Ministry of Health, and

KERRY CHANT, Chief Health Officer and Deputy Director General, Population and Public Health, Ministry of Health, sworn and examined:

KENNETH WHELAN, Deputy Director General, System Purchasing and Performance, Ministry of Health, and

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

CHAIR: I declare the proposed expenditure for the portfolios of Mental Health, Healthy Lifestyles and Western New South Wales open for examination. We are dealing with the first part of those portfolios: Mental Health and Healthy Lifestyles. We have 15 minutes for the Opposition, 15 minutes shared by the crossbenchers and no Government questions.

The Hon. PETER PRIMROSE: Patients are being forced to stay for so long at the Campbelltown Psychiatric Emergency Care Centre that they are getting day leave. This centre was only designed to hold people for up to three days. Would you agree that this is a disgrace?

Mr KEVIN HUMPHRIES: What we inherited as a new government was a disgrace. The honourable member would know that there had not been a lot of planning for parts of this State, and probably none was left more on the shelf than south-west Sydney. Having visited that unit and the inpatient unit, Waratah, and having met with staff, consumers and some community members, I have put Campbelltown very much on our radar. Additional staff went into those units.

The Hon. PETER PRIMROSE: You would agree that, 2½ years in, it is a disgrace, now?

Mr KEVIN HUMPHRIES: No, I do not. If you look at south-west Sydney—

The Hon. PETER PRIMROSE: So, you are satisfied with that situation?

Mr KEVIN HUMPHRIES: I am satisfied with where it is going, given that a lot of planning had been done by the previous Government but there was no action. Campbelltown needs to be considered in the overall future for mental health and health, as part of that whole south-west Sydney precinct. You might be aware that we have just opened a subacute unit at Liverpool—20 beds—and that we had an arrangement privately with a non-government provider to support Campbelltown and the hospital there. Those discussions are continuing. We have committed to further planning for Campbelltown and south-west Sydney. Part of what we have said is that whilst we need to be mindful of our numbers for inpatient and acute units, the need—not just in Campbelltown and that part of the city—is to enhance our community mental health.

The Hon. PETER PRIMROSE: I accept what you are saying but my point is that this day leave only started in the last six months. My understanding is that you have been in government for about 2½ years. What I suggested to you was a disgrace has only started in the last six months. Do you agree that that is a disgrace and that it needs to be fixed now?

Mr KEVIN HUMPHRIES: I do not believe it is a disgrace. There is nothing wrong with day leave. It depends on the context in which day leave is administered and oversighted.

The Hon. PETER PRIMROSE: It is supposed to be a short-term—

CHAIR: I reiterate that when members ask a question they should do so respectfully without too much emotion. They should allow the Minister or his representatives to answer.

The Hon. PETER PRIMROSE: The Minister clearly misunderstood that I am talking about an activity that took place in the last six months. It did not take place 2½ years ago. I want to know whether the Minister is satisfied with that situation.

Mr KEVIN HUMPHRIES: I cannot comment on 2½ years ago. All I know is that people in that part of the world were very dissatisfied, which is why we are sitting here and you are sitting there. All I can say is that that part of the world is on our radar. If the honourable member has anything specific to follow up I am happy to follow it up.

The Hon. PETER PRIMROSE: The fact that in the last six months patients have been forced to stay so long at the Campbelltown Psychiatric Emergency Care Centre that they are getting day leave. That is what I am asking you to follow up. That is on my radar.

Mr KEVIN HUMPHRIES: Can I just conclude and say you are right; psychiatric emergency care units are there for short-term acuity in-stay. There needs to be a robust relationship between that unit and the high-care acuity unit. It is an area that in terms of its population base needs priority, there is no doubt about that, and we will give it that priority.

The Hon. MICK VEITCH: Minister, do you think gambling addictions are a core mental health issue?

Mr KEVIN HUMPHRIES: Do you ask that out of a personal issue?

The Hon. MICK VEITCH: I am taking a punt you might be able to answer the question for me.

Mr KEVIN HUMPHRIES: I think gambling is an issue for everyone, in a general sense. As a community issue are people with mental health or maybe serious mental health issues more vulnerable potentially? That is on a case-by-case basis.

The Hon. MICK VEITCH: I am not quite sure what your answer is there. Either you do or you do not think it is a core mental health issue.

Mr KEVIN HUMPHRIES: I think it is a mental health issue; the same as a lot of other issues are mental health issues. Obviously, depending on the individual needs and the context of their needs it might be more serious than not.

The Hon. MICK VEITCH: The Mount Druitt gambling service, which received a team first award, recently found out that Sydney West Local Health District had not applied for funding for it and has since closed. When did you become aware of that decision?

Mr KEVIN HUMPHRIES: I would have to take that on notice.

The Hon. MICK VEITCH: Were you aware of that decision?

Mr KEVIN HUMPHRIES: The Mount Druitt unit?

The Hon. MICK VEITCH: Yes.

Mr KEVIN HUMPHRIES: Not specifically.

The Hon. MICK VEITCH: So you were not aware of that?

Mr KEVIN HUMPHRIES: Correct.

The Hon. MICK VEITCH: I think you are being handed a piece of paper.

Mr KEVIN HUMPHRIES: That might be general.

The Hon. MICK VEITCH: You are now aware of it?

Mr KEVIN HUMPHRIES: What is your specific concern?

The Hon. MICK VEITCH: I just want to know: when decisions are made by local health districts when are you, as the Minister, made aware?

Mr KEVIN HUMPHRIES: I will take that question on notice, if that is all right, Madam Chair?

CHAIR: Yes it is.

The Hon. MICK VEITCH: I just want to explore that a bit further then because this is quite a significant issue, particularly in country areas. The local health districts are making decisions at the local level around mental health but I would like to explore what your role, as the Minister for Mental Health, is in those decisions or how you are made aware of those decisions.

