

## **GENERAL PURPOSE STANDING COMMITTEE NO. 2**

**Tuesday 19 August 2014**

**Examination of proposed expenditure for the portfolio area**

### **MENTAL HEALTH**

**UNCORRECTED PROOF**

**The Committee met at 12.15 p.m.**

#### **MEMBERS**

The Hon. M. J. Pavey (Chair)

The Hon. D. Clarke  
The Hon. J. A. Gardiner  
The Hon. P. Green (Deputy Chair)

Dr J. Kaye  
The Hon. A. Searle  
The Hon. L. Voltz

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#### **PRESENT**

**The Hon. Jai Rowell**, *Minister for Mental Health, Assistant Minister for Health*

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**CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS**

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

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

**CHAIR:** Welcome to the public hearing for the inquiry into budget estimates 2014-15 for Mental Health. Before I commence, I acknowledge the Gadigal people, who are the traditional custodians of this land. I pay respects to the elders past and present of the Eora nation and extend that respect to other Aboriginals present. Welcome Minister Rowell to your first budget estimates hearing and accompanying officials. Today the Committee will examine the proposed expenditure on the portfolio of Mental Health.

In accordance with the broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I remind media representatives also that they must take responsibility for what they publish about the Committee's proceedings. It is important to remember that parliamentary privilege does not apply to what witnesses may say outside their evidence at the hearing. So I urge witnesses to be careful about any comments they may make to the media or to others after completing their evidence as such comments would not be protected by parliamentary privilege if another person decided to take an action for defamation. The guidelines for the broadcast of proceedings are available from the secretariat.

There may be some questions that a witness could answer only if they had more time or with certain documents to hand. In these circumstances witnesses are advised that they can take the question on notice and provide an answer within 21 days. Any messages from advisers or members' staff seated in the public gallery should be delivered through the chamber and support staff or the Committee clerks. I remind Minister Rowell and the officers accompanying him that they are free to pass notes and refer directly to the advisers seated at the table behind them. Transcript of this hearing will be available on the web from tomorrow morning.

Finally, I ask everyone to turn off their phones for the duration of the hearing. We have only one witness to be sworn in as Dr Kerry Chant and Mr Ken Whelan were sworn in yesterday and the Minister already has sworn an oath to his office as a member of Parliament.

**KEN WHELAN**, Deputy Secretary, System Purchasing and Performance, NSW Ministry of Health, and

**KERRY CHANT**, Chief Health Officer and Deputy Secretary, Population and Public Health, NSW Ministry of Health, on former oath; and

**PETER CARTER**, Director, Mental Health and Drug and Alcohol Office, NSW Ministry of Health, affirmed and examined:

**CHAIR:** I declare the proposed expenditure for the portfolio of Mental Health open for examination. The Committee resolved this morning that there be questions just from the Opposition and the crossbench, but the Government reserves its right to ask questions later. As there is no provision for a Minister to make an opening statement before the Committee commences questions, we will commence with questions from the Opposition.

**The Hon. LYNDA VOLTZ:** Minister, given evidence at ICAC that Hunter Liberal members of Parliament received cash from prohibited donors, can you guarantee that you did not receive an illegal donation for the last election?

**Mr JAI ROWELL:** I think all matters in relation to political donations have not been personally received by me. As you would be aware, they are matters for political parties, and I refer you to the Liberal Party of Australia, New South Wales Division, and also the Electoral Funding Authority.

**The Hon. LYNDA VOLTZ:** So you will not guarantee that you did not receive illegal donations?

**Mr JAI ROWELL:** I can confirm that everything I do is within the realms of the relevant laws.

**The Hon. ADAM SEARLE:** Minister, your flagship policy at the last election was the creation of the Mental Health Commission, which would be charged with developing the mental health strategy for New South Wales. I understand that the commission has developed that strategy and it is with you. When will you release that publicly?

**Mr JAI ROWELL:** I think one of the positive things that this Government did is exactly as you say: establish the Mental Health Commission with a budget of \$30 million to provide advice to this Government on a whole range of issues and also educate the community around mental health. One of the things, as you rightly point out, was for the commission to prepare a draft strategic plan for the mental health system in New South Wales. We have now received that. I will have more to say about that before the end of the year, but one of the good initiatives, or one of the important things for this Committee to know, is the extensive stakeholder engagement that occurred. Submissions were received from right across this State. Over 2,200 people attended those consultations, forums and workshops; 880 consumers and carers were involved in consultations. I was informed by one particular consumer that she walked a number of kilometres because she wanted to put her story onto the record and she was very happy that a government was listening in relation to these issues.

