

Portfolio Committee No. 2 – Budget Estimates 2019
Mental Health - Supplementary Hearing - 30 October 2019
Responses to Questions Taken on Notice

Mental Health Commission – meetings with Minister

Transcript Page 4:

The Hon. WALT SECORD: The Minister is responsible for Mental Health, Regional Youth and Women. You meet once a month. How many times have you met the Minister?

Ms LOUREY: I cannot tell you off the top of my head but I would be imagine it would be—

The Hon. WALT SECORD: A couple of times?

Ms LOUREY: It would be more than a couple of times. But I can get that information for you if you want a precise answer.

The Hon. WALT SECORD: Yes. Have you met the Premier?

ANSWER

As of 7 November 2019, the Commissioner met with the Minister for Mental Health on a formal basis on five occasions. These were:

- 10 May 2019
- 13 June 2019
- 15 July 2019
- 13 August 2019
- 23 September 2019

The Minister and the Commissioner have attended other events together including the Parliamentary Showcase on 23 October where the Minister gave a welcome address.

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Living Well review

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The Hon. TARA MORIARTY: How many people have you met with and how many submissions have you received?

Ms LOUREY: We have not had submissions. We have had an online survey. We have had over 1,000 responses to our survey. In terms of individuals, over 1,000.

The Hon. TARA MORIARTY: Meetings?

Ms LOUREY: No, 1,000 individuals.

The Hon. TARA MORIARTY: Who have completed the survey?

Ms LOUREY: No, sorry. In our consultations there were over 1,000 and over 1,000 responded to our online survey. In terms of individual meetings, I could get that information for you.

ANSWER

Close to 3,000 people across NSW attended events, workshops and meeting, or completed an online survey as part of the consultation process for the Living Well mid-term review.

More than half of the people consulted were face-to-face as part of a statewide consultation process.

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Suicides

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Ms CATE FAEHRMANN: The 20 per cent by 2023, are there milestones to be reached before 2023 in terms of seeing a downward trend in suicides in the strategic framework for suicide prevention? Does that set milestones before 2023 in terms of rates of suicide?

Dr WRIGHT: Before I answer that part of the question, I think I ought to say that 2023 is four years away. I think that there are a number of different markers or indicators that we would be looking at in monitoring people at risk of suicide, which I think would have more sensitivity in terms of being able to detect change. An annual figure such as the suicide rate is something that, if we were to implement the most perfect suicide prevention program today, may take a couple of years to see that change in something which is an annual rate. So we are very interested in some of the other indicators of people at risk, and those are things like presentations to emergency department with people who are presenting with suicidal ideation or people who are presenting with self-harm.

There are some particular populations who are of great interest to us to monitor, and we would also look at figures in some of those subpopulations, and there I am talking about young people and I am also talking about Aboriginal people. Those are populations where we are very keen to have specific improvements in some of those. As to whether there has been a setting of interim markers between now and 2023, I would have to take that on notice.

ANSWER

No milestones have been set other than the 20 per cent reduction in the suicide rate by 2023, as part of the Towards Zero Suicides Premier's Priority.

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LifeSpan

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Ms CATE FAEHRMANN: I understand that they have put a request in for funding from the Government to sustain their current four LifeSpan sites and for four new LifeSpan sites as well. Are you aware of that?

Dr WRIGHT: No. I would have to take that on notice.

ANSWER

The NSW Ministry of Health has not received any request for funding from the Black Dog Institute for sustaining of Lifespan. Note that three Lifespan trial sites have now concluded, although many of the activities included in the trial will continue as they pre-date the trial's commencement and are not dependent on the trial continuing.

The NSW Government is establishing a state-wide suicide prevention service system that will provide new services in every local health district through the \$87 million investment in the Towards Zero Suicides initiatives.

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Aboriginal communities – mental health support

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Ms CATE FAEHRMANN: Yes, but can we get specifically to in relation to Aboriginal communities because my time is running out. This question is directed to anybody on the panel: What is the New South Wales Government doing to provide support for the mental health of those Aboriginal communities that have run out of water?

