



**NSW Government Response
to the Select Committee
Inquiry into Mental Health
Services in NSW**

NSW DEPARTMENT OF HEALTH

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Introduction

The NSW Legislative Council Select Committee on Mental Health (the Committee) announced in December 2001 an Inquiry into mental health services in NSW (the Inquiry) chaired by the Hon Dr Brian Pezzutti, MLC. The terms of reference of the Inquiry were wide-ranging.

Over 300 submissions were made to the Inquiry and the Committee held a number of public hearings during 2002. The Committee tabled an Interim Report in Parliament in September 2002. The Final Report was tabled on 6 December 2002.

The Report makes 120 recommendations within the following key chapter headings:

- Mental health sector in NSW – organisation and policy
- Service provision, treatment and care
- Funding – the need for transparency
- Privacy, confidentiality and information
- Housing and homelessness
- Multicultural issues
- Indigenous issues
- Mental illness and substance abuse
- Mental illness and intellectual disability (dual diagnosis)
- Older people
- Young people
- Police, forensic patients and prisons.

The NSW Government welcomed the Report and is implementing a number of key recommendations, including:

- Area Directors of mental health to report directly to their Area Health Service CEOs and have direct responsibility for the mental health budget.
- The enhancement of forensic mental health services, including the development of a new 135 bed maximum secure forensic hospital to be constructed at Malabar.

- The review of the *Mental Health Act* by NSW Health.
- The establishment of the NSW Mental Health Sentinel Events Review Committee, chaired by Professor Peter Baume.

The Report made a number of recommendations regarding the need for whole-of-government services. In response to this recommendation mental health will become a standing agenda item for the Human Services Committee of Cabinet. Issues will be advanced through the Human Services Chief Executive Officers (CEOs) Forum, which reports to the Human Services Committee of Cabinet.

The Forum includes the CEOs of the following NSW Government agencies:

- Department of Health
- Department of Community Services
- Department of Housing
- Department of Ageing, Disability and Home Care
- Department of Education and Training
- Department of Aboriginal Affairs
- Department for Women
- Department of Juvenile Justice
- Department of Commerce
- Commission for Children and Young People
- Community Relations Commission
- Attorney-General's Department (as Chair of Justice Cluster)
- The Premier's Department
- The Cabinet Office
- The NSW Treasury
- NSW Police.

The Department of Corrective Services will also participate in the cross-government coordination of services to address mental health issues.

The CEOs Forum will provide the leadership needed to ensure whole-of-government services are provided in the following priority areas identified by the Report:

- ensure housing and an appropriate standard of care for mental health consumers
- promote and develop vocational and employment training programs for people with mental illness
- establish joint assessment, communication and treatment protocols for people with challenging behaviours
- coordinate the work of all services in a whole-of-government development of services for people with co-morbid substance abuse issues and mental illness
- promote training for undergraduate and postgraduate students in understanding information sharing obligations between services, families, consumers and other service providers, and the rights of people under relevant legislation
- consider and monitor the development of services across NSW for homeless people who have been charged with an offence.

During the course of the Inquiry, NSW Health was in the process of introducing significant additional mental health beds and services, including a mental health capital program and an accelerated bed program.

Recent enhancements to mental health services

Significant enhancements to mental health in recent years have been achieved and include:

- a doubling of the mental health budget over the past 10 years, enabling an increase in community mental health staff and the opening of new inpatient beds
- an increase in the number of acute mental health beds in NSW by 20 percent
- the provision of 118 high support accommodation places through the Housing and Supported Accommodation Initiative (HASI) – a three-way partnership with Health, Housing and the NGO sector
- expanded forensic mental health services, including the operation of the Court Liaison Service and Statewide Forensic Directorate
- workforce initiatives to improve undergraduate and postgraduate opportunities for mental health nurse, the implementation of national practice standards and an increase in support for psychiatry trainees and consultants in rural areas
- the establishment and ongoing enhancement of the Child and Adolescent Mental Health Network (CAMHSNET)
- the NSW Mental Health Information Development Program (MHIDP) and the Mental Health Outcomes and Assessment Tool (MHOAT) have both been implemented. MHIDP has allowed for clinical and statistical reporting and analysis and MHOAT development of standardised systems of clinical documentation, risk rating, outcome measurement and review.

NSW – A partner in the National Mental Health Strategy

NSW is a partner in the National Mental Health Strategy which has provided a national framework for dealing with mental health issues since 1992.

On 30 July 2003 Australian Health Ministers signed the third National Mental Health Plan that will provide the strategic framework for mental health for the next five years.

The emphasis throughout the Report is on treatment services, especially rehabilitation for adults. While the need for continuing development in these areas is acknowledged, it is essential that health promotion, illness prevention and early intervention strategies are included in a population approach to mental health.

Enhanced treatment programs for children, young people and their families is also a priority, given the need to support them into adulthood.

These broader population health approaches to improving mental health for people across NSW are consistent with the National Mental Health Strategy.

Recent announcements

In October 2003 the NSW Government announced the allocation of \$77.5 million for mental health services over the next five years in the following priority areas:

- \$15 million to improve responsiveness and access to emergency services
- \$18.5 million to extend the child and adolescent network and support service providers, school and family programs
- \$22 million to expand rehabilitation and supported accommodation programs with NGOs, and non acute services for people with chronic illness
- \$7 million to expand mental health services for older people, improve linkages across aged care services and support older people in residential aged care with behavioural problems and mental disorders associated with dementia
- \$15 million to continue to support and roll-out mental health information and outcomes and assessment tools, improving quality, accountability and data systems.

Review of the *Mental Health Act 1990*

The Carr Government also announced the first major public review of the *Mental Health Act* since 1992.

The review will address a range of issues arising since then, including the recommendations of the Report.

The Government wants to make service delivery more sensitive to the needs of families and carers and more responsive to the community's expectations. It must ensure that family and health care providers get the information they need to make decisions involving their loved ones. In so doing, the review will look at:

- provision of medical services to involuntary patients under the *Act*
- the role of local courts and the Mental Health Review Tribunal in reviewing admissions of people with mental illness to mental health facilities
- fine-tuning cross border transfer provisions
- the transport by police of people with mental illness to and between mental health facilities.

The review will also ensure that the forensic mental health system functions more effectively and guarantees community safety at all times, by examining:

- the role of the Mental Health Review Tribunal
- approaches to the exercise of executive discretion in the review of forensic patients
- forensic patient definitions to distinguish between general forensic patients and inmates receiving care after transfer from a correctional centre.

Future directions

Whilst considerable progress has been made in addressing mental health by the Carr Government, we can achieve much more.

Areas that the Select Committee Inquiry identified as needing more resources include more supported accommodation places, expanding child and adolescent early intervention care, improved aboriginal mental health care, better access to services for older people, more sensitive care for people from a culturally diverse background and increased community care capability.

The response to this Report is just the first step. The NSW Government will continue to make mental health a priority and increase resources, in part prompted by this Report, to meet the needs of people with mental illness in NSW.

Response to recommendations

Recommendation 1

That the Premier of NSW establish an Office of Mental Health in the NSW Premier's Department.

The Office of Mental Health should provide integrated government advice and coordination of mental health services in NSW, to effectively coordinate the:

- NSW Department of Housing
- NSW Department of Ageing, Disability and Home Care
- NSW Health
- NSW Police
- Attorney's General Department
- Non-government organisations and community service providers.

Recommendation 2

That the proposed Office of Mental Health be adequately funded and resourced for a period of five years. At the end of this period, its functions, objectives and continuation should be reviewed.

An additional point of reference to coordinate and link mental health services would create another layer of bureaucracy and divert much needed funding from direct service delivery.

NSW Department of Health is the lead agency in interagency partnerships on mental health issues, including:

- NSW whole-of-government response to suicide prevention (1996, ongoing)
- Health-Police *Memorandum of Understanding* (established in 1998, ongoing)
- Health-Housing *Joint Guarantee of Service* (1997, expanded in 2003 to involve additional agencies: Department of Community Services, Supported Accommodation Assistance Program and services, Office of Community Housing within the Department of Housing, the Aboriginal Housing Office and the Aboriginal Health and Medical Research Council).

Mental Health will now be a standing agenda item on the Human Services Committee of Cabinet. Integrated Government advice and coordination of mental health service delivery will be advanced through the Human Services CEOs Forum.

The Forum comprises CEOs of the Department of Health; Department of Community Services, Department of Housing; Department of Ageing, Disability and Home Care; Department of Education and Training; Department of Aboriginal Affairs; Department for Women; Department of Juvenile Justice; Department of Commerce; Commission for Children and Young People; Community Relations Commission; Attorney-General's Department; The Premier's Department; The Cabinet Office; The NSW Treasury and NSW Police.

The Department of Corrective Services will also participate in the cross-government coordination of services to address mental health issues.

Recommendation 3

That the Minister for Health commission an independent inquiry into the incidence and circumstances of suicide among people with a mental illness who were either:

- under the care of NSW Health
- refused admission to a public hospital or psychiatric unit within a week prior to their suicide.

The inquiry should review cases from the previous two years, and report to Parliament within 12 months.

The NSW Mental Health Sentinel Events Review Committee, chaired by Professor Peter Baume, was established in May 2002, prior to the finalisation of the Inquiry's report. The Committee is due to report to the Minister in January 2004.

The Committee reviews homicides and suicides involving persons believed to be suffering from a mental illness. The Terms of Reference provide for the review of fatal incidents involving mental health patients and for the making of systemic recommendations that arise from these reviews.

Recommendation 4

That the Minister for Health introduce data collection on readmissions to psychiatric units at three, six and 12 month intervals (in addition to the 28 day data already collected), to assist in the planning of services with a relapse prevention focus. This information should be made available publicly.