Mr KEVIN HUMPHRIES: Some of the local health districts, as you would know, have a remit to prioritise their funding. Obviously they are a mental health, drug and alcohol team so part of their relationship in the community, particularly with the non-government organisation sector—Lifeline, for instance, has quite a substantial contract, particularly in your and my part of the State, to support gambling addiction. There are also additional resources employed into the indigenous sector—we know that is a more prevalent issue. So between local health districts prioritising their funding and also some of the programs that we run through Lifeline and through the non-government organisation sector there is reasonable support out there, there is no doubt about that. So anything specifically in relation to the Mount Druitt site I am happy to take on notice.

The Hon. MICK VEITCH: Now that you are aware of it—and I guess I am dangerously making assumptions that this is probably the first time you heard about it—do you intend to go out and speak with the service provider, the non-government organisation?

Mr KEVIN HUMPHRIES: I am happy to take more information on it. If it is in relation to the local health district and some of its prioritising as opposed to the Office of Liquor, Gaming and Racing, but we would need to find out what the relationship is there.

The Hon. MICK VEITCH: Or even the service people, the service provider themselves or the service users, for instance; would you be prepared to go out and just talk to them about what are the options now that that service is closed?

Mr KEVIN HUMPHRIES: Some of those people I have met. I met them in Penrith and they were accessing that service. We, through the non-government organisation grants funding scheme, enhanced drug and alcohol spending and one of the recipients of that was the Salvation Army. A number of the people that were attending the Mount Druitt clinic I met at the opening of the Penrith unit, which is designed to serve not just mental health, drug and alcohol consumers but also those people who have a gambling addiction, given that some of the people that were attending that clinic also had drug addiction. So, yes, I have met people that have attended that unit, which is why I am saying that not all things are run necessarily through the local health district; that was part of an additional \$10 million this Government put into drug and alcohol rehabilitation. One of the major recipients of that was the Salvation Army based out at Penrith that was providing services into that area you just talked about.

The Hon. MICK VEITCH: You are talking a lot about the non-government organisations and the non-government organisation sector and their important role in delivering mental health services and mental health support services. You have clearly met with all of those non-government organisations and are quite satisfied with the way they are delivering the services?

Mr KEVIN HUMPHRIES: I have met with a lot of non-government organisations.

The Hon. MICK VEITCH: But as the Minister are you happy with the way that the non-government organisations are delivering the services?

Mr KEVIN HUMPHRIES: I think the NGO sector provides terrific support for people not just in the mental health, drug and alcohol space but right across the spectrum of government. It does not mean that they should not be reviewed from time to time—whether that is a peer review, and some of that is being undertaken—or whether the Government peer reviews it as well. So I think that is part of the nature of engaging with the non-government sector being in government. But I see them as being an important deliverer of services on behalf of government, and as you would know and I have said before in this forum, people like me and our government have a commitment to grow that sector. It does not mean that we are not going to run the ruler over them.

The Hon. PETER PRIMROSE: Can I just follow that up? Minister, not you, your ministry or the Mental Health Commission have any control over ensuring local health districts will quarantine and maintain mental health funding to non-government organisations? That is right, is it not?

Mr KEVIN HUMPHRIES: Can you explain a little bit more. Can you say that again?

The Hon. PETER PRIMROSE: In terms of quarantining the funding that goes to maintaining mental health funding to those important non-government organisations, neither your ministry nor the Mental Health Commission has any control over ensuring local health districts are going to quarantine that funding?

Mr KEVIN HUMPHRIES: Any funding—

The Hon. PETER PRIMROSE: In other words, some of that money may go back to Health rather than to Mental Health, will it not?

Mr KEVIN HUMPHRIES: I challenge that assumption, and I might ask Mr McGrath to comment on this as well. Part of the current budgetary process is that we have a much better line of sight for budget than previously was the case. Part of the reason for setting up the ministry was to help keep that line of sight on budget. So whether it is spent by local health districts in inpatient services or in the community sector—I will comment on the non-government sector separately—we have a much better line of sight. We also have a much better line of sight on issues around vacancy rates as well. Whereas previously the Health budget might have absorbed the broader mental health budget, that is currently not the case. We have a much better line of sight.

The commission's role is to set strategies and priorities. The commission is not a fund holder. It is a driver of priority and strategy, and I think you will see that unfold quite significantly over time. The non-government sector is quite a substantial amount of funding in the mental health drug and alcohol space; it is about \$120 million. About 60 per cent of that is contestable. To date, about 40 per cent of it is non-contestable. You would be aware that the Government is running the ruler over the whole grants management improvement program. Will that have some implications for local health districts over time? It probably will. But in terms of line of sight, I would be quite confident in saying that it is vastly improved.

The Hon. PETER PRIMROSE: So in terms of the quantum of funding that goes to maintaining Mental Health funding to non-government organisations, can you guarantee that that quantum of funding will be retained?

Mr KEVIN HUMPHRIES: I can say that the line of sight is extremely robust.

The Hon. PETER PRIMROSE: Can you say whether that funding will be quarantined and not simply go back into Health?

Mr KEVIN HUMPHRIES: It is our aim that it is quarantined for Mental Health. That is why we have a budget—

The Hon. PETER PRIMROSE: Given the extra and improved line of sight you are targeting, can you or can you not guarantee that that funding will be quarantined?

Mr KEVIN HUMPHRIES: "Guaranteed" is an interesting word. Is it our aim to ensure that those funds are quarantined for Mental Health? Yes, it is.

The Hon. PETER PRIMROSE: How will you achieve that?