Ms KOFF: Generally I can state that in 2019-20 the Government is spending \$6.27 million on specific initiatives to improve the mental health and wellbeing of Aboriginal people and to prevent suicide.

Ms CATE FAEHRMANN: Could you repeat that?

Ms KOFF: Yes, I can—\$6.72 million.

Ms CATE FAEHRMANN: Over?

Ms KOFF: In '19-'20.

Ms CATE FAEHRMANN: In 1920? That is a long time ago!

Ms KOFF: The financial year 2019-20.

Ms CATE FAEHRMANN: Thank you.

Ms KOFF: There was \$2.18 million in grant funding to 17 Aboriginal community controlled health services to support mental health service delivery, \$510,000 for statewide coordination and strategic projects to support development and growth of the Aboriginal mental health workforce. That goes to the heart of what we said earlier: we need to support the Aboriginal—

Ms CATE FAEHRMANN: Can I get a much more detailed breakdown of that provided to the Committee on notice, please?

Ms KOFF: Yes.

ANSWER

In 2019-20, the Government is spending \$6.37 million on specific initiatives to improve the mental health and wellbeing of Aboriginal people and to prevent suicide. This comprises:

- \$2.2 million in grant funding to 17 Aboriginal Community Controlled Health Services to support mental health service delivery
- \$1.53 million for specific initiatives to address suicide and self-harm among Aboriginal people
- \$980,000 for Aboriginal mental health workforce enhancement, including Aboriginal mental health clinical leaders and trainees
- \$700,000 for the Aboriginal Getting on Track in Time (Got It!) 4-year pilot project
- \$510,000 for State-wide Coordination and strategic projects to support the Aboriginal mental health workforce and to strengthen care pathways and service planning
- \$250,000 for the Kumpa Kira Suicide Prevention Project in Far West NSW
- \$200,000 for the Aboriginal Health and Medical Research Council to provide Aboriginal mental health capacity and capability building.

In October 2019, a further \$2 million in emergency drought relief funding was approved to implement Aboriginal wellbeing initiatives to drought-affected Aboriginal communities. The funding will provide culturally appropriate social and emotional services designed to develop resilience and enhanced wellbeing.

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Sport grants for mental health

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The Hon. TARA MORIARTY: Coming back to an example of something that is much smaller than that in terms of scale, for example this sports grant thing today, I understand you are not necessarily aware of it but is anyone else aware of it or can we get some information about it?

Dr CHANT: I will have to take that on notice.

The Hon. TARA MORIARTY: It is simply in relation to mental health, as to who would be implementing it or whatever else. You can take it on notice if you like.

Dr CHANT: I am happy to do that.

ANSWER

The NSW Office of Sport and the NSW Ministry of Health have partnered to develop and administer a \$1.2 million Mental Health Sports Fund. The aim of the Fund is to help improve the social and emotional wellbeing of people in drought-affected communities through mental health promotion and education. Sporting games are events that reliably bring people together in rural and isolated areas. Mental health promotion and education through sporting clubs is likely to decrease stigma towards help seeking as well as promote resilience.

Eligible NSW sporting bodies will be able to partner with mental health organisations to apply for the grants. Further information about the Fund can be found through the NSW Office of Sport website at www.sport.nsw.gov.au/clubs/grants/Mental-Health-Sports-Fund

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School Counsellors or psychologists

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The Hon. TARA MORIARTY: Are there counsellors in every school in New South Wales? I understand that it is an education question but do you know?

Dr WRIGHT: What I can recall is that there was an enhancement to the funding for school counsellors in New South Wales this year, but I cannot answer that.

The Hon. TARA MORIARTY: In fact, there was an election commitment from the Government that it would provide every public school with two dedicated mental health experts. Do you have any idea where that is up to?

Dr WRIGHT: No, I do not.

The Hon. TARA MORIARTY: The language that was used in terms of that commitment was that it would be "mental health experts"—that does not necessarily mean school counsellors. Are you guys providing any advice on how that works? Is there any input or is it purely through the education department?