Readmission data are currently recorded at 28 days by individual units, in keeping with the Australian Council on Healthcare Standards clinical indicators. Collection of data at longer follow-up periods is likely to be more valid if done at an Area or statewide level. This requires full implementation of Area and State Unique Patient Identifier (UPI) protocols. The feasibility and cost of collecting such indicators will be studied.

Recommendation 5

That the Minister for Health utilise sections 127, 129 and 130 of the *Health Services Act 1997* to ensure that all NSW Health mental health policies, programs and service delivery guidelines are implemented by Area Health Services.

These and other sections relate to funding from the Consolidated Fund of public health organisations, including Area Health Services, and to the establishment of performance agreements between the Director-General of NSW Health and those organisations. Under section 127 of the *Health Services Act*, the Minister or delegate may attach conditions to payment of subsidies to those organisations.

The intent of this recommendation, and subsequent recommendations 13, 23, 25 and 26, is to provide for proper accountability of public funds to the public health system for mental health services. It is a condition of the annual subsidy provided to Area Health Services that funds allocated for mental health services are quarantined so that they may be expended only on the delivery of those services.

Greater accountability for the mental health program at Area Health Service level is enhanced through the Area Director of Mental Health Services reporting directly to the Area Chief Executive Officers and having direct operational responsibility for the mental health budget, including funding, outputs, outcomes, achievements and challenges. This reporting arrangement will be made mandatory in Area Health Services.

The performance agreements between the Director-General and Area Health Services entered into under the *Health Services Act* recognise performance in mental health service delivery as a key component of overall health system performance. Given the public health impact of mental health problems and disorders, it is vital that mental health performance is a key component of performance monitoring.

Mental health performance measures in the 2002/03 Area Health Service Performance agreements are:

- development of a strategic plan for a population-based mental health model
- agreed activity and staffing levels
- implementation of adolescent mental health programs in early intervention in psychosis and School-Link
- GP partnerships access program
- Mental Health Outcomes and Assessment Training/Tools (MH-OAT).

Recommendation 6

That the Minister for Health ensures additional resources are made available for community crisis teams and the adequate case management of people with a mental illness in the community.

The community crisis team/case management model may not be the most appropriate for all people. NSW Health will continue to enhance appropriate and effective community mental health programs, tailored to the needs of the individual, in partnership with general practitioners and other service providers. This will involve a range of programs including emergency access response, rehabilitation, case management and community mental health programs.

Recommendation 7

That NSW Health develop a program of assertive case management for the sustainable long-term management of people with a mental illness in the community and that the Minister for Health provide long-term recurrent funding to support such a program. Such a model should be based on the Assertive Community Treatment program developed in the USA and include:

- a multidisciplinary team of psychiatric inpatient staff, including case managers, a psychiatrist, several nurses, social workers, vocational specialists and substance abuse treatment specialists, operating a 24-hour, seven days per week service
- comprehensive treatment planning, ongoing responsibility, staff continuity and small case loads, most commonly with one staff member for every 10 clients
- targeting individuals with the greatest need to ensure cost efficiency, particularly those with multiple hospitalisations.

The assertive case management model may not be most appropriate for all people, is not practical or sustainable in rural and remote areas, and is resource intensive. NSW Health will continue to increase resources for appropriate and effective community mental health programs, tailored to the needs of the individual, in partnership with general practitioners and other service providers, including Assertive Community Treatment for those patients for whom it is appropriate.

Recommendation 8

That the Minister for Health introduce a needs assessment in all mental health related areas to identify the gaps in services and that an expert advisory committee be established to oversee the assessment.

The committee should consist of eminent people with knowledge of successful rehabilitation models operating throughout the world. The committee should be allocated recurrent funding as a guarantee, in order to:

- plan a comprehensive range of services
- continue as a monitoring and evaluation group once the model is operational.

Since 2000, all Area Health Services review and plan their mental health services using a comprehensive mental health services planning framework – the *Mental Health Clinical Care and Prevention (MH-CCP)* model. This resource-planning tool, developed by the Centre for Mental Health, has a population health focus, encompassing planning targets for services across the acute, non acute and community mental health sectors. Based upon epidemiological data, it translates optimum care packages for a range of mental health service interventions into resource requirements.

All Area Health Services adopt the population based planning approach in the MH-CCP, recognising the need for a balance between acute, rehabilitation and community based care. Area Health Services statewide are developing mental health strategic plans, and service plans that inform the broader asset and service planning processes. This mental health service planning is undertaken to ensure that services are planned to reflect trends in service demand, new models of care and broader service developments.

Recommendation 9

That the Minister for Health recognise the need and demand for rehabilitation services and facilities for people with a mental illness and retain and establish more medium to long-term managed psychiatric beds within designated facilities for people with a mental illness.

Rehabilitation services need to be provided within evidence-based guidelines in appropriate settings, including in the community, and not segregated in large institutions. The *Framework for Rehabilitation in Mental Health* is being disseminated for implementation throughout NSW Mental Health Services.

Non-acute places are being increased in both hospital and community settings, involving the expertise of non-government agencies. A total of 64 additional beds are being established for people requiring longer admissions at Bloomfield, Prince of Wales and Macquarie Hospitals.

An additional non-acute inpatient service for the Western Mental Health Network has been announced in capital works planning in the 2003/2004 budget. This \$6 million project is to be developed in South West Sydney Area Health Service.

Recommendation 10

That NSW Health establish Rozelle Hospital as an asylum for the mentally ill, in the true meaning of the concept. The facility should be gazetted under the *Mental Health Act 1990* and provide medium to long-term rehabilitation services for people with a mental illness. The hospital grounds must be clearly recognised as a health facility and not considered public space.

This recommendation contradicts the mainstreaming principles of the National Mental Health Strategy, which promotes integration of mental health with general health care, and advice from the World Health Organisation.

Hospital facilities located at Rozelle Hospital will be transferred to Concord with carefully planned rehabilitation services. The Hospital will have 174 beds, including 30 psychogeriatric beds, 48 general adult psychiatric beds, 12 observation beds, 20 intensive care beds, 15 extended care beds, 35 rehabilitation beds and 14 acute adolescent beds.

Recommendation 11

That NSW Health increase the number of long-term rehabilitation facilities in appropriate settings for people with a mental illness.

NSW Health is increasing non-acute care in both hospital and community settings, involving the expertise of non-government agencies (see recommendation 9).

Recommendation 12

That NSW Health undertake to clearly and adequately define the roles of the public and private mental health sectors within the mental health system for treatment, care and general service provision and ensure that these roles and funding streams be transparent.

Funding of privately provided mental health services is a Commonwealth responsibility. Public mental health services in NSW work in partnership with private mental health service providers. NSW Health ensures well-defined and transparent roles of public mental health services in NSW.

Recommendation 13

That the proposed Office of Mental Health assume responsibility for ensuring that the roles and funding streams within the mental health system are transparent at all times.

The responsibility for ensuring transparency will be achieved through reporting requirements and performance agreements within NSW Health.

These will include annual reports of activity, workforce and expenditure for each mental health service, with further reporting on National Mental Health and other project based funding (see response to recommendation 5).

Recommendation 14

That the Minister for Health, in supporting the establishment of an Office of Mental Health within the NSW Premier's Department, require Area Health Services to provide monthly incidence and outcome reports to the Office of Mental Health.

Service and outcome data are already collected. Monthly reporting can commence as Area Health Services begin to introduce data reporting with statewide de-identified client data linkages. This will allow the Department to collate and analyse incidence and outcome data from the differing IT systems within Area Health Services while maintaining the privacy of clinical information.

Recommendation 15

That the Minister for Health ensure carers are assessed for their capacity to support people with a mental illness, are included in the planning of care programs and assisted to access support for themselves.

The Mental Health-Outcomes and Assessment Tools assessment forms include prompts about involvement of carers in assessment, review and care planning processes, subject to privacy requirements.

Recurrent funding of \$12.9 million from 2000 has been allocated for supports for carers, the NSW *Care for Carers Program*. The Program has three overall objectives – to develop initiatives that will provide enhanced services for carers, to strengthen existing measures to support carers and to promote the community's awareness and support for carers. Under this Program, \$1 million has been allocated for supporting carers of people with mental illness.

The review of the *Mental Health Act* will consider carer issues. The Government wants to make service delivery more sensitive to the needs of families and carers and more responsive to the community's expectations. It will ensure that families get the information they need to make decisions involving their loved ones.

Recommendation 16

That NSW Health ensure that carers are included in discussions for determining assertive care programs and Community Treatment Orders.

Involvement of carers in treatment planning is encouraged. However, sharing of information is subject to privacy law.

As mentioned in the response to Recommendation 15 above, the review of the *Mental Health Act* will consider carer issues. The Government wants to make service delivery more sensitive to the needs of families and carers.

Recommendation 17

That the Minister for Health develop a proposal for consideration by the Commonwealth Ministers for Health and Education, that outlines the need for national undergraduate nursing courses to contain an assessable mandatory mental health training component, including practical training. The proposal should indicate the NSW Government's support for the following recommendations by the Senate Community Affairs Committee Inquiry into Nursing:

- that the Commonwealth fund scholarships for psychiatric/mental health nursing for graduate nurses wishing to undertake a mental health nursing course (Recommendation 76)
- that funding be provided for the development of advanced practice courses in mental health nursing (Recommendation 78).

The NSW Mental Health Nursing Enhancement Program has been allocated \$5.3 million to increase and improve undergraduate and postgraduate opportunities for mental health nurses. A further \$3 million has been allocated to extend this program.

The Program is providing:

- improved support for mental health clinical placements for approximately 2,500 undergraduate nursing students
- models for preceptor and mentorship programs to support new graduates and development of recommendations of the most effective models for various settings and environments

- scholarships and opportunities for clinical skill development for approximately 350 registered and enrolled nurses
- introductory courses in mental health nursing in a range of general hospital settings
- increased access and availability of professional development and education opportunities for nurses in rural settings.

