

**Portfolio Committee No. 2 – Health and Community Services
Budget Estimates 2017-18 – Responses to Questions Taken on Notice
Mental Health, Women and Ageing portfolios
6 September 2018**

Flexible work jobs register

Transcript page 7

The Hon. COURTNEY HOUSSOS: That is fine. I am going to ask you one final question, which is: How many people have registered for the new flexible work jobs register?

Ms TANYA DAVIES: I would have to take that on notice. But flexibility is a key theme of this Government. We have a goal of ensuring that every government role by 2019 will be deemed flexible on the basis of, "If not then why not?" Because we recognise that flexibility is a key component to enable women to maintain their commitment to the workplace.

The Hon. COURTNEY HOUSSOS: You do not have to spruik the benefits of flexible work to me. I am there with you.

The Hon. Dr PETER PHELPS: You strongly endorse government policy.

The Hon. COURTNEY HOUSSOS: In fact the Government adopted my policy. I am waiting for you to adopt the final part of it. But I am interested in how many people and what initiatives you have in place. Your own document acknowledges that this will break down because of a lack of managerial understanding. How many people have signed up to the jobs register in your department and across the Government?

Ms TANYA DAVIES: For sure. As I said, in terms of the exact number we will take that on notice. I am not acutely aware.

ANSWER:

The NSW Government is strongly committed to the implementation of flexible working across the government sector. The Public Service Commission is leading the strategic imperatives and initiatives to roll out flexible working.

Abortion – Medicare

Transcript page 8

Ms CATE FAEHRMANN: Surgical abortion is a rebatable procedure under Medicare. Is that right?

Ms TANYA DAVIES: I might refer to the Health secretary for that information.

Ms KOFF: I will take that on notice.

ANSWER:

This is a matter more appropriately answered by the Federal Minister for Human Services and Digital Transformation, the Hon Michael Keenan MP, who has responsibility for Medicare and should be referred accordingly.

Slavery, human trafficking and labour exploitation

Transcript page 11

The Hon. PAUL GREEN: Minister, how does your department ensure women have adequate information and training tools to recognise slavery, human trafficking and labour exploitation?

Ms TANYA DAVIES: To that particular subject matter I commend you on your work for the Modern Slavery Bill. I know that you spent a considerable amount of time working that through and getting it passed through the Parliament.

The Hon. PAUL GREEN: Thank you.

Ms TANYA DAVIES: I want to congratulate you on that, but as to the specific work that the department is doing, could I please take that on notice and get back to you?

ANSWER:

The NSW Government welcomes the introduction of the NSW Modern Slavery Bill 2018. I am advised that the Department of Premier and Cabinet is leading cross government work on the practical implementation of the Bill. For further details, this question should be directed to the Premier.

Seclusion & Restraint Review implementation

Transcript page 13

The Hon. PENNY SHARPE: That is terrific Minister, but I am asking about the number of security staff. You are saying that there are no additional security staff being hired within the government mental health facilities?

Ms TANYA DAVIES: We will take that particular question on security staff on notice.

ANSWER:

Refer to response to supplementary questions 32 and 33.

Seclusion and Restraint - Data - Trends

Transcript page 14

The Hon. PENNY SHARPE: Minister, that is not my question. You cannot take up all my time by reading what would be dixer. If you wanted to do that you could have got the Government members to ask you questions. These are very specific questions. I want to know how many people under 18 with mental health issues in our facilities are being placed in seclusion or are being restrained? You should be able to provide that information and if you cannot perhaps Ms Koff or Dr Wright can.

Ms TANYA DAVIES: We will take it on notice but the rate is decreasing, which is very good news.

The Hon. PENNY SHARPE: I am glad it is decreasing, but will you take that on notice?

Ms TANYA DAVIES: The particular data you were asking for, yes.

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ANSWER:

Refer to response to supplementary questions 14 and 15.