Mr KEVIN HUMPHRIES: I think in the budgetary reporting process it has certainly come to the fore, and certainly we get reports on a regular basis. In my discussions with local health district chief executives, part of their key performance is around ensuring that where funds are allocated funds are spent in that area. That is not just in mental health drug and alcohol; that would be across the board. In terms of reporting, I would say we have much improved accountability. I might ask Mr Whelan to comment on that, given that the service agreements that we have with local health districts are quite specific. I will ask Mr McGrath to comment on the funding.

Mr McGRATH: The Minister has given a strategic view. I might just briefly talk about the technical aspects. There are three different types of non-government organisation funding arrangements. The local health districts have the opportunity to provide funds to non-government organisations discretionarily on the basis of operations they might want to outsource. That is a decision for the local health district; the chief executive decides they want to purchase something from a non-government organisation, they make a purchasing arrangement, establish a contract. It is a decision operationally for the local health district.

The second tranche is ministerially approved grants programs. The Minister has line of sight of those. He and the Minister for Health must approve any changes to those particular grants programs, and therefore they have complete line of sight of those grants programs. The third component is contestable contracts, where the Government makes a determination to provide a tranche of funding for the purchase of given services managed centrally by the ministry. They are contracted out via EOI or a request for tender process, and then we purchase the services on the basis of a set of rules.

Dr JOHN KAYE: Can you repeat what you said? They are contracted out by?

Mr McGRATH: The ministry releases an EOI, expression of interest or a request for tender process. The non-government organisation sector then responds to that expression of interest or request for tender, and we purchase a given tranche of services as a result. Those are the three different models. Obviously the last two tranches have visibility in the ministry; the first tranche is obviously a decision for the local health district.

The Hon. MICK VEITCH: I am keen to work out how the local health districts advise you about their discretionary funding, as Mental Health is a significant area across New South Wales. What is your role? What is the interaction? Do they advise you of the programs that they are funding through discretionary funds, or do you find out after?

Mr KEVIN HUMPHRIES: In my experience—I am not sure what happened previously—often people who are looking to operate or extend an existing program for a whole lot of reasons would approach government either through written, verbal or meetings. We would say that in most cases—not all cases—that they would be better off talking to their local health district to see how that fits in with their service delivery plan. I suppose one thing we have said to our health districts is that the New South Wales Coalition Government strongly believes in the devolution of decision making. So if somebody within a region has a good idea they need to be able to approach the local entities. It is not appropriate that all funding is necessarily allocated through a ministerial office or a centralised office.

What I would be saying, and is currently the practice, is that you need both to happen, but you also need line of sight no doubt as to some of the programs that are supported and where that fits into the budget. In terms of me being comfortable with that process, yes, I am. Do we engage with members of the community? Pretty much on a daily basis in relation to that issue. That is the operational procedure that we would undertake. I think it is important that communities still have that discretionary role and look at what they are doing. Do not forget that the chief executives and the clinical directors in mental health drug and alcohol are not operating in isolation. That is why we have the boards in those local entities, and I meet with them regularly with the Minister of Health. They are not operating in isolation, nor would we want to make their practices so restrictive that everything becomes centralised. [*Time expired.*]

The Hon. PAUL GREEN: I want to clarify one matter, the quarantining of funding from Mental Health in local health district areas. It absolutely is ring fenced for mental health issues? Even if the local health district needs propping up for other forms of health care, is that funding untouchable?

Mr KEVIN HUMPHRIES: It is a good question. Why did we ring fence and why have we used that term, or quarantining? It was very clear that we had a fractured mental health system, and I spoke about this last year. The desire by the professionals, the consumers and the community in general was that community services had diminished. The previous Government was propping up its wages policy by not filling positions. So when you had 40 per cent vacancy rates in community and mental health teams, people were becoming unwell in the community, defaulting to the emergency mental health system—a bit like our friend at Campbelltown. There were places that were underdone because they were underserved and the budgets that had been committed to were not being honoured. So part of our basic push into a new Government committing to the Mental Health ministry was that, as the Hon. Mick Veitch said, mental health is an important issue. The community wanted to see a better result and improved service delivery.

We had to come up with a strategy in Government to ensure that whatever we allocated as a resource was spent in that space. So in terms of our budgetary process and reporting, whether it be through the chief executives network, the boards network, our internal mental health drug and alcohol unit, or our deputy director general who is in charge of performance, everyone is on notice that this is what we have committed to and this is where we expect the funding to go. In terms of our vacancy rates, our targets, are they coming down? Yes, they are. They are not perfect but they are becoming more acceptable, given that there was some redefining of local health district boundaries, and our key targets on follow-up rates on post discharge from a mental health unit is improving quite dramatically, and our readmission rates are dropping. So we know that the trend is going in the right direction. But a lot of it is to do with the fact that we are keeping a tight line of sight over the whole budget. We are not robbing Peter to pay Paul.

The Hon. PAUL GREEN: Excellent.

Mr KEVIN HUMPHRIES: Where we have local health districts that are coming from behind, particularly a couple of the new ones—Western Sydney, Nepean and Murrumbidgee for instance—we are working closely with them to ensure that we are supplementing that with subacute bed programs with the Federal Government or, as in the case of Campbelltown, we have engaged a private provider to help plug a gap until we can get there.

The Hon. PAUL GREEN: It is very important that we do not rob from Peter to pay Paul in Mental Health.

Mr KEVIN HUMPHRIES: Particularly Paul.

The Hon. PAUL GREEN: National statistics have shown that nearly one-third of Aboriginal and Torres Strait Islander adults experience high levels of psychological distress, for instance, depression and anxiety. Do you know the current statistics in relation to teen suicide in that group?

Mr KEVIN HUMPHRIES: In the Aboriginal cohort?

The Hon. PAUL GREEN: Yes, in the group I was speaking about.