Dr WRIGHT: I can take on notice what advice the children and young people's unit is providing. If I can be pedantic for a moment on the difference between an expert and a counsellor, "counsellor" is not necessarily a professional term either. You can be a psychologist or a social worker or a mental health nurse or a psychiatrist. A counsellor is someone who provides counsel. I am not sure there is a significant differentiation between a counsellor and an expert.

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The Hon. TARA MORIARTY: That is fine. I do not necessarily care what they are called; I care about the service that they provide and the commitment that has been made. Just to clarify, are these the 100 counsellors that exist in schools now or is this what is—

Ms KOFF: My advice is up to 100 additional school counsellors or psychologists.

The Hon. TARA MORIARTY: In what time frame are they going to be provided?

Ms KOFF: The funding goes over four years. The commitment starts from 2019-20. It will be over that period.

The Hon. TARA MORIARTY: Have any of the 100 been put in this financial year?

Ms KOFF: Education is running with that implementation.

The Hon. TARA MORIARTY: But you guys do not know? There has been a commitment of 100 but we do not know—and I accept that it is under the remit of Education—if any of them have been put in place?

Ms KOFF: We can take that on notice and ask Education.

ANSWER

The NSW Department of Education is leading the NSW Government investment of \$88.4 million over four years to provide every public high school with a full-time school counselling allocation, as well as a full-time student support officer.

School counselling staff assist students of all ages by providing a psychological counselling, assessment and intervention service. They work collaboratively with principals, teachers, learning and support teams, parents and carers, and other agencies to support learning and wellbeing outcomes for students.

These additional positions will commence in 2020 with a phased transition through to 2023. This expansion will deliver up to 100 additional school counselling positions. 25 per cent of the funding for the additional school counselling staff will be released in 2020-21, 50 per cent in 2021-22 and the remaining 25 per cent in 2022-23.

The NSW Ministry of Health is working closely with the NSW Department of Education on this initiative.

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Student support officers

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Ms KOFF: Yes. An additional 350 student support officers will be employed, making it easier for students to access mental health and wellbeing support. That is what I meant about the navigation process. How does somebody who has an issue know where to go and who to ask? The student support officers will be more skilled—

The Hon. WALT SECORD: What will the base minimum qualification be for the 350 student support officers?

Ms KOFF: I will have to take that on notice.

The Hon. WALT SECORD: Will the 350 student support officers be providing face-to-face counselling or will they be administrators and bureaucrats? Will they be providing face-to-face assistance?

Ms KOFF: We can take that on notice. As I said, Education is responsible for the implementation of that commitment.

The Hon. TARA MORIARTY: Is your understanding that these 350 support officers will not necessarily be qualified in this space but instead will be administration people who can point students in the right direction?

Dr WRIGHT: I do not know that I would say that they are not qualified. I think that understates the skills that are required to provide that kind of support. In the health system we sometimes refer to those people as navigators. They are people who help to coordinate—

The Hon. TARA MORIARTY: Sorry to interrupt you but this is really important and I am going to run out of time. My question is: Are these people likely to be counsellors of some description—we can get into the details and you can take it on notice in terms of what the specific qualifications are—or, if I follow your language of navigators, will they be in an administrative role that can point people to outside services? There is quite a difference between the two. It is not what the Government committed to, so it is particularly important that we get the right information.

Dr CHANT: I think this question is best directed to Education. We will follow up with Education. But I think it is dangerous for us to speculate. Obviously the members on this panel just do not have that detail. I am sure there are officers within the ministry who have been working closely with Education—

The Hon. TARA MORIARTY: If possible, can the Committee also be provided with whatever advice you might have given in this space, whether it has been taken up or not? Clearly that is not something that you guys are aware of. But something has been taken up. Can we get information about what advice you provided?

Ms KOFF: If it is available and able to be shared, yes. I do not know whether it was Cabinet-in-confidence or any mechanism of briefing that—

ANSWER

The NSW Department of Education is leading the NSW Government investment of \$88.4 million over four years to provide every public high school with a full-time school counselling allocation, as well as an additional 350 student support officers.