Direct care staff - specialised mental health services

Transcript page 14

The Hon. PENNY SHARPE: Terrific. According to a Productivity Commission report from 2018, the number of direct care staff in specialised mental health services in New South Wales is the lowest in Australia. Do you have plans to address that gap?

Ms TANYA DAVIES: Can you explain what you mean by "number of direct care staff"? Are you talking about mental health nurses?

The Hon. PENNY SHARPE: Correct. I am talking about the way it is reported within the Productivity Commission Report on Government Services 2018. The words that the report uses are "direct care staff in specialised mental health services". New South Wales had the lowest number across Australia.

Ms TANYA DAVIES: I will take the question about comments in that particular report on notice.

ANSWER:

NSW Health is developing an overarching NSW Mental Health Workforce Plan and a Psychiatry Workforce Plan. The workforce plan will align with key objectives in the Fifth National Mental Health and Suicide Prevention Plan.

Seclusion and Restraint Review Report - Recruiting and Training new peer workers

Transcript page 16

The Hon. PENNY SHARPE: I will go back to your review, Dr Wright, and the commitment around recruiting and training new peer workers. My understanding is that these peer worker roles were supposed to be in place by July 2018. Are they?

Ms TANYA DAVIES: The role of peer workers is incredibly important to the rehabilitation of our mental health inpatient units and we—

The Hon. PENNY SHARPE: Yes, that is why I am asking about them. I have a very specific question.

Ms TANYA DAVIES: I will check with Dr Wright in terms of an update on that particular matter. This Government is committing to recruiting additional peer workers across the services.

The Hon. PENNY SHARPE: Yes, you committed to have them in place by July 2018. How many do you have?

Ms TANYA DAVIES: I will check with the Secretary of Health or Dr Wright.

Ms KOFF: I cannot give you those numbers.

The Hon. PENNY SHARPE: You can take it on notice if you need to.

Ms KOFF: I will take it on notice.

Dr WRIGHT: Can I just frame the response. There is a key additional comment in the report that says that we would prefer that the process of properly training and supporting those peer workers be in place before we actually do the recruitment. It was an observation of the review team that in some places the peer workers did not necessarily have the adequate preparation for the roles they were expected to do. That is why we have commentary around a requirement for certificate IV training whilst also having professionalised job descriptions, supervision, performance reviews.

The Hon. PENNY SHARPE: Are there any in place, Dr Wright?

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Dr WRIGHT: Are there any peer workers? Yes, there are.
The Hon. PENNY SHARPE: New peer workers.
Dr WRIGHT: Again, I cannot give you an up-to-date answer to that. We would have to take that on notice.

ANSWER:

Refer to supplementary question 17.

Seclusion and Restraint Review - Directors of Mental Health

Transcript page 16-17

The Hon. PENNY SHARPE: Action 3.1 of the review talks about restructuring senior executive structures to integrate directors of mental health. Has that occurred?

Ms TANYA DAVIES: My understanding is that the secretary has written to all chief executives and advised them of that requirement. Do you have an update on that, Ms Koff?

Ms KOFF: Yes, it was discussed at the senior executive forum last Friday. From my recollection—and I will take the exact numbers on notice—all districts had complied bar three, and we were pursuing the reasons why the three had not.

The Hon. PENNY SHARPE: A quick follow-up please, Mr Chair.

The CHAIR: Very quickly. Thursday, 6 September 2018 Legislative Council Page 17

The Hon. PENNY SHARPE: Is it ultimately up to the districts themselves to decide whether they will do that? You cannot direct them to do them to do that?

Ms KOFF: No, we have made a directive quite explicit in correspondence, carbon copied to the board chairs, that it was a requirement from the review that the mental health director of the district must comply with.

The Hon. PENNY SHARPE: Which three have not complied?

Ms KOFF: I will take that on notice. I cannot remember.

ANSWER:

Refer to response to supplementary question 19.

Mental Health - Youth - Special Religious Education

Transcript page 18-19

The Hon. Dr PETER PHELPS: Has the department done any modelling in terms of mental health issues? Has it done any modelling on the effectiveness of special religious education in allaying mental health issues in youth and assisting them?