**The Hon. ADAM SEARLE:** You just have not answered the question: When will you release the strategy?

**Mr JAI ROWELL:** I think I did. You might not have heard me, but that is okay.

**The Hon. ADAM SEARLE:** No. You said you would have something more to say by the end of the year.

**Mr JAI ROWELL:** Yes.

**The Hon. ADAM SEARLE:** So is it by the end of the year?

**Mr JAI ROWELL:** It is a whole-of-government response and we will be doing that before the end of the year. Yes.

**The Hon. ADAM SEARLE:** No, you did not answer my question, which was: When will you release the strategy given to you by the commission?

**Mr JAI ROWELL:** Our response to the strategy will be released by the end of the year.

**The Hon. ADAM SEARLE:** When will you release the commission's strategy provided to you?

**Mr JAI ROWELL:** I will have more to say about that in the future.

**The Hon. ADAM SEARLE:** So you are hiding something?

**Mr JAI ROWELL:** Not at all.

**The Hon. ADAM SEARLE:** You are not being frank.

**Mr JAI ROWELL:** Not at all.

**The Hon. ADAM SEARLE:** Minister, you are not being frank.

**Mr JAI ROWELL:** I think that is a stretch too far. Exciting things will come out of that. I am certainly not going to pre-empt it. It took two years to develop the plan and the Government needs time to consider what is in that report.

**The Hon. LYNDA VOLTZ:** What are your plans for the declared and designated mental health facilities at Cumberland Hospital?

**Mr JAI ROWELL:** I might ask Mr Carter to give you some further information in relation to that.

**Mr CARTER:** Cumberland Hospital currently is under review, as is occurring with a number of the non long-stay mental health services. So it is part of the piece of work being done at the moment in conjunction with our response to the Mental Health Commission's plan. I guess all we can say is that it is under review at this stage.

**The Hon. LYNDA VOLTZ:** Does "under review" mean planned closures for that facility?

**Mr CARTER:** But there are planned improvements to services around Cumberland and where those services will be provided in the near future or over the next few years is something that is being considered as to what is the most appropriate service provision for Cumberland.

**The Hon. LYNDA VOLTZ:** Will there be fewer services at that site for the people currently on the Cumberland site?

**Mr CARTER:** No, there certainly will not be fewer services for the people who are at Cumberland; there will be more appropriate services for the people at Cumberland.

**The Hon. LYNDA VOLTZ:** But will they be at that site?

**Mr CARTER:** Not necessarily at Cumberland. Many of those services will be provided in the community. Some of them are currently provided in the community, but certainly the direction of the Mental Health Commission's indications to the Government is that there will be increased community service provision for people who need services and more appropriately provided services in the community.

**The Hon. LYNDA VOLTZ:** Would those people automatically become eligible for Housing and Accommodation Support Initiative [HASI] accommodation?

**Mr CARTER:** HASI is a program that I am sure the Minister will talk to in more detail.

**The Hon. LYNDA VOLTZ:** I want to know if those services are not being provided at Cumberland. That is where they are living—

**Mr WHELAN:** One of the issues facing New South Wales in the Australian mental health spin is that Australia-wide 55 per cent of budgets are spent in the provision of community-based services. That is about supporting mental health consumers better in community settings. In New South Wales that is 44 per cent and 20 per cent is spent on stand-alone psych hospitals, compared with 13 per cent for the rest of Australia. One thing we are looking at is how to invest more in community-based services so consumers, like those in Cumberland who have the right to live a normal life within the community, have the clinical systems to be supported in the community.

**The Hon. LYNDA VOLTZ:** That is good, but will they immediately become eligible for HASI accommodation? What happens to the people who live there?

**Mr WHELAN:** Clearly those people would not be pushed out onto the street without making sure that their accommodation and care needs were part of a transitional plan into the community. If people in Cumberland were moved into the community, that would happen when they had adequate community support and housing.

**The Hon. LYNDA VOLTZ:** Do you envisage using some of the money from Cumberland to transfer to HASI accommodation for those people?