All colleges and universities providing nursing education in NSW provide credit for post enrolment Mental Health Nursing courses that are funded by the Department of Health. Funding for university based nursing education is a Commonwealth responsibility.

This year, some universities in NSW had to turn nursing students away because they did not have enough funded places to offer. For example, the University of Technology, Sydney, has advised that it could have easily accommodated an extra 100 nursing students this year. It is likely that NSW alone could fill the additional 574 places that the Commonwealth will fund in 2004.

There are also postgraduate training needs for other mental health professionals.

A steering group for the National Practice Standards for the Mental Health Workforce will further support the development of mental health nursing and other mental health workforce.

Recommendation 18

That the Minister for Health develop and initiate a targeted campaign to improve the status and image of mental health nursing, in accordance with Recommendation 77 of the Senate Community Affairs Committee Report on the Inquiry into Nursing:

- that a targeted campaign be undertaken to improve the status and image of mental health nursing.

NSW Health *Nurses The Real Thing* campaign for nursing was run in two waves in early 2003. NSW Health has developed a short mental health contribution to the TV campaign and footage for a nurse recruitment video.

Recommendation 19

That the Minister for Health immediately appoint authorised nurse practitioners and that positions with in-principle approval be considered for appointment as a matter of urgency, particularly within mental health.

NSW is leading the way by implementing the nurse practitioner role into many specialist areas including mental health nursing. The Government recognises and values the contribution that clinical nursing makes to patient outcomes.

Authorised nurse practitioners may initiate medications, order diagnostic tests and make referrals only when they are operating within approved guidelines. They will provide expert nursing care in collaboration with other health professionals, which will deliver a new and additional health service to many communities.

To date, 30 nurse practitioners have been authorised by the Nurses Registration Board. As at November 2003, there were two appointed and authorised mental health nurse practitioners in NSW.

Further implementation of this strategy will improve patient care and may contribute to the retention of expert clinical nurses.

Recommendation 20

That the Minister for Health appoint an eminent clinician as a specialist advisor to:

- review the nurse practitioner implementation policy, evaluate the role and effectiveness of Area Health Services in the process
- ensure medical groups participate in the process of appointing nurse practitioners, particularly within mental health.

A principal advisor Nurse Practitioner Project was appointed in February 2003 to implement the nurse practitioner role within NSW. The advisor works closely with the Area Health Services to identify positions and with expert nurses to encourage them to apply for nurse practitioner authorisation. Medical groups are invited to participate in the interview process and the development of clinical guidelines for the newly established nurse practitioner positions.

Significant research has already been undertaken to validate the safety and efficacy of nurse practitioners. An evaluation will be conducted by the Nurse Practitioner Steering Committee once there is a critical mass of nurse practitioners in post for 12 months. The Steering Committee has representation from the Australian Medical Association, the Royal Australian College of General Practitioners and the Rural Doctors Association as well as key professional nursing groups.

Recommendation 21

That, in addition to increasing and better targeting funding for respite and support programs run by non-government organisations, NSW Health develop, fund and coordinate the establishment of a central support program for the carers of people with a mental illness, including respite care services.

Provision of respite programs is a Commonwealth responsibility. The Commonwealth offers 17 carer respite centres that are contracted to various organisations, including NGOs, local government authorities and five Area Health Services. These cater for carers of people with a mental illness, as well as other carers.

In relation to support programs, the Centre for Mental Health has facilitated a Caring for Carers Mental Health program to support programs for carers of people with a mental illness. The pilot programs will determine the best practice models for carers' programs across NSW mental health services.

Recommendation 22

That the position of principal official visitor:

- be located within the proposed Office of Mental Health in the NSW Premier's Department
- be either designated as a full-time position, or that the principal official visitor establish an adequate consultation period for official visitors during office hours.

The Minister has approved an increased time allocation for one and a half days a week with an on-call allowance.

Recommendation 23

That the Minister for Health utilise the authority of the *Health Services Act 1997* to ensure that mental health funds are being allocated and expended by Area Health Services in accordance with NSW Health policies.

See response to Recommendation 5.

Recommendation 24

That the Centre for Mental Health consider and determine the funding allocation for statewide programs run by non-government organisations.

There is a 'whole-of-government' review of the grant application process for NGOs. Within the context of that review, the Department of Health will establish criteria and review the existing grant program to establish those NGOs that should be funded centrally with local performance monitoring.

Recommendation 25

That the Minister for Health immediately initiate and support a formal process where Area Health Service mental health directors report directly to the Chief Executive Officer of the relevant Area Health Service for the purposes of monitoring program movements and allocations.

See response to Recommendation 5.

Recommendation 26

That each Area Health Service publish in its annual report, detailed and transparent information regarding mental health funding allocations and direct mental health expenditure.

Area Health Services in their audited financial statements already indicate, on a program basis, expenditure, revenue and net cost of services for the Mental Health Program. These figures include direct and overhead costs and revenues.

Conditions of the 2003/04 mental health allocations will require all Area Health Services to clearly articulate to the Area Directors of Mental Health Services the direct budget and the overhead budget. Area Health Services are to implement controls where on a monthly basis the Area Director of Mental Health Services is made aware of performance against direct budget and performance against the overhead component.

Area Health Services will introduce controls so that Area Directors of Mental Health Services are held fully accountable for their direct budget and budget compliance. As has been the convention for many years, funds available in the mental health budget cannot be used to meet other financial pressures within health services.

In the last two years, the Department of Health has collected from Area Health Services initial budgets on a location basis by program which dissect direct and hospital overhead cost and Area overhead costs. This process will continue in 2003/04.

The above process will avoid the need to publish in an annual report such information, as a proper understanding will exist between the Area Health Service Executive and the Area Director of Mental Health Services. The Department of Health will review the appropriateness of overhead charges compared to other programs and prior years.

Recommendation 27

That the Minister for Health work with the Auditor-General to develop and initiate the following audit programs:

- a performance audit of mental health budget allocation and expenditure from July 2003 to 30 June 2004 in NSW, and that the performance audit report be tabled in Parliament
- an audit plan designed for the annual audit of Area Health Services and service providers (hospitals and affiliated health organisations) that includes disclosure of mental health funding allocation and expenditure. Expenditure of mental health funding on non-mental health programs should be reported.
- an ongoing audit program to include both the current financial audit, as well as a physical audit of hospitals and other mental health service providers, to ensure that staffing, infrastructure and auxiliary budget costs are directly hypothecated.

The Auditor-General has the independence to determine which performance audits his office will undertake, and when. The Audit Office wrote to the Department of Health at the end of October 2003 indicating that it now intends conducting a performance audit of acute mental health services in NSW.

The Auditor-General also conducts an annual audit of Area Health Service financial statements and signs off on these for each Area Health Service annual report. The Auditor-General thus publicly indicates what each Area Health Service has spent on mental health.

Area Health Services are expanding their annual internal audit programs for financial management. This will require Area Health Service internal auditors to specifically review that mental health budgets are appropriately allocated to the Director of Mental Health, that the Director is held accountable, and that overhead costs are appropriately distributed between the programs, including mental health. This process is then reported to the Department of Health.

Recommendation 28

That NSW Health develop and implement a set of key performance indicators (KPIs) for inpatient mental health services in public hospitals, and that these key performance indicators be linked to service performance agreements and funding allocation. The performance against key performance indicators should be reported in each Area Health Service annual report.

The proposed NSW Health Quality Dashboard includes a measure of severe psychological distress within populations (The Kessler-10). Over the last 12 months, the Department has also developed Mental Health Quality Indicators, including measures of safety, appropriateness and access to care. In 2004, these will be reviewed and a set of mental health KPIs further developed.

Recommendation 29

That the Minister for Health establish a Mental Health Quality Care Committee within each Area Health Service. The functions of the Mental Health Quality Care Committee should include:

- reporting to the Area Health Service Board and the Centre for Mental Health
- developing a means by which the equality of clinical and secondary care to consumers within the Area can be defined, measured, monitored, reported and improved
- collecting, collating and analysing Area key performance indicator data and reporting findings to the Area Board and the Centre for Mental Health.

These processes occur through the Area Health Service Quality Councils established under the *Framework for Managing the Quality of Health Services in NSW*.

Recommendation 30

That the Minister for Health and the Attorney-General review the *Guardianship Act 1987* with respect to people who suffer severe and/or episodic mental illnesses during which they are not capable of making informed consent. This review should include the possibility of enduring guardianship.

The *Guardianship Act* falls within the portfolio of the Minister for Disability Services, not the Attorney-General. That *Act* already includes provision for enduring guardianship.

The variations to the enduring guardianship provisions suggested in the Report would add to the complexity of the system, and may thus make their use less attractive. The issues raised by this recommendation will be considered by the Minister for Disability Services to determine if any alternative and simpler means of addressing them is practicable.

Representatives of the Attorney General's Department (including the Office of the Public Guardian and Protective Commissioner), Department of Ageing Disability and Home Care and NSW Health will work together to resolve the issue of substitute decision making where there are both orders under the *Guardianship Act 1987* and *Mental Health Act 1990* in place.

Recommendation 31

That the Centre for Mental Health and the Office of the Public Guardian work together to develop an information package for mental health professionals that:

- outlines their obligations as well as the rights of families and carers under relevant mental health, privacy and guardianship legislation
- clarifies the existing definitions of 'consent' and 'substitute decision-making' in mental health settings and communicate its clarification to mental health professionals.

The Independent Law and Justice Foundation has provided funding to the Mental Health Coordinating Council (MHCC) to review the Mental Health Rights Manual for consumers, carers and mental health staff who carry out this work. The MHCC is currently consulting with carer and consumer groups on the draft document, and advises that it plans to publish the document in March 2004.

The Office of the Public Guardian has a role in community education and will be consulted in this review.

Recommendation 32

That the Minister for Health prepare a proposal for consideration by the Minister for Education to ensure that students in undergraduate and postgraduate health programs receive training regarding:

- their obligations to seek information from and disclose information to consumers, families, guardians, carers and other service providers
- the rights of consumers, families and carers under the relevant mental health, privacy and guardianship legislation.