Ms TANYA DAVIES: That is a very targeted question. I would have to take that on notice.

The Hon. PAUL GREEN: I am sure it is. If you would like to take it on notice, that would be great.

Ms TANYA DAVIES: Yes.

ANSWER:

NSW Health uses clinical service planning tools to ensure investment in the mental health needs of children and young people meets demand for services.

Grandparents

Transcript page 19

The Hon. PAUL GREEN: Minister, in terms of mental health of older people and particularly grandparents—who are one of the largest groups providing kin care to children, providing up to 75 per cent of all kin care in New South Wales—do you provide benefits or services specifically to these grandparents so they can continue to assist their children and their grandchildren? Have you got any programs going or anything that you fund them with?

....

Mr COUTTS-TROTTER: I am more than happy to provide details of where grandparents formally have parental responsibility for children or are formally relative or kin carers, there are a range of supports. We work quite hard with our colleagues in the Commonwealth to try and get the Commonwealth to better explain in simpler language the supports that are available from the Commonwealth social support system because they are complex and we get a lot of feedback that people do not know what supports are available to them. We have been asking for the Commonwealth to set up dedicated channels for relative and kin carers and particularly grandparents in that role to help navigate that system.

The Hon. PAUL GREEN: Yes, because they are the ones I am talking about. I am not talking about the grandparents that just become secondary babysitters for their grandchildren by their children workers.

Mr COUTTS-TROTTER: Yes, full-time workers.

ANSWER:

Eligibility for Government services and supports for grandparents depends on the type of care arrangement that is in place. Children under a child protection or guardianship order

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living with their grandparents or relatives are eligible to receive a care allowance from the NSW Department of Family and Community Services. These allowances are paid at the same rate as statutory out-of-home care allowance paid to foster carers and are based on the individual needs of the child.

Further information regarding specific programs and supports for kin care should be directed to the Minister for Family and Community Services.

Elder Abuse Helpline & Resource Unit

Transcript page 21 and 22

The Hon. COURTNEY HOUSSOS: Minister, is there a specific time of the year where there are spikes in the number of calls?

...

Ms TANYA DAVIES: The Elder Abuse Helpline & Resource Unit publish data.

Mr COUTTS-TROTTER: There is a dashboard, but I am not sure that the dashboard goes to that level of detail, Minister, but I am happy to take it on notice.

Ms TANYA DAVIES: They do publish data, but whether it is that level of data, we will take it on notice and get back to you.

...

The Hon. COURTNEY HOUSSOS: Do you have procedures in place if there are spikes at particular times of the year? How does the Elder Abuse Helpline & Resource Unit manage during a busy period?

Ms TANYA DAVIES: There is a provision for a message to be left and the call centre staff when available take that message and call the person back.

The Hon. COURTNEY HOUSSOS: How many messages were left last year?

Ms TANYA DAVIES: I would have to take that on notice.

...

The Hon. COURTNEY HOUSSOS: Can you then tell me what the response time was to that? How many messages were left and how long on average did it take to get back to people?

Ms TANYA DAVIES: The standard is that they return the call by the next business day.

The Hon. COURTNEY HOUSSOS: I want to know what percentage of the time that was met?

Ms TANYA DAVIES: We will take that on notice.

...

The Hon. COURTNEY HOUSSOS: But there has been a significant increase in the number of calls over the past 12 months. It is an increase of one-third. It went from 2,120 calls in 2016-2017 to nearly 3,000 calls in 2017-2018. Do you not then say, as Minister for Ageing: We need to ensure that these response times are being met?

Ms TANYA DAVIES: Absolutely. With the data around that, I said earlier we would take that on notice and go back and find that data for you. I reiterate that the Elder Abuse Helpline & Resource Unit is not a crisis line. If anyone is at immediate risk of life or limb they need to call 000. They need to ring the emergency authorities. The resource centre and the helpline is established as an information source, a referral source under the recommendations from the upper House parliamentary inquiry. We are trialling a case—

ANSWER:

I am advised that the Elder Abuse Helpline and Resource Unit sees an increase in calls following Christmas and New Year as well as when there is media attention on the issue, such as around World Elder Abuse Awareness Day in June or following events such as the NSW Seniors Festival. There was also an increase following the National Conference on Elder Abuse which was held in Sydney in February this year.