**Mr WHELAN:** That is a matter for another day.

**The Hon. LYNDA VOLTZ:** It might be, but if you are going to review Cumberland Hospital obviously these services are not going to be provided on site. Those people who currently live there need to go somewhere. For people with mental illness the obvious place is Housing and Accommodation Support Initiative accommodation, where, as you know, there are no vacancies at the moment. Will some of this money go to providing that type of accommodation?

**Mr WHELAN:** If people are moved from the likes of Cumberland and dollars shift with them into the community that may well be used for accommodation and better support systems. If there is not enough housing in the community now and we are looking at moving into the community consumers who have a right to live in the community, we have an obligation to work with our government partners to ensure there is adequate money for housing.

**The Hon. LYNDA VOLTZ:** We know no accommodation is available for them at the moment. Are you saying you will invest more money in Housing and Accommodation Support Initiative accommodation to take up those needs?

**Mr WHELAN:** I am saying if more mental health consumers move from a hospital setting into the community and currently there is not enough housing for those people, we need to make sure we support other government departments and partnerships to ensure housing is available for those consumers.

**The Hon. LYNDA VOLTZ:** Is that monetary support?

**Mr WHELAN:** It could be.

**The Hon. LYNDA VOLTZ:** From the sale of Cumberland?

**Mr WHELAN:** I am not sure that Cumberland will be sold.

**The Hon. LYNDA VOLTZ:** What are you doing with the declared and designated mental health facilities at Morisset?

**Mr CARTER:** It is a similar process with Morisset and that part of the overall review of long-stay hospitals and, again, looking for appropriate community options for people able to move into the community.

**The Hon. ADAM SEARLE:** Queanbeyan Mental Health Service is now an acute specialist service that moved from holistic care essentially to crisis management late last year. There has been a major reduction in services provided by the health service there, with approximately 17 staff leaving and patients being discharged. Minister, how can you justify this reduction in services?

**Mr JAI ROWELL:** I would be happy to provide further information, but I disagree with the assertion in your question. This Government has invested a record \$1.62 billion in the provision of mental health services this year, a 32 per cent increase.

**The Hon. ADAM SEARLE:** I am talking about Queanbeyan in particular.

**Mr JAI ROWELL:** We are treating more people in every local health district (LHD) than we have in the past as a result of the investment we are making. The ministry works very closely with the LHDs to set activity-based targets that are constantly reviewed. Should there be any issues around those, there are mechanisms in place to deal with the issues. I am happy for Mr Carter to provide you with more information.

**Mr CARTER:** This year mental health services in the Southern NSW Local Health District received an additional \$751,000. Additional activity has been purchased with those additional funds. The expectation is that service delivery is enhanced in the Southern district, rather than reduced. I am aware that from time to time an organisation the size of ours has staff vacancies and that can create issues. But our expectation is that, as part of the purchasing agreement we have with our LHDs, they will meet their obligations to care for the consumers they are charged to look after. Unless you have specific examples of where that is not happening, I would be happy to take that on notice.

**Dr JOHN KAYE:** Minister, what measure is the New South Wales Government currently using for the time it takes for somebody who has been discharged from a mental health institution or a hospital to be seen by a caseworker?

**Mr JAI ROWELL:** I will ask Mr Carter to comment in a moment, but we have mechanisms in place to ensure that there is a follow-up in relation to people who have been treated in one of our facilities. We take that very seriously.

**Dr JOHN KAYE:** What is the statistic you are currently using to measure that?

**Mr JAI ROWELL:** Due to the fact it is an operational matter, I will get Mr Carter to comment on that.

**Mr CARTER:** One of the key performance indicators we have with our local health districts [LHDs] is to report on a seven-day follow-up. I am pleased to say that over the past four years there has been a significant increase in the number of people who have been followed up within seven days.

**Dr JOHN KAYE:** Can you give us the exact figure?

**Mr CARTER:** I can give you an increase in the percentage, which has been a 150 per cent increase over the past four years.

**Dr JOHN KAYE:** In 2010-11, the figure was 57 per cent. Is that correct, 57 per cent of patients who were discharged from an acute public mental health unit were followed up by a community mental health worker within seven days of their discharge?