Mr KEVIN HUMPHRIES: Yes, it is very high. I have to say that I suspect a reasonable amount of suicide, not just amongst teens but Aboriginal communities, is not reported. Having spent most of my life within that fraternity, a lot of it is obviously lifestyle related. Are we getting further into that space in an aggressive way? Yes, we are, so whether it be anything from—and Kerry might comment on this—the Aboriginal Maternal Health Intervention Program or the perinatal program that we have got, they are quite successful but more so. For those who have travelled through western New South Wales, you would see a significant rise in the number of particularly younger people that are training in the mental health, allied health and drug and alcohol space.

Part of this Government's approach—and I have to say there is Federal goodwill there as well—is to grow the workforce within the Aboriginal sector, particularly for isolated areas in the State where a lot of the dysfunction, chronic disease and mental health issues are very much lifestyle related. Do I see it as a serious issue? I fundamentally see it as a serious issue. A mixture of workforce, upskilling and outreach programs into parts of the city and remote areas are working. But do we have a long way to go? Yes, we do.

The Hon. PAUL GREEN: According to the Australian Bureau of Statistics just more than one-quarter or 26 per cent of people aged between 16 and 24 had a 12-month mental disorder compared to 6 per cent of people over the age of 75 to 85. What specific steps are you taking to address the treatment of those mental disorders, in particular, in young adults in New South Wales?

Mr KEVIN HUMPHRIES: Good question. The two statistics I go off, to put it into context, are that two-thirds of the people who have their first psychotic episode are under the age of 19 years and three-quarters of people who have their first psychotic episode are under the age of 25 years. So it is no accident that not just New South Wales—I think we are taking a lead—but also across the country we have a push to target early intervention and prevention, particularly through headspace and what we are doing with our Child and Adolescent Mental Health Services units—CAMHS—making sure they are up to speed in terms of their staffing rates. Having spent the past two years working with headspace and supporting it in its roll-out, in 2008 a

disturbing comment was made that the headspace movement was advised by the current Federal Government or the then Federal Government not to work with the States.

Here we had a national roll-out of some 75 centres across the country and wondering why it was not successful in the first couple of years. In fact, they struggled quite significantly, and they were targeting 12-to-25-year-olds. It did not work in the sense because they did not engage or did not want to engage with the States. Providers that were awarded contracts did not necessarily have the networks—people were critical of it because again it was another fracturing of the mental health system, particularly at a vital end. So on coming into Government one of the first strategies we undertook was to work far more closely with the Federal Government to work with the headspace consortium through our networks and through some of the work that we had done in setting up the Mental Health Commission.

It is to the point now where the last two lead agencies to take up the operation of headspace has actually been NSW Health in North Sydney or Chatswood and at Manly. We now have a presence in all the headspace offices around the State and we will continue to do that to the point where we are not only committing resources but in the most recent opening of headspace Penrith we are also able to contribute capital works. We see it as quite a significant issue for us. The missing gap at the moment is the breakdown in discussions that we had with the Federal Government over the early psychosis centres, which was to take that front door to the next level of more intensive support.

New South Wales committed to quite a significant reform with our Child and Adolescent Mental Health Services. We were prepared to commit all those resources into the early psychosis program. Four of those centres were agreed to and signed off with the Federal Government and two more were committed to, which would have given a statewide coverage of a coordinated network. The Federal Government reneged on that and basically the comeback offer was for one early psychosis centre. It is an issue that we will progress one way or the other with the appropriate government. I might add, in lieu of that, we are also trialling or we have put out a tender or an expression of interest for a community hub to mirror the adolescent headspace with an adult headspace and two local health districts will take up that offer by the end of this year. It is a matter of getting those coordinated services back in at the community level.

The Hon. PAUL GREEN: It is very important that they talk to each other.

Mr KEVIN HUMPHRIES: Very much so. Going back to the comment of the Hon. Peter Primrose, it is part of the reason why we have to review the non-government sector. There are 95 non-government providers in the mental health space, there are 55 in the drug and alcohol space, give or take a few. They are all well-meaning and most of them do a great job, but do they all talk to each other? Not necessarily. Do they talk to State and Federal health service providers? Not necessarily. That is the remit over time, not to fund non-government service providers for third party endorsement to government but to actually provide a robust non-government service that fits into the overall health plan for the State.

Dr JOHN KAYE: Minister, are you aware of the Sunflower Centre in the Hunter?

Mr KEVIN HUMPHRIES: I am.

Dr JOHN KAYE: As I understand it, it is a provider of support for people living with mental illness and their families in the community.

Mr KEVIN HUMPHRIES: Correct.

Dr JOHN KAYE: Are you aware that it operated out of Morisset Hospital and it has been incredibly successful and has widespread community support?

Mr KEVIN HUMPHRIES: I know it well. My cousin used to chair it.

Dr JOHN KAYE: Why did its funding not get renewed?

Mr KEVIN HUMPHRIES: I am not sure about that. Sunflower is based out of the Hunter. The group that operated out of Morisset actually was supporting those people, particularly the forensic patients, who were moving back into the community. Their work was quite specific out of Morisset. Hunter Sunflower actually

provides a whole lot of other services. Actually they were part of the drought relief support. They were supporting services further back up the valley some years ago.

Dr JOHN KAYE: Do you say its funding has not been cut or are you saying you are not sure why it has been cut?

Mr KEVIN HUMPHRIES: Sunflower works under the auspices of the Schizophrenia Fellowship. I am not aware of any funding cut. They are constantly in engagement with MHDAO, the Mental Health and Drug and Alcohol Office—David might want to comment on that. Sunflower Hunter is a group I am very well aware of, I have to say. If it is specifically out of Morisset I would be happy to hear that.

Dr JOHN KAYE: The Sunflower Centre tells us that its funding was not renewed.

Mr KEVIN HUMPHRIES: Sunflower operates out of Newcastle; it does not operate out of Morisset. They provide support out to Morisset.