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I launched the Elder Abuse Helpline and Resource Unit Dashboard on 15 June 2018 and it will be updated annually. The Dashboard is available at:

<https://www.facs.nsw.gov.au/resources/statistics/elder-abuse-helpline-and-resource-unit>

I am advised that all staff at the Elder Abuse Helpline and Resource Unit work part-time and have flexibility to work extra days and hours as required. Three consultants are logged in to take Helpline calls at any one time. If the call number exceeds the capacity of the three consultants, additional staff are tasked to respond to calls during that time to meet demand.

I am advised that 100% of messages left out of hours are returned on the next business day where a contact number has been included on the day the message is left. On average, less than one call each day was received after hours over the last 12 months.

I am advised that response times are being met and the Elder Abuse Helpline and Resource Unit manages its workload and staffing to ensure all calls are answered and where messages are left, the call is returned either on that day or the next business day.

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NSW Steering Committee for the Prevention of Elder Abuse

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The Hon. COURTNEY HOUSSOS: I refer to the NSW Steering Committee for the Prevention of Elder Abuse. You can take this question on notice. Can you provide a copy of the terms of reference and the membership?

Ms TANYA DAVIES: Yes, I can.

The Hon. COURTNEY HOUSSOS: Has the committee met this year?

Ms TANYA DAVIES: Yes, it has.

The Hon. COURTNEY HOUSSOS: How many times has it met?

Ms TANYA DAVIES: It last met in August this year, and it meets quarterly. The first meeting was in July— 2017

The Hon. COURTNEY HOUSSOS: Have any meetings this year failed to achieve a quorum?

Ms TANYA DAVIES: I will take that question on notice.

The Hon. COURTNEY HOUSSOS: What action resolutions arose from the July, August and November 2017 meetings?

Ms TANYA DAVIES: I will take that question on notice.

ANSWER:

The NSW Steering Committee for the Prevention of Elder Abuse is a sub-committee to the NSW Ageing Strategy Interdepartmental Committee.

I am advised the Elder Abuse Steering Committee has met three times this year on 15 February 2018, 23 May 2018, and 29 August 2018 and for all meeting dates a quorum was achieved.

I am advised the following actions arose from meetings in July, August and November 2017:

- Minor amendment of Terms of Reference
- Request for members to note activities in their area regarding prevention of Elder Abuse that could contribute to progress reporting
- Request for a report regarding Culturally and Linguistically Diverse communities to be tabled next meeting
- Request for Committee member to undertake individual consultations with committee members and other stakeholders.
- NSW Elder Abuse policy review
 - Distribute timetable for consultation.
 - Note the need to reflect outcomes of NSWLRC Guardianship Review in the revised policy.
 - Request for case studies
- Summarise and distribute discussion about prevention and response strategies

[THE TERMS OF REFERENCE ARE PROVIDED BELOW].

TERMS OF REFERENCE

NSW STEERING COMMITTEE FOR THE PREVENTION OF ELDER ABUSE

1. PURPOSE

The NSW Steering Committee for the Prevention of Elder Abuse will support a more strategic approach to development, implementation and review of measures aimed at tackling elder abuse.

2. BACKGROUND

Under the NSW Ageing Strategy 2016-20, the NSW Government is committed to ensuring that people not only live longer than ever before; but live better than ever before. This includes keeping older people safe, and more specifically working to prevent elder abuse.

3. WHAT IS ELDER ABUSE

Elder abuse as described by the World Health Organisation, is ‘a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person’. It can take various forms, such as physical abuse, psychological or emotional abuse, financial abuse, sexual abuse and neglect.¹

¹ World Health Organization, The Toronto Declaration on the Global Prevention of Elder Abuse (2002).