**Mr CARTER:** That is correct, and that represents an additional 1,000 hospital episodes that were followed up within those seven days. So there has been a significant—

**Dr JOHN KAYE:** That was the 2010-11 figure. What is the figure now?

**Mr CARTER:** The 2012-13 figure is 60 per cent.

**Dr JOHN KAYE:** We have gone from 57 per cent to 60 per cent.

**Mr CARTER:** We have in fact gone from 40 per cent over the past four years to 60 per cent, which is a 150 per cent increase in that period.

**Dr JOHN KAYE:** What is the target?

**Mr CARTER:** We expect that all people will be followed up by telephone or face to face.

**Dr JOHN KAYE:** No, sorry, with respect, Mr Carter, there is, or there was, a target. Does the Government no longer have a target?

**CHAIR:** Order! I think Mr Whelan was about to assist.

**Dr JOHN KAYE:** Is there no longer a performance target?

**Mr WHELAN:** I do not know that target off the top of my head, but my view would be the target should be up around 90 per cent. That comes back to the investment that I believe is required in the expansion of community mental health services to enable us, as a State, to follow-up—

**Dr JOHN KAYE:** We have just heard it is currently about 60 per cent. You think it should be 90 per cent?

**Mr WHELAN:** Yes, I do.

**Dr JOHN KAYE:** Why was it that in 2011-12 budget estimates the Minister told me that the target was 70 per cent. Has it been raised from 70 per cent to 90 per cent?

**Mr WHELAN:** I am sorry; I was not here in 2011. I am happy to take that on notice and get back to you.

**Dr JOHN KAYE:** Nobody at this table knows what the target is?

**Mr JAI ROWELL:** As our Deputy Secretary has said, we are happy to take that on notice.

**Dr JOHN KAYE:** My question is: Nobody at this table knows what the target should be?

**Mr JAI ROWELL:** We are very much committed to ensuring that the follow-up of patients—we have seen a significant increase in the number of follow-ups. We have recognised in the past there have been issues around follow-up and in the past four years there has been a 150 per cent increase. We remain committed to increasing that.

**Dr JOHN KAYE:** Minister, when you came to office, it was 57 per cent. We are now told it is 60 per cent. Where does the 150 per cent increase come from?

**Mr CARTER:** That is the increase over the past four years.

**Dr JOHN KAYE:** In 2010-11, the figure that was given to me by the Minister's predecessor was 57 per cent. You are now saying it is 60 per cent. It is very hard for me to understand where the 150 per cent came from. When the figures go from 57 per cent to 60 per cent, I do not see how you can have a 150 per cent increase.

**Mr JAI ROWELL:** I am happy to get the information that you have in front of you, take the question on notice and get back to you.

**Mr WHELAN:** Dr Kaye, can I clarify that I have been informed that the current target that has been set is 70 per cent. My view would be that as we move more towards community-based care, those consumers who leave a mental health facility who need follow-up within seven days, we should raise the bar and look at getting it higher than 70 per cent. Bearing in mind—

**Dr JOHN KAYE:** I do not understand, Mr Whelan. Patients who leave an acute facility, whether under the old system or under the system we are evolving to, still have the same problems. Why should that cause the bar to be higher?

**Mr WHELAN:** I think the bar needs to lift in terms of our community response. It is not about the patient. It is about having an investment in community, in mental health staff that enables responses to those patients to be in a more timely fashion where necessary.

**Dr JOHN KAYE:** Sadly, my time has expired.



**CHAIR:** Order! You will have another five minutes.

**The Hon. PAUL GREEN:** Minister, I refer to the recent closing of the Mental Health Unit at Shellharbour Hospital after a patient allegedly bashed a roommate to death. Has the Government been involved in this case and what is the standard protocol for dealing with deaths in a mental health unit such as this?

**Mr JAI ROWELL:** Thank you, Mr Deputy Chair. I say from the outset that I express my sincere condolences to the family and all those who were involved. A range of support services has been offered to the family and carers of both patients and staff of the local health district affected by the incident. Patients of the unit have been temporarily relocated to appropriate facilities in Sydney and other units within the local health district while the investigations continue. I am advised that that particular unit reopened on Saturday 2 August this year. The Ministry of Health and the Illawarra Shoalhaven Local Health District are conducting investigations into the incident. The LHD is continuing to assist police in their investigations and it is also subject to the chief psychiatrist's investigation, so I will not go into specific details about the individual, but I am more than happy to provide you with more information around the process, if you like.