Dr JOHN KAYE: The entire undertaking of the Sunflower Centre did not have its funding renewed.

Mr KEVIN HUMPHRIES: Sunflower works under the Schizophrenia Fellowship.

Mr McGRATH: We are working with the Schizophrenia Fellowship at the moment to resolve that particular situation. They are on an annual ad hoc grant which means they get a grant each year. Unfortunately its chief financial officer passed away last year and as a result it did not make an application for the continuation of the grant. It is just an administrative process that we will have resolved within a couple of weeks.

Dr JOHN KAYE: Do you say that it will be able to continue to operate?

Mr McGRATH: It will get another ad hoc grant leading up to the Grants Management Improvement Program contestable process at the end of the year.

Dr JOHN KAYE: That is good news that I am pleased to hear.

Mr KEVIN HUMPHRIES: Part of the reason why they got the initial grant which was not always recurrent was when we came into Government there was very little support for the Sunflower club in the Hunter. It was in discussions that we had with the then chief executive officer of Hunter New England Health that we were able to enhance its funding. It is a good group, there is no doubt about that. It is a community support group and touches a whole lot of different areas in the Hunter. But it would be one of the groups with whom I have had more contact than most.

Dr JOHN KAYE: My next question relates to a report by Louise Milligan on the ABC's *7.30* in May 2013 based on the rate of sexual assaults against female mental health patients in Victorian psychiatric institutions. Tragically, according to the Victorian Mental Health Awareness Council, 45 per cent of women in Victorian mental health institutions had been sexually assaulted, 80 per cent felt unsafe and 70 per cent felt they had been harassed or assaulted in some form. These figures are appalling. I am sure you and everybody else involved in the sector were horrified by those figures. Has the Government done any studies or attempted to collect data in New South Wales that would give us some assurance that the situation is not that bad here?

Mr KEVIN HUMPHRIES: That is a good question. First of all, I would qualify and say that that report was not done over the State. It was done only over a few facilities. Having said that, do we have a policy on sexual health, wellbeing and protection? Yes we do. New South Wales is one of the very few States and jurisdictions that actually has had a policy in place for quite some time, which we were reviewing at the time of that interview. We do keep the stats on it. Is it part of our policy and operational procedures? Yes it is. Whether it be separation of patients in facilities, which is one major strategy, it is something that New South Wales has had in place for quite some time.

Mr McGRATH: As the Minister said, we have a set of sexual safety guidelines that we have been reviewing over the last couple of years with consumers specifically to address concerns in this space. As the Minister said also, that particular piece of research, whilst an important issue, clearly had its own methodology, which means you cannot necessarily interpret or extrapolate some of the data to New South Wales experiences. Traditionally, it is very difficult to collect data in an objective way on these sorts of issues. We rely on incident

reports and those reports obviously are dependent on people making reports in the first instance. We prefer to take a more proactive approach and have put in place guidelines around the training and approach of staff to these issues to actually minimise the risk of these events occurring.

Dr JOHN KAYE: Guidelines are great and, of course, you need them, but how do we know those guidelines are being effective? I accept the methodological issues around the report in that it focused on a small number of institutions. Nonetheless, it points to a problem within the Victorian mental health system. What are we doing to proactively collect data that says your guidelines are working?

Mr KEVIN HUMPHRIES: I would refer to Mr McGrath, but was I aware that staff were being trained in that area prior to that incident? Yes I was. We collect incident data on that issue. I am sure you would be aware of the Official Visitors Program—some 85 community-based people who visit all our declared facilities and people on a community treatment order. They provide advice back on that specific issue. Their main issue, certainly for me coming into Government and keen to report on, was sexual safety and seclusion. Those two areas were a priority for that group. We get a regular update not just from the incident reports from within the local health districts and the mental health system but also from the Official Visitors Program.

Dr JOHN KAYE: My question was that incident reports are notoriously unreliable in this cohort by type one and type two errors: under-reporting and over-reporting errors. As I understand, the Victorian study actually went out and specifically interviewed patients.

Mr KEVIN HUMPHRIES: They did.

Dr JOHN KAYE: It did a lot of work on trying to get behind what the patient was saying and understanding what the patient was saying. Are we doing anything similar in New South Wales?

Mr KEVIN HUMPHRIES: Official Visitors do, there is no doubt about that.

Dr JOHN KAYE: But not in a systematic way and not in an attempt to gather together a data snapshot or picture of what is happening in New South Wales mental health institutions?

Mr KEVIN HUMPHRIES: I stand corrected, but they were collecting—to what extent—the detail in the data. Certainly, a commitment was to undertake that. I am happy to get that to you. The other side is that people do not always complain to the ministry. Again I would refer to Mr McGrath, but my understanding is that the level of complaints and people making third party complaints has been very minimal. I would not say it is a systemic issue.

Dr JOHN KAYE: Can you provide the data to me on notice?

Mr KEVIN HUMPHRIES: I will see what the Official Visitors came up with. I know they undertake a piece of work on it quite specifically.

CHAIR: We now move to the examination of the portfolio of Western New South Wales. The Minister has been very understanding and if members have outstanding questions on Mental Health, they can use their segment of time in the next section to ask further questions.

CHAIR: We will now deal with the examination of the portfolio of Western New South Wales.

The Hon. MICK VEITCH: Minister, you talked earlier about the Grants Management Improvement Program. Can you advise if there is any research on how that process may impact on service providers, non-government organisations [NGOs], in western New South Wales?