This matter will be referred to the Human Services CEOs Forum.

Recommendation 33

That the Minister for Health seek to amend the *NSW Mental Health Act 1990* to allow limited disclosure of confidential information about clients of mental health services without the consent of the client. These exceptions to confidentiality would allow information to be disclosed in the following circumstances:

- to guardians, family and primary carers if the information is reasonably required for the ongoing care of a client and the person who is receiving the information will be involved in providing the care
- where it is required in connection with the further treatment of a client.

The review of the *Mental Health Act* will consider information disclosure generally as well as carer issues.

Recommendation 34

That, prior to the operation of the *Health Records and Information Privacy Act 2002* in 2003, NSW Health and the NSW Privacy Commission ensure that public and non-public health care service providers, be provided with adequate information and training about consent and substitute decision-making laws in NSW.

A Department of Health Policy Circular provides comprehensive advice to public health care providers on consent to medical treatment, including substitute decision-making. Although the Department has no control over the conduct of private sector providers, many obtain guidance from the Department's policy.

The *Health Records and Information Privacy Act* contains extensive guidance on substitute decision making, including criteria to assess capacity and recognition of a range of substitute decision makers. Under the implementation plan for the *Health Records and Information and Privacy Act 2002*, the Chief Information Officer will provide updated education for public health system staff. To the extent that the *Mental Health Act* deals with consent and substitute decision-making issues, these will also be taken into account in the review of the *Act*.

The issue of substitute consent focuses on treatment and will require ongoing clinical training. As decisions about substitute consent are primarily the responsibility of the Guardianship Tribunal, the Department will consult with it and the Department of Ageing, Disability and Home Care on these issues.

In relation to personal information other than health information, the relevant legislation covering the public sector remains the *Privacy and Personal Information Protection Act*. While that *Act* does not specify substitute consent provisions, in April 2003, Privacy NSW released draft guidelines about how that *Act* should apply if a person lacks the capacity to give or refuse consent to, or understand, the manner in which their personal information is handled.

The final version of the guidelines is due for release in December 2003.

Recommendation 35

That the Minister for Health allocate funds for the training of public health employees on the requirements of the *Health Records and Information Privacy Act 2002*.

See response to Recommendation 34.

Recommendation 36

That the Centre for Mental Health prepare guidelines on limited disclosure under the *Health Records and Information Privacy Act 2002* and ensure these guidelines are:

- incorporated into a privacy protocol within the Memorandum of Understanding between NSW Health and NSW Police Service
- communicated to all mental health workers and police across NSW.

The NSW Department of Health, in conjunction with the Health/Ambulance/Police Interdepartmental Committee on Mental Health, is developing a privacy protocol. The protocol will form part of the revised *Memorandum of Understanding* between NSW Health and NSW Police. This will be communicated through the 34 local protocol committees which have been established across NSW, and through the dedicated website which has been established to service the Interdepartmental Committee and local protocol committees.

Recommendation 37

That NSW Health ensure that the NSW Police Service has access to mental health services on a 24-hour basis for support and urgent advice.

NSW Police have been provided with 24-hour access numbers for all Area Mental Health Services in NSW. In addition, local protocol committees are developing or have developed local modifications of the 2002 flowcharts of the *Memorandum of Understanding* between NSW Health and the NSW Police Service. These local adaptations include contact details for access to local mental health services.

Recommendation 38

That the Minister for Health seek a further amendment to the NSW *Mental Health Act 1990* to enable guardians, family and primary carers to obtain an interim court order for:

- the release of confidential information from a health provider
- an urgent assessment of an individual's mental health, where it can be established there is a reasonable belief that there is:
 - a serious and imminent threat to the life, health or safety of the individual or another person
 - a serious threat to public health or public safety.

The review of the *Mental Health Act* will consider carer and operational issues. The Government wants to make service delivery more sensitive to the needs of families and carers and more responsive to the community's expectations. It must ensure that family and health care providers get the information they need to make decisions involving their loved ones.

Recommendation 39

That the Minister for Health ensure, through a process of monitoring and review, that the Mental Health Outcomes Assessment Tools do not have an adverse impact on clinical service provision.

The Mental Health Outcomes and Assessment Tools (MH-OAT) project is subject to monitoring and review. The process of standardised assessment documentation and outcome monitoring supports improved clinical service provision.

Recommendation 40

That the Minister for Health increase the number of supported accommodation places for people with mental disorders in NSW from 1,635 to 2,635 over the next two years, and that an average of 12 adult beds per 100,000 are available for 24-hour per day high level supported residential services.

In 2002/2003, the Housing and Supported Accommodation Initiative (HASI) has established 100 additional high-level and 18 moderate to high-level accommodation support places. These are managed under a partnership between NGOs, Area Health Services, the Department of Housing (Community Housing) and NSW Health.

These places are located in Wollongong, St George and Sutherland, South Western Sydney, Wyong, Tamworth, Wagga, Blacktown, Parramatta, Broken Hill, Penrith, Gosford and Newcastle. All will be commissioned by early 2004.

The Government's announcement of new funding for mental health includes an expansion of the spectrum of supported accommodation in partnership with the NGO sector through a \$22 million increase for chronic care and rehabilitation services over five years. This will involve NGOs and will include 24-hour supported accommodation.

Recommendation 41

That NSW Health match the level of funding provided by the NSW Department of Ageing, Disability and Home Care for 24-hour supported accommodation packages for people with psychiatric disabilities.

Through the Boarding House Reform Program, the Department of Ageing Disability and Home Care funded approximately \$70,000-\$80,000 per person accommodation support for people identified as being in the very high category of support. Many of those relocated through this strategy were people with psychiatric disabilities.

NSW Health supports a large number of people with psychiatric disabilities at different levels of support and need in partnership with housing and other agencies. Further partnerships with DADHC are being developed.

Recommendation 42

That NSW Health inquire into and report publicly on the shortfall on support and case management services for people with a mental illness who are accommodated in public housing and allocate adequate resources to meet the identified shortfalls.

The case management model may not be the most appropriate model for clinical support for all people with mental illness in public housing.

A new *Memorandum of Understanding for the Joint Guarantee of Service (JGOS)* between NSW Health and Department of Housing has been completed. The reviewed JGOS has been expanded to include the NSW Aboriginal Housing Office (AHO), the Aboriginal Health and Medical Research Council and the Department of Community Services' Supported Accommodation Assistance Program (SAAP). The aim of the JGOS is to improve housing and health outcomes for people with mental health problems and disorders through improved collaboration between key government and non-government agencies at the local level.

The partner agencies have committed \$140,000 to implement and evaluate the project over the next 12 months. A resource and training kit is being developed. Workshops will be held in 12 regional areas in the first half of 2004.

Recommendation 43

That the proposed Office of Mental Health oversee the implementation of effective, coordinated support services for people with a mental illness living in public housing. This will require monitoring service agreements at state and local level between the NSW Departments of Housing, Health, Community Services and Ageing Disability and Home Care.

These service agreements are regularly monitored at an agency level and will be monitored through the Human Services CEOs Forum.

Recommendation 44

That NSW Health and the NSW Department of Housing establish a clustered housing (intensive managed) project for people with a mental illness who have had difficulty maintaining public housing tenancies.

There is not strong evidence for clustered housing as the most effective model to provide accommodation support for all people with a mental illness who have had difficulty maintaining public housing. NSW Health, in partnership with the NSW Department of Housing, will examine a range of accommodation models.

The Assisted Tenancies initiative seeks to build onto the strong partnership relationship established between NSW Health and the Department of Housing through the *Joint Guarantee of Service (JGOS)*. The Assisted Tenancies pilot project is aimed at people with low to moderate needs who would not ordinarily meet priority-housing criteria to manage a tenancy. Assisted tenancy will be a new type of tenancy arrangement designed to enable the target group to live in their own homes provided with individualised support. The project is being piloted in South Western Sydney and the Central Coast.

Recommendation 45

That NSW Health, the NSW Department of Community Services, the NSW Department of Ageing, Disability and Home Care and the NSW Department of Housing, cooperate to conduct an assertive outreach campaign that includes raising the awareness of boarding house residents and landlords about residents' rights to health care, mental health care, legal services and other services relevant to their needs.

The NSW Department of Ageing, Disability and Home Care (DADHC) is the lead agency of the Boarding House Reform Program. In 1998, \$66 million was allocated to DADHC to reform licensed boarding houses. This included the relocation of 310 residents with high support needs.

Funding is made available through the Boarding House Reform Program to Area Health Services to address the health needs of people with a range of disabilities who reside in licensed boarding houses.

Some Area Health Services conduct health promotion strategies with boarding houses that include raising the awareness of boarding house residents and landlords about residents' need for general health and mental health care services. These strategies will be extended to all service providers.

Recommendation 46

That the NSW Government fund the continuation and expansion of the Boarding House Reform Strategy.

The Boarding House Reform Strategy program has been running over five years.

Further development will be guided by a review of the health components of the program including the processes of assessment currently conducted by the Aged Care Assessment Teams, provision of services by Area Health Services and by regional Department of Ageing Disability and Home Care (DADHC) teams, client health outcomes, and the annual funding processes between DADHC, the NSW Department of Health and Area Health Services.

Recommendation 47

That NSW Health publish a report on the outcomes of the Framework for Housing Accommodation Support for People with Mental Health Problems and Disorders within six months and then annually. The reports should include information from Area Health Services on:

- consumer satisfaction indicators
- waiting list numbers for supported accommodation places and public housing
- indicators of unmet need at all local area levels.

The *Framework for Housing Accommodation Support for People with Mental Health Problems and Disorders* is currently being implemented across NSW.

Area Health Services will report on indicators. A data set is currently being established to begin reporting on indicators, such as waiting list numbers, levels of current need and consumer satisfaction.