**The Hon. PAUL GREEN:** I will hold off, given that explanation. I would rather bring up this distressful situation. Young people are choosing suicide to deal with their challenges on some occasions. The South Coast, particularly, has had some issues. What role does the Government and your department play in regard to high schools that have experienced episodes of suicide?

**Mr JAI ROWELL:** Thank you. I think that is an entirely appropriate question.

**The Hon. PAUL GREEN:** Sadly, it is probably more appropriate today than it was last time.

**Mr JAI ROWELL:** I am aware of some of the issues that may be requiring you to ask that particular question. Suicide in any form is tragic, particularly when it involves our young people. In regard to the Illawarra Shoalhaven—you will understand and appreciate that again I will not go into specifics—the Child and Adolescent Mental Health Team reviewed clients to identify if there were other young people in the area who required closer monitoring. In that particular situation we have had collaboration between the LHD and the Department of Education and Communities, and have worked closely with them at the particular high school involved. The new Headspace school support team, the National Youth Mental Health Foundation and local police work very closely together and we take these issues very seriously.

There are a number of programs that this Government funds in relation to the risks of self-harm and suicide amongst child and adolescents in this State, whether it be the Child and Adolescent Mental Health Service [CAMHS] Assertive Outreach Service, which is a \$3.4 million piloted program across mental health and outreach in the community to prevent unnecessary hospitalisation, and we have also invested \$6.7 million in the Keep Them Safe program, which is four pilots of joint mental health, and drug and alcohol whole of family teams in Lismore, Newcastle, Gosford and, of course, Nowra. There are a number of other programs. If you would like further information, I am happy to provide you with that.

**The Hon. PAUL GREEN:** I refer to recent reports that the NSW Police Force will carry out a major three-year study aimed at tackling mental health issues, particularly post-traumatic stress disorder, in the force. Will you update the community about this study and how much has been allocated to the study?

**Mr JAI ROWELL:** That is a question better directed to the Minister for Police and Emergency Services. I am happy to take that question on notice and get back to you.

**The Hon. PAUL GREEN:** Given the relatively high post-traumatic stress disorder found amongst war veterans, what role is the Government playing in that?

**Mr JAI ROWELL:** I am happy to take that question on notice. I can give you some information around the Police Force Mental Health Intervention Team, which is a partnership between NSW Health and the NSW Police Force. The Police Force is implementing a two-tiered mental health training system with all NSW Police Force officers. All officers receive a minimum of one day of training in mental health. As at April 2014, more than 1,600 officers completed that training. Selected graduates will also transition into the four-day mental health intervention team program, meaning that they will become prioritised first responders to mental health crisis events. If there is any further information you want, then I am more than happy to take it on notice.

**The Hon. ADAM SEARLE:** Minister, in the past there were regular performance reports going to Government, particularly around line of sight reporting on budgets for mental health, to actually track that money was being spent as Parliament intended on mental health services. Why are performance reports no longer going to Government about that?

**Mr JAI ROWELL:** I am more than happy for Mr Whelan to respond in a moment, but funding used to be tied to a fixed allocation, referred to then, in the old days, as one bed was one person. But the reality is that mental health treatments are varied according to the issue and range of services that might be required. As Mr Whelan has said in the past, we are firmly focused on providing mental health services in the community where they are of greatest benefit to mental health consumers, and that is why the ministry and the local health district focus on activity-based targets. I am more than happy to go through some of those with you if you would like, across the various local health districts.

**The Hon. ADAM SEARLE:** What I really wanted to know is what accountability measures you have in place to make sure that the money allocated for mental health services is actually spent in the local health districts as intended rather than appropriated to other places.

**Mr JAI ROWELL:** All money is spent on mental health and for the first time we have a specific line item in the service level agreements that are publicly available. I am advised that this financial year's service level agreements will be up on the web towards the end of this month. One of those line items is around mental health spending, mental health activities that we purchased and should there be issues around those targets not being met, the ministry regularly monitors that and meets with the local health districts. Should there be a case where assistance is required to ensure that those targets are not being met, that is certainly the case. The ministry also reserves its right to spot purchase services in particular cases where demand might increase other than otherwise expected, but Mr Whelan might want to provide some further information on that point.