Mr KEVIN HUMPHRIES: Coming from western New South Wales, sometimes we get a bit of a victim mentality. In mental health, for every \$1 approximately that is spent in the city it is \$2 in western New South Wales. So resourcing is quite significant and, potentially, so it should be. In respect to the review program, the Government has not made any commitment except to extend the funding for the non-government organisation sector for another 12 months. But I highlight just in the mental health space that probably about 75 per cent of our funding to non-government organisations is already contestable. That is not so much a bigger issue. It is less in the drug and alcohol space; it is probably only about 25 per cent. In the mental health space people are used to going up for tender; not so much in drug and alcohol. At this stage it is all systems go and we have extended those contracts.

The Hon. MICK VEITCH: Can you guarantee that there will be no cuts in funding to organisations?

Mr KEVIN HUMPHRIES: There will be no cuts.

The Hon. MICK VEITCH: There will be no cuts to funding in the total budget to western New South Wales services?

Mr KEVIN HUMPHRIES: Since we have been in Government the Mental Health drug and alcohol budget has increased by over 17 per cent. It is quite significant. There will not be any cuts to programs. Will all providers necessarily be there? That will be up to them. It is inadvertent, I suppose, reading the tea leaves, but many providers that were in that space and still are actually have started to co-locate. There is no point in a place like Bourke having five Federal employment providers. There is no point in having four people trying to provide mental health drug and alcohol services running over the top of each other. You would never gain enough economies of scale to employ full-time equivalents based there. The people of western New South Wales want localised services, not fractured services, not part services, not fly-in-fly-out services. They want a consolidation of services. One of the good things that has happened out of the Grants Management Improvement Program is that you are seeing some non-government providers starting to work together, to which the Hon. Paul Green alluded, to see how they can enhance the service for people in that area. Do you fit the resources to provide services to those consumers who need it or potentially to those who have delivered the service and do not necessarily have the wherewithal to deliver that service in isolation? It is about improvements. As you know, the further west you go the more innovative and flexible you have to be.

The Hon. MICK VEITCH: For localised service delivery what is your definition of "localised"? As you know, localised is quite an important thing in country communities.

Mr KEVIN HUMPHRIES: You localise what you can and you centralise only what you must. Down in your part of the world, Hay had a bit of an issue about being a suicide hotspot some 18 months to two years ago. A community meeting there would indicate a lot of services are coming in and out of Hay and some services are based in and around that region, but do they necessarily talk to each other? I am talking about all services, not just mental health and drug and alcohol. No, they do not. You cannot necessarily guarantee that. In terms of localising, it is about the community trying to identify what their needs are and making sure that fits in with the service mapping and delivery; it is matching up our State health people and our local health districts with service providers and making sure that they align. That is what people want. A lot of us come from outside areas, as you would know.

The Hon. MICK VEITCH: Just to be clear, localised as in a local board for the non-government organisation or a local office for the non-government organisation as opposed to a bureaucracy somewhere else that outreached to the community, for instance, Hay? It is localised as in a local provider that is there for that community?

Mr KEVIN HUMPHRIES: As much as possible people want face to face. That is not always possible. People want consistency though, whether that is using information technology or video link and in most cases people do not mind which as long as it is consistent and that there is one or more defined front door into mental health or drug and alcohol treatment. That is the universal message we are hearing. The further west

you go the resourcing implications are a little bit more complex because the Federal Government is a much bigger player, particularly in health, allied health and Aboriginal health than what we are to an extent, and also the philanthropic providers. Over time certainly one of my main issues has been how does one bring those resources together and making sure that they are locally driven, which could also mean regional?

The Hon. MICK VEITCH: You mentioned Hay. I am going to move to another issue that affects the community of Hay. In your capacity as the Minister for Western New South Wales did you make any representations on behalf of Hay Shire Council regarding its issue over the non-funding by government of the levee bank?

Mr KEVIN HUMPHRIES: Not specifically on the funding issue but have there been discussions in the past about Hay and their response to levees given the last flood? As you would know, there has been a little dissension on that front. Specifically there has not been a request made to me on it, but I am happy to take it on notice.

The Hon. MICK VEITCH: Do you think that they should receive their money for the levee bank?

Mr KEVIN HUMPHRIES: I would have to take that on notice. I have not been notified of that. Mr Smith might have some information.

Mr SMITH: I do not, no.

The Hon. MICK VEITCH: As the Murrumbidgee was roaring down and there was this event coming down the river, they increased the height of their levee bank. Since then they have not been able to get any government money to assist them in offsetting the cost of that levee bank?

Mr KEVIN HUMPHRIES: I think that specific issue pretty much split that council. Half the community were saying, "Let's build a higher levee" and the other half were saying, "Wake up to yourselves. These people know what they are doing". I do not think there was community consensus on that issue, as you would be aware. I think that is one of those moving feasts. Conversely, with Wanaaring, if they did not put another metre up with the previous one they would have been a metre under water. Was the Bourke shire remunerated for that? They were.

The Hon. MICK VEITCH: How many times in the past 12 months have you met with the Cross-Border Commissioner in your capacity as the Minister for Western New South Wales?

Mr KEVIN HUMPHRIES: Individually twice, as far as I can remember, as he attended group meetings a couple of times as a party meeting. Specifically at least once, if not twice.

The Hon. MICK VEITCH: What issues have you raised with the Cross-Border Commissioner in your capacity as Minister for Western New South Wales?

Mr KEVIN HUMPHRIES: A number of issues have been put forward to the Cross-Border Commissioner, mainly health, policing, cross-border, particularly in the northern part, not so much the southern part even though that is still an issue—issues around daylight saving and tribe protection. One of his main issues for the west was the cross-border policing issue.

The Hon. MICK VEITCH: Specifically what issues have you raised?

Mr KEVIN HUMPHRIES: All of them.

The Hon. MICK VEITCH: You have raised all those issues?

Mr KEVIN HUMPHRIES: Yes.

The Hon. MICK VEITCH: How many meetings have you attended in the past 12 months as the Minister for Western New South Wales? Will you take that question on notice?