NSW Health has funded the NGO Aftercare \$150,000 to prepare a report on high-level accommodation support in NSW including consumers' satisfaction issues. The report is currently in draft form.

Recommendation 48

That the NSW Departments for Housing, Community Services, Health, Ageing Disability and Home Care and Attorney-General, coordinate to immediately initiate a specialist supervised and supported accommodation or 'bail hostel' program across NSW, for homeless people with a mental illness who have been charged with an offence.

This recommendation will be referred to the Partnerships against Homelessness and to the Human Services CEOs for consideration.

Recommendation 49

That the Attorney-General propose amendments to the *NSW Bail Act 1978* to legislate for the provision of supervised and supported bail hostels for people with a mental illness.

See response to Recommendation 48.

Recommendation 50

That NSW Health evaluate the success of existing pilot programs for homeless people with a mental illness and:

- discontinue programs shown not to be effectively and efficiently achieving their planned outcomes
- expand funding to programs identified as effectively and efficiently achieving planned outcomes.

NSW Health, in partnership with government and non-government stakeholders, is addressing issues related to homelessness. The strategies will be linked into the *NSW Government Partnership Against Homelessness* and the review of the *Joint Guarantee of Service* for people with a mental illness between NSW Health and the NSW Department of Housing.

The *NSW Government Partnership Against Homelessness* has committed funding for two years to pilot a mental health position for the Homeless Action Team Support and Outreach Service (HATSOS) in inner Sydney. The position will facilitate improved access to mental health services for rough-sleeping homeless people with co-morbid mental health and substance use disorders. The position will identify and demonstrate best practice for mental health outreach, engagement of special needs groups, strategies for the prevention

of mental health and substance use disorders in the rough-sleeping homeless population and also build the capacity of the Homelessness Outreach Service to develop systemic links to mental health and drug and alcohol services. Recruitment to the position will commence in December 2003.

NSW Health has also funded a handbook for the care of people with a mental disorder who are homeless, for use by staff working on homelessness and in general health settings. This will improve the effectiveness of care to this population.

Recommendation 51

That the Partnerships Against Homeless initiative be expanded to include key non-government agencies that deliver services to homeless people.

See response to Recommendation 50.

Recommendation 52

That the participating agencies in Partnerships Against Homelessness, in collaboration with Supported Accommodation Assistance Program services, establish coordinated referral systems between participating agencies.

This is in progress at both statewide and Area Health Service levels.

Recommendation 53

That the participating agencies in Partnerships Against Homelessness, fund assertive outreach services among homeless people in areas where the incidence of homelessness is identified as particularly high.

See response to Recommendation 50.

Recommendation 54

That the NSW Department of Housing and NSW Health develop a simple Housing Risk Identification Tool which can serve as a proactive measure for managing an individual's housing risk. This should be incorporated into an 'Early Intervention Manual for People with Mental Illnesses at Risk of Homelessness'.

The proactive management of an individual's housing risk is one of the aims of the *Joint Guarantee of Service* (JGOS). A resource kit will be developed for workers, to support the implementation of the expanded JGOS. A number of modules including measurement tools will form the basis of this kit.

This project should be completed by June 2004.

Recommendation 55

That NSW Health and the NSW Department of Housing adopt a housing strategy for people with a mental illness similar to the 'Joined Up Initiatives' program in Victoria where:

- the NSW Department of Housing allocates suitable housing stock for mentally ill people with complex needs
- NSW Health funds non-government organisations to manage residential rehabilitation programs using the allocated housing stock.

This strategy should be developed and implemented within six months and allocation of housing stock commence within 12 months of the strategy implementation.

The NSW Department of Housing targeted 100 places in 2002/03 for people with mental illness as the Housing and Accommodation Support Initiative. Support is currently provided through the generic mental health program. Housing provides housing stock and NGOs provide disability support through these programs. Area Mental Health Services work in partnership and provide clinical mental health services.

Recommendation 56

That NSW Health and the Centre for Mental Health develop information packages or 'care kits' for consumers that will enhance access to information facilitating self-care. Kits should contain information such as:

- contact details for the Health Care Interpreter Service and the Telephone Interpreter Service
- contact details and locations of 24-hour crisis services
- rehabilitation options available, such as case management and multidisciplinary care, as well as contact details for access to such services.

These have been developed in most Area Health Services and will be available in the Area Health Services by June 2004.

The Transcultural Mental Health Centre has produced and translated a wide range of information kits and resource materials in various formats such as audio, video, written in response to the identified mental health needs of culturally and linguistically diverse consumers.

Recommendation 57

That NSW Health develop and conduct a consumer and carer perception survey for people from culturally and linguistically diverse backgrounds to:

- identify satisfaction with the manner and attitudes of mental health professionals in delivering services
- assist in development of staff training programs designed to improve focus on individual care and flexibility in providing treatment suitable to the patient's needs.

The Mental Health Consumer Perceptions and Experiences of Services (MH COPES) project, currently underway, will be developing a consumer perception tool and guidelines to ensure quality review of mental health service delivery. This will scope all groups in the community including people from culturally and linguistically diverse backgrounds.

The Centre for Mental Health is liaising with the Transcultural Mental Health Centre for a new carer and consumer project of which a survey of carer and consumer perceptions will be an integral part.

Recommendation 58

That NSW Health provide, in accordance with its Caring for Mental Health in a Multicultural Society policy, a strategy to improve access to appropriately trained health care interpreters and services for people from culturally and linguistically diverse backgrounds, including:

- adequate funding so that bilingual crisis services are provided 24-hours per day
- recruitment of more interpreters and bilingual mental health workers in a broad range of language groups
- education for mental health professionals about effective use of interpreters in clinical settings and referral of consumers and carers to the Health Care Interpreter Service and the Telephone Interpreter Service.

Over the next 12 months the Centre for Mental Health is undertaking a review of its Caring for Mental Health in a Multicultural Society policy. Strategies to enhance access will form part of the review.

Recommendation 59

That NSW Health work with the Transcultural Mental Health Centre to develop and implement a cultural training program that requires:

- the participation of all mental health professionals and staff
- ongoing cultural sensitivity training relative to the client group they support.

The Transcultural Mental Health Centre, together with the NSW Institute of Psychiatry and Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, are developing training programs for health staff. Topics covered include child mental health, older people, and carer/consumer views.

Training is provided to professionals in rural, remote and regional Areas. These services work with the NSW Refugee Health Service to train GPs and medical students on refugee and torture and trauma issues. Staff skills are also supported by the provision of clinical consultancy advice to mainstream mental health clinical staff.

Within Area Health services, Area Multicultural Health Coordinators provide a cultural consultancy service and undertake staff training. Cultural training will also be included in the review referred to in response to Recommendation 58.

Recommendation 60

That NSW Health develop and initiate a program tailored for general practitioners to inform them of the full range of public mental health service options available to people from culturally and linguistically diverse backgrounds.

A specific project between the Transcultural Mental Health Centre and Divisions of General Practice will develop resource material to be disseminated and regularly updated.

Recommendation 61

That NSW Health investigate and implement support initiatives for carers of mental health consumers from culturally and linguistically diverse backgrounds, including counselling services with bilingual interpreters.

See response to Recommendation 57.

Recommendation 62

That as part of any Aboriginal Mental Health Policy, NSW Health should:

- review Aboriginal Mental Health Worker numbers and their distribution in NSW
- assess obstacles and incentives to recruit and retain Aboriginal Mental Health Workers in NSW
- integrate review findings into the new Aboriginal Mental Health Policy.

The Aboriginal Mental Health Policy Review Working Group, a partnership between the Aboriginal Health and Medical Research Council of NSW, local Aboriginal Medical Services, Area Health Services, and NSW Health, is currently reviewing the NSW Health *Aboriginal Mental Health Policy*. The issues identified in the recommendation will be addressed in the review.

Recommendation 63

That NSW Health, as part of any new Aboriginal Mental Health Policy, develop a strategy for recruiting and adequately resourcing Aboriginal mental health workers throughout NSW.

The recruitment and resourcing issues will be a key part of the revised *Aboriginal Mental Health Policy* (see response to Recommendation 62).

Recommendation 64

That NSW Health continue to work towards partnerships between mainstream mental health services and Aboriginal community-based mental health services, including trial partnerships between local general practitioners and Aboriginal mental health teams.

This is already occurring and work will continue to further this recommendation.

Recommendation 65

That the Minister for Health develop a proposal to the Commonwealth Ministers for Health and Education to initiate a post-graduate module in Aboriginal mental health for nursing and health related courses.

Discussions will be initiated with the relevant bodies by early 2004. A proposal will be developed and forwarded to the Commonwealth Ministers for Health and Education.

Recommendation 66

That the Minister for Health provide at least three fully funded scholarships for psychiatric nurses undertaking the proposed post-graduate module in Aboriginal mental health on an annual basis.

This recommendation is supported.

Recommendation 67

That NSW Health implement a policy that requires the Aboriginal and Torres Strait Islander Medical Service be involved, with the consent of the patient, once an Aboriginal and Torres Strait Islander person is admitted to hospital for psychiatric care and later when discharged.

The current policy addresses the need for Aboriginal mental health workers to be involved once the patient/consumer has given permission. The revised policy will emphasise better links and referral pathways between mainstream mental health services and Aboriginal medical services.

Recommendation 68

That the Minister for Health provide additional funding to the Centre for Mental Health for the purposes of reintroducing an integrated service program for people with a mental illness and substance use disorder.

The Centre for Mental Health and Drug Programs Bureau are currently evaluating implementation of *The Management of People with a Co-Existing Mental Health and Substance Use Disorder Service Delivery Guidelines*.

Data from an audit of these guidelines is currently being analysed, and will be presented to Area Health Services before the end of 2003. Programs are to be implemented with Areas in 2004.