**Mr WHELAN:** Just to say that we also did have concern, which is why in schedule C, as the Minister says, in the service level agreements we have a line item called "Mental health", which will be up on the web by the end of August; so it is very transparent. Everyone will be able to see the total spend by local health districts across the State. There is a narrative put in to the ministry by the local health district executive once a month, which includes reporting on activity for that month, as well as budget versus actual. We have a performance framework where I meet with every local health district either on a monthly basis or a three-monthly basis, depending on where they are at in the performance framework. Mental health sits around that table and one of the questions that mental health asks on a regular basis is around that quarantining, if you like, of the mental health budget and under that framework, where we are concerned about mental health budgets, we can go in and do spot audits. That is how we manage that.

**Mr JAI ROWELL:** I think the important thing to note around that is across every local health district this financial year as a result of the record investment we spent around mental health, we have been able to provide funding for additional admitted mental health patients. I am more than happy to go through each local health district and provide you with those figures.

**The Hon. ADAM SEARLE:** You say they will come up on the website?

**Mr JAI ROWELL:** Yes.

**The Hon. ADAM SEARLE:** I will look at that. Earlier I asked about the Queanbeyan Mental Health Service moving to essentially crisis management rather than holistic care. Has that model now been used across the State for other services, particularly in Maitland and the lower Hunter area?

**Mr JAI ROWELL:** I am very much committed to making sure that services that are provided by this Government are robust and meet the needs and the demands of our consumers.

**Mr WHELAN:** As I said, I take that on notice so we can find out exactly what is happening from your perspective in southern because of the language, from my point of view, that is not what we are purchasing. We are purchasing a comprehensive mental health service to support consumers in Queanbeyan and certainly that is far more than just crisis management.

**The Hon. ADAM SEARLE:** What I was talking about, though, was whether this model of care used in Queanbeyan was now being rolled out to other places in the State, in particular Maitland and the lower Hunter?

**Mr WHELAN:** I understand that.

**The Hon. ADAM SEARLE:** You will take that on notice?

**Mr WHELAN:** Absolutely.

**The Hon. ADAM SEARLE:** The previous Labor Government budgeted \$65 million to redevelop and expand the capacity of Campbelltown mental health service for south-western Sydney. In fact, tenders were let at the time of the change of government, but your Government did not proceed with those tenders. I asked your predecessor whether your Government would commit to this \$65 million upgrade and he would not commit. I ask you now as a Minister from that region whether you will now make that much-needed investment to south-western Sydney?

**Mr JAI ROWELL:** I am certainly not going to comment on matters of the former Government and its commitments. Needless to say, there was also a commitment around the upgrading of Campbelltown Hospital that never occurred. In saying that, I am more than happy to let you know that we have almost completed the \$134 million upgrade of Campbelltown Hospital, which we see as stage one, and under the devolution model of Health it is up to each individual local health district to prioritise where they see the needs for their communities. In saying that, we have a demographic modelling tool that sits around the service level agreements that the ministry and the local health districts work towards to purchase activity, particularly around mental health. I have some concerns that there are people out there talking down the services around the Campbelltown/Macarthur region and I think that it should be noted that there are a number of services at the hospital currently—

**The Hon. ADAM SEARLE:** Will you commit to expanding them?

**Mr JAI ROWELL:** There is a 30-bed acute adult inpatient unit at Waratah House. There is a 20-bed youth mental health unit at Birunji. At Gna Ka Lun there is a 10-bed adolescent mental health unit and obviously we have the psychiatric emergency care centre, which is a six-bed short-stay centre attached to the emergency department. That is not even talking about what is provided in the community sector. This Government has put funds aside for the stage two upgrade of Campbelltown Hospital, and it is a matter for the local health district to set its priorities.

Needless to say, I have certainly met with the board of the local health district and the chair of the service—who do a fantastic job—and had a conversation in regard to provision of mental health services. As you would be aware and appreciate, matters around that planning are for each local health district, but we have seen significant improvements in relation to healthcare services around that Campbelltown area, which led to that \$134 million upgrade where clinicians, the service and the community collaborated to ensure that the services that they felt were needed were provided.

**Mr WHELAN:** Can I just add that we are concerned, obviously, about the impact on mental health services with the population growth in the south-western area. The average growth in the budgets for the local health districts in mental health this year was 6.3. South-western has in fact ended up with an 11.2 per cent increase in the budget, which is \$12,924,000. That is to be taken into account in its planning of the additional demands on its service.