Student support officers work within the school community alongside the learning and support team and the school counselling service to enhance student wellbeing and learning outcomes.

They have a pivotal role in working collaboratively with external child and family support agencies and other government agencies in their support of students. Importantly, they have the ability to refer students who require greater assistance to mental health services.

Student support officers are employed through the NSW Department of Education and specifics of their qualifications are a matter for that Department.

The NSW Ministry of Health is working closely with the NSW Department of Education on this initiative.

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Impacts of climate change on mental health

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Ms CATE FAEHRMANN: Have you, the department or the Mental Health Commission been asked to provide advice to government in relation to the potential impacts of climate change on mental health?

Dr WRIGHT: I would have to take that question on notice. I have been part of a number of conversations around this issue and I have certainly met with some of the individuals from the University of Sydney and the Australian National University, who have a research base in this area, so I do not want to confuse the answer. Whether we have formally provided advice to government on this, I cannot answer off the top of my head.

ANSWER

The NSW Government provides clinical and community mental health services in response to a range of factors that may impact mental health.

Dr Murray Wright, Chief Psychiatrist regularly discusses the impact of climate change on mental health with experts working in this field. This includes a meeting with Professor Helen Berry, Professor of Climate Change and Mental Health, University of Sydney, and Professor Tony Capon, Director, Monash Sustainable Development Institute (previously Professor of Planetary Health in the School of Public Health, University of Sydney).

Following this meeting Dr Wright invited Professor Berry to present her work at the National Safety and Quality Partnerships Standing Committee.

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Mental health beds

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The Hon. TARA MORIARTY: How many mental health beds are there in each local health district?

I acknowledge you might have to take that on notice but I cannot get the answer out of anybody.

Ms KOFF: No. To be brutally honest, counting beds is not the way we manage services. It is a very antiquated and old-fashioned way of measuring because we use activity-based funding. Activity-based funding is about a level of activity that is achieved within a hospital. Counting beds is not traditionally the mechanism by which we measure metrics. Also, care substitution for care in the community that we provide is counted as activity too and it may be a substitute for inpatient mental health care also.

The Hon. TARA MORIARTY: I acknowledge the answer and I understand what you mean but it does make it difficult then for me or anyone to try to be holding the department or the Government to account. If we do not have actual numbers to measure this stuff by, how do we know if it is working? There is a figure for total beds. If possible, I would like to get as accurate a picture as I could of what the breakdown is across the different local area health districts?

Ms KOFF: Yes. We can report on separation numbers, which will give you a track of the activity, because a hospital episode is measured by separations—that is, when they are discharged. We have very good metrics around discharge from hospital for mental health patients.

The Hon. TARA MORIARTY: Sure, but that is a different question.

Ms KOFF: Sorry, I am just explaining—

The Hon. TARA MORIARTY: I understand.

Ms KOFF: —to assist both of us in progressing to find the information on notice.

The Hon. TARA MORIARTY: Sure. Then the further breakdown. Again, I acknowledge what you said but I do want to get as close to the accurate figures for beds as I can. I want the numbers of beds in each local health district but also in each facility. If I can get whatever breakdown you have that would be useful. This is not tracked, on the basis of what you have said. You just said that in 2017-18 there were 2,785 beds. In terms of what I have been able to find in the statistics that are available on your website, there is a figure in 2018-19 of 2,744 beds. That is a drop. Again, I acknowledge that you will have to take this on notice, but I would like to get an idea of why that is the case and if that is accurate or not. That is a 40-odd beds difference, so if the figures are going down I would like to know about it, or if that is not correct.

ANSWER

Information on mental health service provision by LHD is available in the NSW Health annual report at www.health.nsw.gov.au

The NSW Government continues to invest heavily in healthcare for NSW Health to meet patient needs.

Each year, the NSW Ministry of Health works closely with local health districts and specialty health networks to ensure we invest in the right mix of patient services to meet local community needs.

The \$2.1 billion recurrent investment in the 2019-20 budget for mental health services focuses on improving the lives of people living in NSW with mental illness by delivering better care in hospital and making supports available for them, their families and carers, in the community.