4. GOVERNANCE AND REPORTING

The NSW Steering Committee for the Prevention of Elder Abuse will report to the NSW Ageing Strategy Interdepartmental Committee (IDC).

4.1 Chairperson

Director Ageing, Department of Family and Community Services

4.2 Secretariat

Department of Family and Community Services

4.3 Committee Members

The NSW Steering Committee for the Prevention of Elder Abuse membership includes senior managers and other relevant staff with appropriate delegation from the following agencies:

NSW Family and Community Services (Chair and Secretariat)

NSW Health

NSW Police Force

NSW Trustee and Guardian

NSW Justice Strategy and Policy

NSW Department of Education (on behalf of Aboriginal Affairs NSW)

Multicultural NSW

Women NSW

Centrelink

Australian Government Department of Health

Ministerial Advisory Committee on Ageing

Seniors Rights Service

4.4 Ex Officio Committee Members

NSW Elder Abuse Helpline and Resource Unit

Expert advice will be sought other Government Agencies and Peak Bodies when required.

5. SCOPE AND ACTIVITIES

The scope and activities of the Committee will include but not be limited to:

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Identifying future state-wide policy direction and decision making to effect an efficient and effective state-wide response mechanism to address abuse of older people.

Supporting key initiatives of the NSW Ageing Strategy to tackle abuse such as:

- Overseeing the review of the *Interagency Protocol for Responding to Abuse of Older People*.
- Overseeing the evolution of the Elder Abuse Helpline and Resource Unit.
- Overseeing state-wide training requirements in conjunction with the Elder Abuse Helpline and Resource Unit to ensure implementation across all sectors.
- Reviewing current data including reports from the Elder Abuse Helpline and Resource Unit to identify priority areas and trends.
- Monitoring local and regional policies and programs (including information and resources) for consistency and relevance.
- Collaborating with representatives from the Commonwealth Government and other jurisdictions to develop and promote a national response to address the abuse of older people.
- Support of agency-level responses to the Inquiry.

6. COMMITTEE MEMBERS ROLES AND RESPONSIBILITIES

Members of the Committee will be expected to:

- Participate in meetings or propose a substitute to the Secretariat prior to the meeting.
- Review any distributed material prior to the meeting.
- Treat meeting material distributed to members as confidential.
- Take action on allocated activities/tasks within agreed timeframes.
- Identify any issues related to their area of expertise.
- Challenge and debate merits of alternative strategies.

7. ADMINISTRATIVE ARRANGEMENTS

7.1 Decision making and Quorum

This Committee will invite other key experts when required to inform decision making.

The number of members that constitutes a quorum for committee meetings will be five (5) members.

8. MEETINGS

8.1 Frequency

Meetings will be held quarterly, with out-of-session communication as needed.

8.2 Agendas and Minutes of Meetings

A Steering Committee meeting pack will be sent to members before each meeting. This will include:

- Meeting agenda, including the date, time, location and agenda items
- Finalised minutes of the previous meeting
- Papers associated with agenda items
- Any other documents/information to be considered.

8.3 Distribution of Minutes

Full copies of the Minutes, including attachments, shall be provided to all committee members no later than 7 working days following each meeting. Meeting minutes will be approved by Chair prior to distribution. Members will be able to comment or request changes.

9. REVIEW

The NSW Steering Committee for the Prevention of Elder Abuse and its Terms of Reference will be reviewed annually by the NSW Ageing Strategy Interdepartmental Committee.

Women's superannuation

Transcript page 24

The Hon. COURTNEY HOUSSOS: Have you sought advice on how the Government can model best practice to increase women's superannuation in the public sector?

Ms TANYA DAVIES: As you would appreciate, superannuation is largely controlled in the Federal sphere.

The Hon. COURTNEY HOUSSOS: I am worried about New South Wales government workers. Have you sought any advice about how you can implement best practice to increase women's superannuation in the New South Wales public sector?