**Mr JAI ROWELL:** Can I also say that the funds that we have allocated for south-west Sydney will see an additional 3,798 admitted mental health patients, 120 individual support packages around the housing and accommodation support initiative.

**The Hon. LYNDA VOLTZ:** How is that different to the previous number?

**Mr JAI ROWELL:** I beg your pardon?

**The Hon. LYNDA VOLTZ:** Well, he is asking about an increase. How is that different to the previous number?

**Mr JAI ROWELL:** We have increased the budget, which is allowing us to buy—

**The Hon. LYNDA VOLTZ:** How are the numbers different?

**Mr JAI ROWELL:** It is an additional 3,798 people that will be admitted. We are very much focused around the services around south-western Sydney, but right across the State I know there are some naysayers out there who want to talk down services around there. But as Mr Whelan has appropriately indicated, the population growth that is currently occurring, particularly around places like Camden and the south-west sector, but also future potential development will see demand increase and we are committed to ensuring that on a yearly basis through the service level agreements that we meet that demand. We will be paying close attention to that.

**The Hon. LYNDA VOLTZ:** The Coroner's Court on 10 January came down with findings in the Waterloo case. When will you be responding to those findings? When will you make them public?

**Mr JAI ROWELL:** I am happy to take that question on notice.

**The Hon. PAUL GREEN:** Minister, more than half of homeless people, about 54 per cent, suffer from a mental disorder. This figure is nearly three times the rate of people who are not homeless. What funding has the Government allocated to this year's budget to help services that are treating mental illness amongst the homeless?

**Mr JAI ROWELL:** We are doing a number of things. We have just lightly touched on the HASI program, which has five arms to it: general HASI, HASI in the home, Aboriginal HASI, boarding house HASI and HASI Plus. We work closely with the Commonwealth in relation to that program. We see that as a vital program. In fact, New South Wales has a \$40.7 million budgetary allocation to provide accommodation and support for mental health consumers in the community to ensure that they stay stable in accommodation and avoid homelessness. I guess one of the good news stories we have seen, particularly around the HASI Plus program, which provides support for between 16 and 24 hours per day, is that one of our participants has graduated, if you like, is in employment, has a meaningful relationship and has secured private accommodation. That is the value of what we see in the HASI program.

**The Hon. PAUL GREEN:** Minister, you mentioned earlier police training. I return to my second question about youth suicide. What is happening in the way of teacher training? Unfortunately, from my understanding, almost all teachers these days have to be psychologists.

**Mr JAI ROWELL:** I will ask Mr Carter to expand on that.

**Mr CARTER:** There a number of joint initiatives occurring through Child and Adolescent Mental Health Services [CAMHS]. Probably the most important is the schooling program, which is a joint initiative between NSW Health and the Department of Education and Communities. CAMHS is working closely with the department to assist in the training of teachers to more appropriately intervene with children who are having issues around suicide.

**The Hon. PAUL GREEN:** What is the Government doing about the impact of illicit drugs on mental health, in particular the drug methylamphetamine, commonly referred to as ICE?

**Mr JAI ROWELL:** The Government is very much focused on the treatment of drug and alcohol addiction. Last year's budget saw a \$170 million allocation into a number of programs targeted at drug and alcohol issues. We have a number of programs, including the 73 Community Drug Action teams [CDATS] across New South Wales that implement programs to prevent and reduce harm associated with the misuse of alcohol and other drugs. We also have the Involuntary Drug and Alcohol Treatment Program where 87 per cent of those admitted have identified alcohol as their primary substance of concern.

**The Hon. PAUL GREEN:** Do you have a view, given that it has been well researched, on whether cannabis has an impact on mental health? Are you concerned about the idea of legalising cannabis in any form?

**Mr JAI ROWELL:** I do not think any plans are being discussed before the Government in relation to decriminalising marihuana across the general population. However, as you would be aware, there has been

discussion with the member for Tamworth about people suffering terminal illness. The Government recognises the significant community sentiment in relation to that issue. That matter will require a whole-of-government response and we will be responding to that particular issue as we move forward.

**Dr JOHN KAYE:** I have one last aspect of the question I was asking before about targets. Minister, can you provide on notice the percentage of patients seen by a caseworker within seven days of discharge over the period in which we are making the comparison? Can you also give the Committee the number of patients who are actually discharged, so we know the size? It may well be that there has been a reduction in the number of patients in hospital.