Training modules (including a Dual Diagnosis CD-ROM and training manual) are being developed by the NSW Institute of Psychiatry and Hunter Area Health Service and will be available by mid 2004.

School-Link is a key collaborative initiative between health and education to improve mental health care for children and adolescents in NSW. It provides a framework and structure to support child and adolescent mental health services and schools and TAFE to work collaboratively. A comorbidity module will be developed for this initiative.

Funding has also been allocated for 24 months for a position on the Homelessness Action Team Street Outreach Service (HATSOS) with specific dual diagnosis focus.

Recommendation 69

That the Centre for Mental Health develop and conduct a training program for drug and alcohol workers designed to increase the awareness and knowledge of mental illnesses and mental health practices.

The Department of Health is undertaking an audit of current programs for training and joint services in area health services. This will be completed by the end of 2003.

Funding has been provided to the Institute of Psychiatry for the development of a manual on mental health and drug and alcohol issues that can be used by all workers in the mental health and drug and alcohol services.

Recommendation 70

That NSW Health and the Department of Ageing, Disability and Home Care collaborate to develop policies and structures to enable intellectually and physically disabled people with mental health needs, to access appropriate mental health services, particularly where residents in institutions move into the community. This would include:

- inter-departmental 'service agreements' across NSW that require regular meetings between Area mental health and disability teams to facilitate a collaborative approach to exchange of information and recommendations
- initiating a professional development program for disability and mental health sector professionals to better understand dual diagnosis and protocols and procedures necessary for provide appropriate services to people with dual diagnosis.

The Department of Ageing Disability and Home Care (DADHC) is leading a Senior Officers Group on Intellectual Disability and the Criminal Justice System. This group is examining improved service coordination for people with an intellectual disability who are in contact or at risk of contact with the criminal justice system. It is supported by the Executive Officer of the Human Services CEOs Forum, and will report to the Human Services and Justice CEOs by August 2004.

The NSW Department of Health is currently scoping the development of an Intellectual Disability and Mental Health Service Plan that will enhance coordination, staff training, referral and treatment of people with a dual diagnosis.

Recommendation 71

That the Minister for Health include a module on intellectual disability in the proposal suggested at Recommendation 17, regarding national undergraduate nursing courses.

The Intellectual Disability and Mental Health Service Plan will include recommendations for further funded training and education of nurses and medical practitioners – these recommendations will be implemented.

Recommendation 72

That NSW Health liaise with general practitioner and specialist representatives to develop and implement a continuing medical education program designed to improve knowledge and understanding of intellectual disability and dual diagnosis.

See response to Recommendation 71.

Recommendation 73

That the Centre for Mental Health support and promote further research into the identification and diagnosis of intellectually disabled people with mental health needs, with a view to:

- reviewing current intake and support protocols for mental health services
- to promote interagency cooperation, including non-government service providers
- providing consistent quantitative and qualitative information which can be used to develop more effective service provision and evaluate treatment outcomes.

The Intellectual Disability and Mental Health Service Plan will include a review of current service activity, coordination mechanisms, best practice models and information requirement issues. Further research on these issues will be supported and implemented by NSW Health, along with partner agencies such as DADHC.

Recommendation 74

That NSW Health and the NSW Police Service revise section 11.5 of the Memorandum of Understanding between NSW Police and NSW Health to:

- recognise dual diagnosis (mental illness/intellectual disability) as separate but frequently overlapping special needs groups
- require that local dual diagnosis protocols between police, mental health services, drug and alcohol services, and ageing and disability services include quarterly review meetings between local service partners.

This recommendation is supported.

Recommendation 75

That NSW Health, in consultation with mental health services, the NSW Police Service, and other stakeholders, develop a service protocol for people with an intellectual disability and behavioural disorder who are frequently presented to mental health facilities for assessment but not admitted.

These issues will be appropriately covered through the review and implementation of the *Memorandum of Understanding* between NSW Health and NSW Police.

Recommendation 76

That NSW Health consider intellectual disability within the court liaison program for people with suspected or confirmed intellectual disability and mental illness.

The Corrections Health Service Community Court Liaison Service already provides a service to people who have an intellectual disability and a mental illness.

Recommendation 77

That the Consensus Guidelines for the Assessment and Management of Depression in the Elderly be revised to include guidelines recommending a range of social and diversionary activities to assist with the treatment of symptoms of depression.

The *Suicide Prevention for Older People Training Manual* released in August 2003 focuses on understanding and responding to suicide risk in older people and strategies for early intervention and prevention. It includes identifying and dealing with depression in older people including consideration of issues such as community participation, social isolation and practical improvements to physical and social environments.

The Consensus Guidelines encourage more regular visits by relatives and friends.

Recommendation 78

That NSW Health develop and implement strategies for improving referral rates of older people to psychiatrists, and that referral rates be monitored to identify whether or not more older people are referred as a result of the Consensus Guidelines for the Assessment and Management of Depression in the Elderly.

The NSW Department of Health is currently reviewing the Mental Health–Outcomes and Assessment Tools (MH-OAT) to provide specific modules appropriate to the needs of older people; including specific screening tools for depression in older people, suicide risk, delirium and dementia.

The NSW Department of Health is also developing a Service Plan for Specialist Mental Health Services for Older People. This draft plan will be ready for consultation with mental health and aged care services in early 2004. The plan will aim to improve referral and treatment outcomes for older people. Increased referral rates will require additional specialist psychiatrists.

Recommendation 79

That NSW Health develop systems to ensure access for older people in residential facilities to Aged Care Mental Health Teams.

Management of health and ageing issues in NSW relies on intergovernmental cooperation with the Commonwealth.

NSW Health works with the Commonwealth and aged care providers to improve access of older people to health services, including dementia and psycho-geriatric care. NSW Health has called on the Commonwealth to align its relevant programs, in particular, the Psychogeriatric Unit Program, to ensure integrated services.

The NSW Government's funding announcement includes \$7 million over five years for Older Persons Mental Health Services. This will assist improved linkages across aged care services and support of older people in residential aged care with behavioural problems and mental disorders associated with dementia.

The *Service Plan for Specialist Mental Health Services for Older People* will address referral pathways and access to specialist mental health services for older people who are resident in nursing homes and hostels.

Recommendation 80

That NSW Health ensure that its new mental health care strategy for the aged and accompanying service plan for the aged in NSW include:

- consultation with stakeholders, funders and providers
- defined roles and responsibilities for stakeholders, funders and providers in implementing and delivering the plan
- Regional population projections as part of service planning and infrastructure provision
- clarification of intergovernmental responsibilities for dementia and co-existing mental health problems
- clarification of the role of community health teams and services in relation to private or non-government organisations residential settings
- timeliness for achievements with annual reporting requirements.

Key stakeholders will be consulted as part of the development of a service plan for Specialist Mental Health Services for Older People. The plan will include clarification of responsibilities of all service providers and jurisdictions and will address population projections as part of service delivery issues.

The planning process is addressing each of the issues identified in this recommendation.

Recommendation 81

That the Minister for Health collaborate with the non-government and private sectors to establish and fund the following facilities across metropolitan and regional NSW:

- purpose built high quality psychogeriatric nursing homes
- purpose built acute care psychogeriatric units in hospitals.

NSW Health is currently developing models of care for this population and is working with the Commonwealth and aged care providers to progress possible options.

Recommendation 82

That NSW Health should, when a sufficient number of psychogeriatric nursing homes and acute care psychogeriatric units are operational:

- develop individual service plans for existing Confused and Disturbed Elderly (CADE) unit residents guaranteeing ongoing treatment and accommodation
- transfer all CADE unit residents to high quality psychogeriatric facilities, and then close or redevelop the nine CADE units currently operating in NSW.

NSW Health is currently undertaking a review of Confused and Disturbed Elderly (CADE) units. If funding is released from the transfer of CADE beds, NSW Health will ensure that this funding goes to the target population of psychogeriatric patients.

All older persons with mental health problems who are assessed and treated will be provided with individual care plans to address their health care and support needs in the community and in residential care settings.

Recommendation 83

That NSW Health conduct an awareness program for mental health professionals to:

- assess the level of care required for a person with a mental illness in conjunction with the age and physical condition of the carer
- where necessary, refer the carer to information about alternative care and guardianship arrangements
- seek respite care services for people with a mental illness and their elderly carers.

Provision of respite programs is a Commonwealth responsibility.

The Centre for Mental Health is currently reviewing MH-OAT to provide specific modules appropriate to the needs of older people, including specific screening tools for depression in older people, suicide risk, delirium and dementia.

The Centre for Mental Health is also facilitating a Caring for Carers Mental Health program to pilot and implement support programs for carers of people with a mental illness. This program will be evaluated over the next 12 months to determine the best practice models for carers' programs across NSW mental health services.

Recommendation 84

That NSW Health urgently establish and recruit staff for child and adolescent acute units in each major region in NSW, with bed numbers based on a population distribution formula.

The new Child and Adolescent Mental Health Service Network (CAMHSNET) initiative will improve access and equity for children and adolescents to mental health services across NSW.

New tertiary inpatient services are being developed at Sydney Children's Hospital and the Children's Hospital at Westmead. These units will complement previously funded child and adolescent mental health services and initiatives, including the inpatient units at John Hunter and Campbelltown Hospitals. Redbank House Acute Adolescent Unit will also continue as a tertiary acute mental health unit.

The units will be supported by specialist CAMHSNET nursing positions across rural areas and future development of further inpatient resources in hubs such as Mid West, Northern Rivers, Gosford and Illawarra.

Recommendation 85

That the Minister for Health immediately implement procedures to eliminate or minimise the incidence of adolescents being placed in adult psychiatric wards.

In 2002/03 the Minister for Health approved additional recurrent funding of \$6.9 million from mental health enhancement funds for CAMHSNET development. This included CAMHSNET support with specially trained nursing staff in paediatric wards and general psychiatry wards in regional centres around NSW and new specialist mental health inpatient services currently being developed at Sydney Children's Hospital and the Children's Hospital at Westmead.