Ms TANYA DAVIES: Again, that area requires a cross-portfolio approach. I am happy to take that question on notice. In terms of supporting women, we recognise that women need to be supported in their employment. Again, superannuation comes down to government contributions and voluntary contributions, and also the role that a person is performing.

ANSWER:

The NSW Government recognises the importance of superannuation savings for women, and is aware that women are often disadvantaged in retirement savings due to being more likely than men to work part time, take time out for caring responsibilities and be over represented in lower paying industries. The NSW Government is working on improving women's economic security through boosting women's workforce participation and challenging occupational gender segregation. Both these initiatives will assist in increasing retirement incomes for women. The broader issue of superannuation reform is a matter for the Commonwealth and I intend to raise this issue with my federal colleague, the Minister for Women.

Recruitment of psychologist and psychiatrists -Shoalhaven region

Transcript page 27

The Hon. PAUL GREEN: That is a good segue into my next question. I was recently at a roundtable with the Minister for Health. We heard there that the Shoalhaven hospital does not have a resident psychologist or psychiatrist—I am not sure which one. In that situation it seems the surgeons are playing a dual role: they are trying to deal with those mental health issues of their patients plus operate on them. Are you aware of that?

Secondly, what actions do you think the Government should take to do something to put a permanent psychologist or psychiatrist in the area? Is there a lack of those professions so that we cannot get one for a region that services up to 300,000 people during peak tourist times?

Ms TANYA DAVIES: The challenge of getting our specialised mental health service delivery out into the rural and regional areas of New South Wales is an ongoing challenge. We are responding in a number of ways, the first of which is to increase the number of declared institutions that can provide that level of assistance. There are over 70 now that are operating across New South Wales. We are also providing access to

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specialised mental health services through the Telehealth technology system. Perhaps Dr Wright—

The Hon. PAUL GREEN: I would love a comment from Dr Wright. ----

The Hon. PAUL GREEN: How healthy is it to have a major hospital without a major health portfolio such as a psychologist or a psychiatrist to see the patients pre-op or post-op?

Ms TANYA DAVIES: I can address that. As Dr Wright has said, it is more advantageous to have them face to face but we have to face the situation as it is.

The Hon. PAUL GREEN: I understand, but with all due respect we are in the twenty-first century. We are talking about 2½ hours south of Sydney. We are not being Sydney-centric here. When are we going to see these health professionals decentralised into major hospitals throughout regional and rural New South Wales? With all due respect to you, because this is probably the first time you have heard of this, but it is not acceptable to leave major hospitals without a major health portfolio—psychologist, surgeon, orthopaedic, neurologist or whatever it is. ---

The Hon. PAUL GREEN: Thank you. That is a good place to start. My point is, what is the Government going to do? Shoalhaven cannot do without a psychiatrist or a psychologist, with all due respect for cyber psychologists. That is all well and good but it is much better to have one on the ground for the people of our area.

Ms TANYA DAVIES: I spent some time living in the country and it is a magnificent environment and place to grow up. There are incredible advantages to living outside of Sydney. Part of the role of government is to highlight those advantages. We are doing that in terms of trying to encourage more people to move to our regions to reduce the congestion in Sydney. To the Hon. Dr Peter Phelps's point, you cannot make people relocate, so what we are doing right now is working through a Mental Health Workforce Plan. We are looking at other strategies. We already have strategies to deliver the service—

The Hon. PAUL GREEN: With all due respect, there have been some successful GP programs that have been run in regional universities. We found that the GPs will stay local. Is there not an initiative where we can do that with psychologist and psychiatrist training?

Ms TANYA DAVIES: Again in terms of the strategies that we are doing right now, obviously there is the Mental Health Workforce Plan, but we are also running with a requirement that new psychiatrist graduates are required to have a rotation through the regions—

The Hon. PAUL GREEN: For a five-year period?

Ms TANYA DAVIES: No, three-month rotation. But again, at the end of the day we acknowledge there are significant challenges. In terms of your particular case, if I may just take that situation on notice and investigate that for you.