Mr KEVIN HUMPHRIES: What is the difference between me being the member for Barwon and doubling up as the Minister for Western New South Wales? Not a lot.

The Hon. MICK VEITCH: Barwon is a pretty big electorate but Murray-Darling is pretty big as well.

Mr KEVIN HUMPHRIES: It is too but most of our issues are the same.

The Hon. MICK VEITCH: Have councils been having meetings with you, for instance, as the Minister for Western New South Wales?

Mr KEVIN HUMPHRIES: We have met with the commissioner on several occasions but that is more as country members. Have I spoken to him and met with him individually? Yes.

The Hon. MICK VEITCH: The Cross-Border Commissioner conducted a listening tour and prepared a report. A number of issues were contained in that report. Have you had a chance to apprise yourself of that report in the context of western New South Wales?

Mr KEVIN HUMPHRIES: Yes.

The Hon. MICK VEITCH: Have you made any representations to the Cross-Border Commissioner about that report?

Mr KEVIN HUMPHRIES: Most of these issues are ongoing. They are a matter of policy direction for the Government. Some of them were in action, some of them will be continued, but again I go back to the policing issue; that is an ongoing development that we will progress. It is not just for the commissioner, but the lead person on that really has been the Deputy Premier.

The Hon. MICK VEITCH: No doubt in your role as a member of Parliament but as the Minister, like all of us, you would have received a fair few representations from western New South Wales councils about the independent review into local government and council amalgamations, county council models or whatever the future governance arrangements will be for those councils. You have made public statements in the past around council governance models. Have you met with those councils in western New South Wales about this issue?

Mr KEVIN HUMPHRIES: I meet with councils on a very regular basis, including the regional organisation of councils as well. My view and the Government's view is that there are to be no forced amalgamations of local government certainly in this term. But do we need and have local government themselves identified a change in the need to do business other ways, particularly in more remote communities? Yes they do. The independent panel really came about as a result of local government itself. Issues around governance and service delivery were raised by the Local Government and Shires Associations. What this Government has done is helped to facilitate that. Are there constant discussions around the role of local government and how we can improve service delivery and improve its role, certainly in western New South Wales, are constantly on the radar. I would say that most of that discussion, whilst it has been robust, has been quite healthy as well. [*Time expired.*]

The Hon. JEREMY BUCKINGHAM: What is the total budget of the Wild Dog Destruction Board and what proportion of this is New South Wales government funding?

Mr KEVIN HUMPHRIES: I would have to take on notice its actual budget but in terms of its role for western New South Wales it is fundamentally important. It works in consultation with the Western Lands Advisory Board as well and our budget there is roughly about \$3.5 million, but I can refer that to Minister Hodgkinson for more detail.

The Hon. JEREMY BUCKINGHAM: Do you have any idea how many wild dogs are estimated to be on the South Australian side of the dog fence at Quinyambie?

Mr KEVIN HUMPHRIES: I will take that on notice. Two-legged or four legged?

The Hon. JEREMY BUCKINGHAM: It is about 8,000. Do you know if there has been a net increase or decrease in funding in that area under your Government?

Mr KEVIN HUMPHRIES: Again I will take that question on notice but do not forget that the Wild Dog Destruction Board, as do a number of other boards in New South Wales, operates as a semi-autonomous

body. They have their own funding and they have their own priorities. Most of it is around maintenance, particularly in this case the dog fence. The problem is that we end up with certain parties who do not like certain revocation programs. Do we have a problem with wild dogs, wild pigs and in some cases wild goats? Yes we do. Do we have a need to maybe extend some of the eradication programs that currently exist? From time to time, yes we do, particularly when there have been a number of good seasons. I have just come back in from out west where we are off the back of another good season for most of the western part of the State. You get prolific growth and numbers in pests. Wild dogs, pigs and goats are range land-type animals. They do not stay in one area. They migrate north to south and south to north and to be honest we could be enhancing some of the programs, but I am not sure we would get the support from people like you.

The Hon. JEREMY BUCKINGHAM: I can tell you that you would get full support from The Greens.

Mr KEVIN HUMPHRIES: So you would support an enhancement of the baiting program in parks?

The Hon. JEREMY BUCKINGHAM: In light of the destruction of 38 kilometres of the fence due to inundation in late 2012, what progress has been made in repairing these sections of the fence?

Mr KEVIN HUMPHRIES: I will have to take that on notice but certainly I have had meetings with a number of people about the maintenance of that fence from time to time. The last major issue was after the wind storms in 2009-2010 where we ended up with a couple of feet covering some of those fences in some cases. That is always going to be an issue.

The Hon. JEREMY BUCKINGHAM: Do you know how many positions the Wild Dog Destruction Board currently cannot fill?

Mr KEVIN HUMPHRIES: No, I will have to take that on notice and refer it to the Minister.

The Hon. JEREMY BUCKINGHAM: What is being done to manage and prevent outbreaks of Ovine Johne's Disease in the Western Division?

Mr KEVIN HUMPHRIES: Are you aware of any Ovine Johne's Disease outbreaks in the Western Division?

The Hon. JEREMY BUCKINGHAM: Yes, there was one in 1997.

Mr KEVIN HUMPHRIES: 1997. I rest my case.

The Hon. JEREMY BUCKINGHAM: You do not think it is a serious issue?

Mr KEVIN HUMPHRIES: Ovine Johne's Disease, in western New South Wales, no, it is not a serious issue. Ovine Johne's Disease and the protection New South Wales has is largely from the trading between South Australia and Queensland. It is about protecting those two States and what is a serious disease for this State. When talking to sheep producers and the veterinary people across the State and people that generally want to take a commonsense approach to Ovine Johne's Disease, it is known that it is largely an issue for the southern part of the State, particularly in the Southern Highlands, parts of the central west, and, to an extent, a small proportion of the New England. We do not want to end up with a trading system that does not allow sheep to be moved, particularly from the southern part of the State to the northern part of the State, and we do not want to see my producers, where they live in the northern or western part of the State, being restricted from trade into places like Queensland and South Australia. I am not sure of the implication of the question. Ovine Johne's Disease is a serious issue and has to be managed in a commonsense way, but it is more an issue in parts of the State of which western New South Wales is not a part.