This model will minimise the number of young people who receive treatment in general adult psychiatric wards around NSW. However, specialist child and adolescent mental health support will be enhanced. The CAMHSNET nurses in paediatric wards and general psychiatry units will be supported through geographical networks, with access to specialist advice from child and adolescent psychiatrists.

Recommendation 86

That the Minister for Health direct that, where no psychiatric facilities are available for young people in a hospital, specialist staff should be assigned to adolescent beds in paediatric wards for the duration of all adolescent admissions.

As part of CAMHSNET supported bed level of care, paediatric wards in over 15 locations around NSW will be supported by specialist CAMHSNET nurses. Through the CAMHSNET geographical networks, access to specialist child and adolescent mental health expertise will be strengthened across NSW.

Recommendation 87

That the Minister for Health, in relation to people who have attempted suicide and been admitted to hospital as mentally disordered:

- propose the *Mental Health Act 1990* be amended to require a post-discharge assessment appointment
- the appointment be allocated and the patient informed of the appointment, and the assessment be conducted within five days of discharge.

The principle of early follow-up is strongly supported. The review of the *Mental Health Act* will address this recommendation.

Recommendation 88

That NSW Health ensure that discharge plans are created for all young people admitted to an acute care facility to ensure continuous post-discharge care. The discharge plan must include an appointed case manager.

Mental Health – Outcome Assessment Tools – Children and Adolescents (MH-OAT-CA) modules in development include discharge planning.

However the case management model may not be appropriate for all young people. A responsible clinician who will ensure continuity of care, discharge planning and follow-up will be identified in all cases as appropriate.

Recommendation 89

That NSW Health ensure that when young people in early psychosis programs are discharged, where required, individual service plans should include medium to long-term rehabilitation and supported accommodation

Early psychosis services are now available in all metropolitan areas and are being extended to rural NSW. The NSW Clinician's Guide to Evaluating Early Psychosis Initiatives will provide practical assistance to clinicians and service managers for evaluation. The NSW Early Psychosis Intervention Eligibility (EPIE) indicator has been included in the Mental Health – Outcome Assessment Tools (MH-OAT). This indicator will facilitate appropriate early intervention for young people with psychosis.

Early psychosis practice in NSW uses the Australian Clinical Guidelines for Early Psychosis. These comprehensive guidelines outline recommendations regarding the late recovery phase of psychosis, including discharge planning and establishment of linkages with appropriate services: social, vocational, rehabilitation and, where appropriate, supported accommodation.

Recommendation 90

That NSW Health fund and provide support for adequate places in medium to long-term rehabilitation and supported accommodation for young people requiring such support following their first episode of psychosis.

NSW Health has developed the *Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders*. The framework provides a template to assist NSW Mental Health Services, social housing providers, mental health non-government organisations (NGOs) and the mainstream NGO sector with service planning, development and evaluation.

Each area health service is developing a Housing and Accommodation Support plan that identifies key partners, resources and strategies for the development of housing and accommodation support options for people with mental health problems and disorders.

The key partners are the Department of Housing, the Office of Community Housing, community housing associations, non-government providers of both disability and accommodation support services for homeless people, the Department of Ageing, Disability and Homecare and other community organisations. Area health services will identify their role as the providers of clinical support.

There is an identified need to further expand services for the younger ages.

Recommendation 91

That NSW Health publish a progress report on the implementation of *Getting in Early: A framework for early intervention and prevention in mental health for young people in NSW* within six months.

Getting in Early: A framework for early intervention and prevention in mental health for young people in NSW is a NSW framework that focuses on depression and first onset psychosis in young people. A review of the framework has commenced in late 2003. An Early Psychosis Forum was held in October 2003 with more than 100 mental health clinicians from across NSW.

Recommendation 92

That NSW Health cooperate with the other mental health service providers in NSW to produce a service framework for accommodation and rehabilitation for young people following acute episodes of mental illness.

See response to Recommendation 90.

Recommendation 93

That NSW Department of Education and Training, in consultation with NSW Health and non-government service providers, develop and provide specialist, supported and task-focussed vocational and employment training programs for young people with a mental illness. The programs should focus on young people with varying degrees of cognitive, social or communication difficulties secondary to mental illness who may not succeed in mainstream training programs or paid employment.

Programs of cognitive, social and vocational rehabilitation are required, along with educational rehabilitation. These programs would require complementary specialist clinical support.

The recommendation is to be referred to the Human Services CEOs Forum.

Recommendation 94

That NSW Health investigate and evaluate pilot programs to manage young people with a mental illness and substance abuse problems while addressing the following objectives:

- expansion of such programs across metropolitan, rural and regional NSW
- to inform further local area mental health planning.

The Department of Health is currently evaluating implementation of *The Management of People with a Co-Existing Mental Health and Substance Use Disorder Service Delivery Guidelines*.

The Cabinet Office and the Department of Health have established the Advisory Committee on Best Practice Service Delivery for People with Mental Health and Substance Use Disorders to examine evidence based models of care. It will establish the scope of best practice evidence and make recommendations to forward proposals for treatment in the context of current whole-of-government programs and service initiatives.

This recommendation will be referred to the Human Services CEOs Forum.

Recommendation 95

That NSW Health initiate a program to encourage general practitioners to utilise telepsychiatry services in child and adolescent mental health, to improve the availability of specialist psychiatric services.

The Child and Adolescent Psychological Telemedicine Outreach Service (CAPTOS) for rural NSW is a telepsychiatry service offered from The Children's Hospital at Westmead with specialist telemedicine support for rural services and families complemented by outreach visits. It is a well-accepted service by clients and carers. CAPTOS is being integrated with the Child and Adolescent Mental Health Services Network (CAMHSNET) as CAMHSNET is being developed and integrated statewide.

NSW Health is establishing strong partnerships with general practitioners (GPs). Increased availability for GPs would require an expansion of CAPTOS resources. Expansion of use of telepsychiatry for GPs would require the Commonwealth to provide greater incentives as current Medical Benefits Schedule arrangements offer little incentive for GPs to participate in telepsychiatry and uptake has accordingly been slow.

Recommendation 96

That NSW Health fund support services on a statewide basis to children and young people with parents with a mental illness.

Family liaison workers and Children Of Parents with a Mental Illness (COPMI) project officers have been providing training and consultation liaison services for adult mental health settings to increase the understanding of the risk and protective factors for children whose parent or caregiver is affected by mental health problems or disorders.

Recommendation 97

That the Minister for Health seek to amend section 22 of the *Mental Health Act 1990* to incorporate criteria with which medical practitioners must comply before they can request police escort of mental health patients under Section 22(1)(a).

As part of the *Memorandum of Understanding* between NSW Health and NSW Police, the Department of Health is liaising with NSW Police over immediate action that can be taken at an operational level involving local police and Area Health Services to better ensure that police escorts are used only when issues of safety and security require such an escort.

Through its liaison structures, the Department of Health will undertake appropriate education of general practitioners, who are frequently responsible for scheduling of mental health patients, as to when requests for police escort are appropriate.

In the immediate term, the Health portfolio is currently considering amendment of Schedule 2 to the *Mental Health Act* in relation to police escorts to more clearly identify the circumstances in which such assistance is indicated. The need for any further amendment regarding police transport of people with mental illness will be considered as part of the comprehensive review of the *Mental Health Act*.

Recommendation 98

That NSW Health initiate and maintain a mental health patient transfer service for the transport of people with a mental illness that includes:

- vehicles staffed by appropriately trained mental health professionals
- all inter-hospital transfers including from Emergency Departments to mental health facilities
- return of missing patients (non-violent)
- breaches of community treatment and community counselling orders.

NSW Ambulance currently plays a key role in delivering comprehensive clinical care to mental health patients, consistent with mainstreaming principles. It is more appropriate to strengthen Ambulance capacity for managing mental health patients.

Funding for emergency mental health services over the next five years will include resources to increase specialist mental health expertise in the Ambulance Service and transport ability for mental health clients.

The NSW Health Seclusion Restraint and Transport Working Group is reviewing transport options, and will provide recommendations as part of its final report by early 2004. NSW Police and Ambulance are part of the working group.

Recommendation 99

That the Minister for Health and the Minister for Police initiate a mandatory comprehensive training program to provide all police officers with training to better respond to mental health problems in the community. The training program should be funded by NSW Health and include training in:

- recognition of common and significant psychiatric problems
- techniques to deal with people with a mental illness
- understanding of the relevant legislation and associated legal issues.

A series of videos has been produced by NSW Police in conjunction with the Centre for Mental Health and funded through the Centre. The videos are being made widely available to NSW Police and other relevant organisations. They will also be used as part of training in mental health issues at the Police College at Goulburn.

Recommendation 100

That the most recent Memorandum of Understanding between NSW Health and NSW Police include as signatories, nursing, general practice and medical specialist area representative groups.

The NSW Department of Health has been working closely with the Alliance of NSW Divisions of General Practice and the NSW Rural Doctors Network to better coordinate mental health services for the people of NSW. Improving understanding of the relationship with police and ambulance is an important part of this process.

Medical specialists (Emergency Department) are currently represented. Other bodies will be invited to join in the *Memorandum of Understanding* between NSW Health and NSW Police for appropriate components.

Recommendation 101

That the proposed Office of Mental Health within the NSW Premier's Department should, after 12 months operation of the Memorandum of Understanding Revision 2002:

- conduct a review of the instrument's operation
- amend the instrument as required
- seek to amend the *Mental Health Act 1990* to incorporate key components of the Memorandum of Understanding.

The Health/Ambulance/Police Interdepartmental Committee on Mental Health meets at monthly intervals to oversee the operation of the *Memorandum of Understanding* (MOU), and implementation at local levels. The Interdepartmental Committee will amend the MOU in light of the lessons learnt following implementation.