ANSWER:

There are 20.5 FTE Psychologists in the Shoalhaven, with no vacant positions. There are 3.7 FTE Psychiatrists in the Shoalhaven (including 1.0 FTE Registrar Psychiatrist). Of the 3.7 FTE, 1.0 FTE is currently filled by a locum and the position is under recruitment.

In addition to actively recruiting Psychiatrists for the District, three District Mental Health Service Psychiatry Registrars will graduate towards the end of 2018. They have been offered positions as Staff Specialists and have elected to stay in the District.

Shoalhaven Hospital has 1.4 FTE Psychologist. All psychiatry services delivered through Shoalhaven Hospital are community services and therefore provided by the Shoalhaven Adult Community Mental Health Service (1.0 FTE Psychiatrist Registrar and 1.0 FTE Psychiatrist

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Staff Specialist). A Sub-acute Mental Health Unit (with 0.4 FTE Psychologist) is a community service located on the Shoalhaven Hospital grounds. Inpatient mental health services are provided at Shellharbour Hospital.

Post-termination support

Transcript page 27

The Hon. PAUL GREEN: Thank you. Minister, I went to an Abortion Rethink meeting to do with a bill in the House. One of the testimonies was from an individual who was traumatised by her experience of choosing to have an abortion and that situation. Do you provide any funding to assist women dealing with the trauma of post termination? Are there any current statistics on the resources invested in women post termination, such as counselling and grief support?

Ms TANYA DAVIES: I am aware that under the portfolio of Minister Hazzard there is provision for post-termination counselling. The secretary may be able to provide further details around that.

Ms KOFF: No, not specifically the amount invested. As we discussed earlier, if there is a termination of pregnancy consistent with the guidance required there is full support in the medical facility where it occurs.

The Hon. PAUL GREEN: That was not the case in the testimony we heard. That is why I am asking. If you could take that on notice and get back to me that would be great.

ANSWER:

Statistics are not available on the specific resources invested in women post termination.

Counselling and grief related services are available to women post termination through both government services and non-government organisations (NGOs).

The Pregnancy, Birth and Baby Helpline offers counselling and information services after termination of pregnancy, through the national call centre, Healthdirect. Healthdirect is jointly funded by the Federal Government and the governments of Australian states and territories, including the NSW Government.

A number of NGOs provide telephone and in some cases, face-to-face grief counselling services for women affected by termination of pregnancy.

Mental Health Facilities - therapeutic environments - funding assessments

Transcript page 27-28

The Hon. PAUL GREEN:Minister, we have just finished a drug rehabilitation inquiry. How much funding is allocated to refurbishing or renovating existing mental health facilities, especially in rural and regional areas?

Ms TANYA DAVIES: There are a couple of answers to that. The first is in relation to the review Dr Wright conducted into seclusion, restraint and observation.

The Hon. PAUL GREEN: Yes.

Ms TANYA DAVIES: When we announced our acceptance of all 19 recommendations we also announced that \$20 million would be immediately available to assist local health districts retrofit their inpatient facilities to provide more therapeutic environments in which mental health inpatients are treated.

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The Hon. PAUL GREEN: Would regional, rural or remote areas get priority on that list?
Ms TANYA DAVIES: In terms of who is going to be successful in that available funding, there is a co-designed panel that has been brought together. So it is not just the Ministry of Health. There has also been the Mental Health Commission and official visitors on that program in order to assess the various applications that are coming through. If you want some information in terms of how they are going to be conducting the assessment, we are happy to take that on notice and get back to you.

ANSWER:

An assessment panel was established with representatives from Being, Mental Health Carers NSW; the Mental Health Commission of NSW; the Official Visitors Program; and NSW Health. The panel co-designed assessment criteria, based on the recommendations of the 2017 review, and reviewed proposals submitted by local health districts and health networks across the state against the criteria.

The next step is to prioritise proposals that have met the criteria within the \$20 million funding available in 2018-19. This is being finalised.