The Hon. JEREMY BUCKINGHAM: Will the Government commit to keep the Western Division as part of the Ovine Johne's Disease protected area?

Mr KEVIN HUMPHRIES: As you would know, or maybe you do not know, the Ovine Johne's Disease system is largely led by industry. The Department of Primary Industries—and I will refer it to Minister Hodgkinson—is there to support industry outcomes. It is also part of an interstate agreement, particularly along the eastern coastal states. It is there to support industry and it is a commonsense approach. The Department of

Primary Industries is in there. I have met several times with all of their vets, of which I have several. They are happy with the program. What they do not want to see is a system so tight that it does not allow for movement of sheep either intrastate or interstate.

The Hon. PAUL GREEN: Minister, water is clearly an issue for the constituents in western New South Wales, especially farmers. You would be aware of exceptional circumstance relief payments, which helps producers in western New South Wales deal with severe events such as drought. However, the process of getting these payments seems to be too long and laborious. What is the Government doing to simplify this highly bureaucratic and subjective assessment to help our farmers?

Mr KEVIN HUMPHRIES: In terms of drought relief, New South Wales committed to being part of the Federal Productivity Commission review into the whole system of drought relief, not just currently, but historically and also looking forward. Given that a number of the previous programs that had been put in place were helping drive—which is counterintuitive—more debt into the rural scene, particularly for farmers who had been exposed to drought for quite some time, the States and the Federal Government realised that that was not sustainable into the future. New South Wales has largely undertaken the review and has adopted its recommendations and accepts it is all about helping people to be drought proof, and make decisions early on about their financial viability and also about their stock rates. Intrasubsidy has been looked at as well as direct payments made to farmers.

I think we have committed to that Federal record number of recommendations, coupled with things that New South Wales will continue to provide, such as transport subsidies to market, particularly for those people who are struggling with their stock. That program is well thought of as well as the arrangements with Centrelink to keep up cash payments to those families when they get into difficulty. The Rural Assistance Authority and the system that we are putting in place into the future is all about helping people prepare for drought and to make decisions based on good input. Have we committed to the rural councils' program in mental health? We have still got and have grown the Rural Adversity Mental Health Program. We will continue to do that.

The Hon. PAUL GREEN: Will the Government consider replacing this system, for instance, with a science-based approach that will automatically trigger financial relief within a region affected by drought?

Mr KEVIN HUMPHRIES: That is pretty much what has been proposed.

The Hon. PAUL GREEN: Recently I was in Merriwa listening to farmers. One of their concerns is about the definition of drought. Are you aware that appears to be too constrained and needs work in its own right?

Mr KEVIN HUMPHRIES: The difficulty with the definition of drought and the rain events over a certain period of time tend to be local government-based, which is not always the case. The rain events are sometimes within a defined region. You will get some farmers, for instance, that might be within the Cobar shire, or Bourke, or Wentworth, for instance, so in some part of the local government area they have had rain and weather events that would provide a relief whereas in other parts they have not. The fact that traditionally they have all been captured by the local government area, or the old Livestock Health and Pest Authority area, has been a bone of contention.

The Hon. PAUL GREEN: That was exactly their point, that part of the definition of drought should be a visualisation of those properties, because it is obvious if there is no stock, no fodder, never mind the rain or water that is available. That should come into the definition of what a drought is because rain or lack of rain does not know local government area borders or Livestock Health and Pest Authority areas.

Mr KEVIN HUMPHRIES: That is right.

The Hon. PAUL GREEN: Do you concur with the idea that the definition of drought would therefore be considered—

Mr KEVIN HUMPHRIES: I would be confident to say that is happening. It is the same as emergency services. Some of the work that is being done in the State, whether it is flood or fire, does not always affect a boundary, as you have defined. Again, that is something that Minister Hodgkinson is working on with our State and Federal counterparts. There seems to be general acceptance by the industry bodies as well.

The Hon. PAUL GREEN: You mentioned the low interest rate subsidy. Did you want to elaborate where the Government is pitching on that position? Young farmers who stay on the farm obviously need some assistance to manage their massive assets and they need some sort of encouragement to stay on the farm, otherwise we will lose our young farmers.

Mr KEVIN HUMPHRIES: The interest rate subsidy in drought was a Federal initiative. The Department of Primary Industries did some of the preparation for that but in respect of the interest rate subsidy, is the Federal Government looking to phase that out? Indeed, it is. As opposed to attracting younger farmers into the industry, I have an old saying that young people will always sniff out money, so where you have a viable industry sector, you will see people moving into that sector. The traditional age of farmers in country New South Wales is older. That is largely due to the family make-up of farms. It does not mean there are not younger farmers coming through, just that they do not tend to have title to the farm. Traditionally, young people will buy out their parents as part of their superannuation.

There will always be an older aggregated age for farmers. It does not necessarily mean that is the case. Last week I was in the Riverina. There is a degree of optimism there, particularly in the irrigation sector or dry land farming areas that are growing around places like Coonamble and Walgett. Are more young people getting into farming and agriculture? Yes, they are. The entry points are diverse, but I would not get caught up in the name and title on the property. It usually reflects the family and the company structure. Are the banks friendly to young innovative people? Yes, they are. The banking sector has done a good job in helping people get into that sector.

CHAIR: Thank you, Minister, and your officers for attending and answering our questions.

(The witnesses withdrew)

The Committee proceeded to deliberate.