Recommendation 102

That NSW Health require all Area Health Services to introduce or improve security arrangements at public hospitals and mental health units in NSW for the purposes of monitoring and managing mental health patients.

The former Minister for Health established the NSW Health Taskforce for the Prevention and Management of Violence in the Health Workplace, which was responsible for the following initiatives:

- \$7.4 million was made available to public hospitals to improve their capital security, with a focus on improved access controls; perimeter security, communications, duress alarms and CCTV
- \$5 million in recurrent funding was made available to provide increased security personnel
- a further \$1.5 million was made available to rural facilities over the three years from 2001/2002 to 2003/2004 for further capital improvements
- a statewide, modular, accredited violence prevention training program *A safer place to work: preventing and managing violent behaviour in the Health workplace* was developed and was rolled out to Health Service aggression prevention trainers in August/September 2003
- the NSW Health Security Manual has been reviewed and updated.

The NSW Health Building Facility Guidelines for Emergency Departments will be revised to ensure physical facilities provide a safe environment for mental health assessment. However, to increase 24-hour security officers across mental health units and Emergency Departments would be a significant cost.

Recommendation 103

That NSW Health require all Area Health Services to monitor and report publicly on the incidence of the 'absence without leave' (AWOL) of mental health patients from public hospitals and mental health units. These reports should include:

- the incidence of AWOL from the hospital or unit
- a record of all reasonable attempts made to locate the missing patient
- the incidence of requests by hospitals for police assistance in locating and returning of missing mental health patients.

Absence without leave is included in a set of quality indicators being developed by the Centre for Mental Health with Area Health Services.

Recommendation 104

That the Minister for Health provide funding to NSW Health to increase specialist mental health staff so that hospitals can manage the detention and care of a person presented by police under sections 21,22 and 24 of the *Mental Health Act 1990*.

The NSW Government has announced \$15 million over five years to improve responsiveness and access to emergency services by strengthening partnerships with Police, Emergency Departments, Ambulance and extended hours community mental health services. Funds will be provided to NSW Police to increase police mental health expertise.

The review of the *Memorandum of Understanding* (MOU) between NSW Health and NSW Police will consider the role of police in the transport under the *Mental Health Act* of people with mental illness.

The review of the *Mental Health Act* will consider transport by police of people with mental illness to and between mental health facilities, and will ensure greater clarity and support for the role of Emergency Departments in mental health assessment and care.

This recommendation will be referred to the Human Services CEOs Forum.

Recommendation 105

That the proposed Office of Mental Health (see Recommendation 1), when established, should initiate and oversee the coordination of an inter-agency specialised program for the care of persons with a mental disorder not currently recognised under the *Mental Health Act 1990*.

This recommendation will be referred to the Human Services CEOs Forum.

Recommendation 106

That the Minister for Health ensure that the contracts for employment of consultant psychiatrists with Corrections Health Service require them to only address patient treatment related needs.

The Corrections Health Service funds a Court Reporting Unit which coordinates reports prepared by clinicians for the courts, the Mental Health Review Tribunal, the Parole Board, the Serious Offenders' Review Board and for related purposes. Visiting medical officer contracts provide for a range of non-clinical duties, including teaching, management and other functions. The preparation by psychiatric clinicians of reports is core business for a forensic mental health service and is not reducing face-to-face clinical treatment hours.

Recommendation 107

That the Minister for Health increase funding to employ additional psychiatrists to meet the increased forensic mental health assessment, consultation and treatment needs.

The inmate population has a high level of mental health problems as highlighted by the recent Inmate Health Survey and the Mental Health Survey. Funding has increased significantly to Corrections Health over the past five years. In particular the establishment of the Community Court Liaison Service and court reporting service have required increased forensic psychiatrist input. There are now 17 court liaison positions in NSW (14 under the control of Corrections Health Service), with plans to expand the service.

Recommendation 108

That the Minister for Health implement a formal agreement with the Mental Health Review Tribunal for the supervision and management of released forensic patients including:

- clarification of the responsibility of clinical services in the monitoring and reporting of clinical supervision, including the role of the Mental Health Review Tribunal in monitoring progress
- clarification of formal procedures for managing breaches of release conditions.

The Mental Health Review Tribunal does not provide clinical supervision and management.

The review of the *Mental Health Act* will cover forensic issues. The review will canvass options for the forensic system, including the clinical supervision and management of forensic patients, the role of the Mental Health Review Tribunal and procedures for managing breaches of conditions.

Recommendation 109

That as a matter of urgency the Minister for Health finalise plans, allocate funding and provide all other support necessary to construct a secure forensic mental health unit outside the perimeter of Long Bay Correctional Complex and that the facility be staffed by health professionals and non-corrections personnel.

The 2003-04 budget allocated \$500,000 in the asset acquisition program. A Project Definition Plan has been completed for a 135 bed maximum secure Forensic Hospital (including 15 beds for non forensic patients who require this level of specialist care).

This hospital will be located in Malabar outside Long Bay Correctional Centre, and will be operated by Corrections Health. It will be staffed and managed by health professionals and non-corrections personnel. A capital budget of \$57.6 million was approved in the 2003/04 State Budget.

Recommendation 110

That the Minister for Health allocate funding for the development of plans to construct further maximum and medium security forensic mental health units in NSW in order to meet the projected needs of the increasing population.

An increase in forensic mental health beds has already been incorporated in the new Forensic Hospital to be built at Malabar. The development of any further medium and maximum-security beds should be informed by a comprehensive needs assessment conducted by NSW Health.

Recommendation 111

That the Minister for Health ensure that there is sufficient minimum security accommodation to avoid undue detention of patients in medium security units.

See response to Recommendation 110.

Recommendation 112

That the Minister for Health and the Minister for Corrective Services immediately act to exempt forensic patients from wearing prison attire.

Corrections Health has entered into discussions with the Department of Corrective Services to advance this issue. All forensic patients will be attired in appropriate non-prison clothing as they move into the new Forensic Hospital from late 2005.

Recommendation 113

That NSW Health allocate additional resources to the receptions screening program, including adequate funding and staffing to ensure that remand inmates with a mental health problem are identified.

Corrections Health currently has in place a sophisticated health screening process that includes a very significant mental health component. Corrections Health will continue to work to improve mental health screening of remandees. Screening is a priority of the newly appointed Director of the NSW Forensic Mental Health Directorate. Identification, treatment and the continuation of care are important. Increasing resources for screening will also need to be complemented by increased treatment capacity.

Recommendation 114

That the Minister for Health and the Minister for Corrective Services ensure that, in relation to the current review of conditions of the Mum Shirl Unit, Mulawa Correctional Centre:

- the Chair of the review committee is provided with adequate funding and administrative resources to expedite the review
- recommendations of the review committee be implemented without delay.

The review of the Mum Shirl Unit at Mulawa is chaired by the Commander of Women's Facilities with the Department of Corrective Services. Corrections Health Service is participating in the review committee.

The NSW Forensic Mental Health Directorate will consider the review committee's report once it is made, and will be responsible for reviewing forensic mental health services for women in NSW, and for developing appropriate services to meet the needs of women.

Recommendation 115

That the Minister for Health fund a secure forensic mental health facility for women.

There will be 15 beds for women in the new Forensic Hospital. In the meantime, 10 beds in the medical ward of Long Bay Prison Hospital have been redeveloped to provide a maximum secure inpatient unit for acutely mentally ill women. This complements the 12 existing medium-secure beds at the Bunya Unit of Cumberland Hospital.

Recommendation 116

That NSW Health provide the Governor of Mulawa Correctional Centre with funding to improve the facilities for the treatment of women with a mental illness or disorder. The funding allocation should cover the following:

- comprehensive occupational health and safety review by an independent WorkCover accredited consultant
- implementation of the occupational health and safety review recommendations.

Improving the treatment of women with a mental illness should occur through the forensic mental health program in partnership with the Department of Corrective Services' Psychological Services.

The Mum Shirl Unit is a facility owned by the Department of Corrective Services and is not a health facility. This unit could not be upgraded to act as a quasi-hospital, but provide a supportive environment for women with mental disorders.

Recommendation 117

That the Minister for Health and the Minister for Corrective Services ensure that any future maximum and medium security forensic hospital built in NSW should incorporate segregated accommodation suitable to male and female patients.

The new maximum secure Forensic Hospital will have a 15 bed female-only unit to complement the 12 existing medium-secure beds at the Bunya Unit of Cumberland Hospital (see response to recommendation 109).

Recommendation 118

That NSW Health continue to extend the Court Liaison Service to all regions including enhanced funding and resources for existing services.

There are now 17 court liaison positions across the state which service the busiest courts in the state. It is not feasible to place court liaison services in all 130 plus courts across the state. However, the Court and Community Liaison Service will ensure that statewide coverage of courts is provided.

Recommendation 119

That the Attorney-General and the Minister for Health cooperate to expedite the establishment of a State Institute of Forensic Science and include forensic mental health within its responsibilities. Features relating to forensic mental health to be incorporated within the State Institute of Forensic Science to include:

- provision of forensic mental health services, including court liaison services and court reports
- responsibility as a provider for all forensic psychiatric services in NSW
- a Board of Management to oversee operations
- a State Forensic Mental Health Service located within the State Institute of Forensic Science which reports through the State Institute of Forensic Science Board to the Director General of NSW Health.

A State Institute should not come under Forensic Science as it is a totally different aspect of work. There is a State Directorate of Forensic Mental Health under Corrections Health, with linkages to the Centre for Mental Health. A Director of Forensic Mental Health has recently been appointed.

Recommendation 120

That NSW Health evaluate the model and structure of mental health services provided by Forensicare at the Thomas Embling Hospital in Victoria with a view to implementing this model for any planned forensic hospital facility in NSW.

The new forensic mental health hospital will in large part be modelled on Thomas Embling Hospital. However, the Forensicare model is complicated by the presence of private prisons and diverse providers of correctional mental health care.