**Mr JAI ROWELL:** Yes, I am happy to take that on notice.

**Dr JOHN KAYE:** It was said in answer to a question asked by Mr Searle that you get local health district [LHD] spending on mental health on a month-by-month basis. Mr Whelan, did I hear that correctly?

**Mr WHELAN:** Yes.

**Dr JOHN KAYE:** Is that a raw figure or do you get a breakdown of that—for example, how much goes through the LHD and out into community health within that area? How much goes into hospital? How much goes into acute care and how much goes into sub-acute care?

**Mr WHELAN:** No, we do not. It is budget versus actual total spend on mental health for that month.

**Dr JOHN KAYE:** So all you get from the LHD is a total spend on mental health. You have no idea where that money goes in all the different things you can spend on mental health?

**Mr WHELAN:** Our finance staff certainly can go into the subsections of mental health and have a look at the spend. The LHDs do not necessarily report that monthly, but we can oversee that.

**Dr JOHN KAYE:** The department can actually inquire of each LHD down to a fairly fine level of their budget, is that correct?

**Mr WHELAN:** That is correct.

**Dr JOHN KAYE:** So the department could go in and work out how much money went, for example, to non-government providers of services?

**Mr WHELAN:** If the LHD had subcontracted to a non-government organisation we would not be able to get that off the finance system. I would need to take that on notice.

**Dr JOHN KAYE:** If an LHD contracts out a particular service to a non-government provider you would not know how much they had put into the contract?

**Mr WHELAN:** We would know how much was in the total contract, but not necessarily on a month-to-month spend. I am happy to take that on notice, get the details from finance and report back to you.

**Dr JOHN KAYE:** If I were to ask you, for example, how much of the annual budget of each LHD is spent within the public sector and how much is spent within the non-government sector, would you be able to get that information?

**Mr WHELAN:** I would be able to get that information for you. Would you like me to?

**Dr JOHN KAYE:** Yes, I would.

**Mr WHELAN:** Data on LHD spends on non-government organisations within mental health?

**Dr JOHN KAYE:** That is correct, and on government provision of services so we can have a comparison between the two. Can you get that data historically? How far back can you go?

**Mr WHELAN:** I would have to check, but I would presume we can go back.

**Dr JOHN KAYE:** If we can go back as far as you can and get a matrix that would be extremely useful.

**Mr WHELAN:** I will have a look.

**Dr JOHN KAYE:** I turn now to the review of the Mental Health Act. Minister, your predecessor began a process of reviewing the Mental Health Act. A number of discussion papers were published and, as there should be in the mental health area, there was some controversy about—and this is not a criticism of the Minister or the department—some aspects. That was good. But we have not heard much more about where the new draft bill is up to. Can you give us a timeline as to when we are going to see changes from that review?

**Mr JAI ROWELL:** I have been very fortunate to have come into this portfolio at a time when we are very much focused on mental health. I am the second Minister for Mental Health in this State; the first having been appointed in our current term of office. The review of the Mental Health Act has been an important part of the work of this Government, and it was required under the legislation. I would expect that amendments will be made to that Act before the end of the year.

**Dr JOHN KAYE:** You are expecting to bring amendments into Parliament before the end of the year?

**Mr JAI ROWELL:** Yes.

**Dr JOHN KAYE:** Will there be public consultation on those amendments?

**Mr JAI ROWELL:** We continue to work with all stakeholders in relation to that, but we will have more to say about that shortly.

**Dr JOHN KAYE:** Will you release a draft prior to taking it to Parliament so there can be community discussion on the proposed changes?

**Mr JAI ROWELL:** We have been consulting continually with the community. This process has gone on over a number of years. We have an expert reference group that we work with in relation to that.

**Dr JOHN KAYE:** Minister Humphries did release the discussions around that. It was an open and transparent process. Are you going to continue the standards set by Minister Humphries and release the draft before it goes to Parliament so there can be some opportunity for the community to have feedback on it?

**Mr JAI ROWELL:** We will continue to work with stakeholders because, at the very heart of what we are doing, we are talking about people who are suffering and who are our most vulnerable. I will not be discussing amendments to the Act now because they are a matter for Cabinet.

**(The witnesses withdrew)**

**(The Committee proceeded to deliberate)**

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