Looking only at bed numbers is an outdated approach, and does not reflect the volume and quality of health services delivered to patients in our hospitals or in the community.

Small fluctuations in average available beds may occur due to staffing or operational issues, such as temporary bed closures due to refurbishment.

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The main factors contributing to changes in available beds in 2018-19 were:

- Relocation of Manly Hospital: 23 available beds at Manly were relocated. An estimated 41 new public mental health beds are operational at Northern Beaches Hospital but are not yet included in available bed reporting.
- Changed service models: Transition of long stay elderly consumers to aged care facilities as part of the Pathways to Community Living Initiative, reducing the bed requirement at Morisset Hospital.
- Capital works to improve ward environments leading to temporary bed closures at several sites (including The Children's Hospital at Westmead, Shellharbour, Blacktown and Tamworth).
- Reclassification of some temporary beds which were previously incorrectly classified as available (Orange, Bowral). These are beds which can be brought on-line when required but are not available on a day to day basis.
- Operational issues including temporary bed closures due to high acuity, the need to physically separate highly unwell or vulnerable individuals, or temporary staffing issues.

Emergency Department waiting times – mental health beds

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For example, waiting times in emergency—again, you might want to take this on notice—do you know on how many occasions in the past year patients have waited over four hours in emergency due to there being no mental beds available? I understand that emergency is, again, a different space and you would not necessarily have a mental health bed available specifically in an emergency department, but I hear every day that people present to emergency and cannot get the urgent assistance that they need in a timely manner. I need to get some information as to why that is happening. You may well have a great explanation, but I need to understand that.

Dr WRIGHT: Can I just make a comment? We certainly do keep figures on how long someone spends in the emergency department, and we separate, for the mental health patients, the time spent in the emergency department for those people who are admitted and for those people who are discharged into the community. Interestingly, compared to the broad health area it is often the time taken in the emergency department for people who are subsequently discharged which takes longer. That is because, in my view, it is often a more complex matter to ensure that you have a very robust and workable treatment plan before you discharge someone into the community. That often takes time. It takes a fair bit of consultation. I guess I am saying that the interpretation of those figures is actually quite important. I am not sure that we collect and separate out delays on the basis of bed availability beyond four hours. What we do track very closely is the percentage of people who wait more than four hours. So we can tell you that from month to month and facility to facility, but we do not necessarily identify those because there are complex medical resuscitation issues, which cause them to delay in the emergency department, whether it is a delay in the assessment for one reason for another—sometimes those are facility driven; sometimes they are patient driven—or whether it is the availability of a bed. So I just want to give you fair warning that it might not answer the specific question.

ANSWER

In 2018-19, 80 per cent of mental health patients waited less than four hours following emergency department treatment for transfer to an admitted patient bed.

Delays in emergency departments can be the result of complex patient illness and the need to ensure that quality care is delivered, with assessment from various clinical disciplines to address both physical and mental health issues.

There may also be a need to consult with family, carers and other care givers to support accurate diagnosis and treatment.

Local health districts continually monitor and review their bed management processes to minimise delays in patients moving through care.

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Birunji Adolescent Mental Health Unit – clinical psychologist

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The Hon. TARA MORIARTY: During the last estimates when you were here we discovered that there is a facility, Birunji Adolescent Mental Health Unit at Campbelltown, which was without a clinical psychologist from October 2016 to June 2019. Would you agree that that is against best practice?

Dr WRIGHT: I am not familiar with precisely the range of programs that are offered within that facility.

The Hon. TARA MORIARTY: You can take it on notice if you like.

Dr WRIGHT: As I say, I am not completely familiar with their staffing profile because I think we do have to be adaptable in our health services. If we cannot fill a particular position, sometimes we need to identify an alternative workforce. I do not know what solutions they have provided there. We could certainly take that on notice.

The Hon. TARA MORIARTY: I am happy for you to take it on notice but I do want to get to the bottom of a couple of things that happened there. A follow-up for that is what psychological care people were provided with during that period. It is quite a long period. It is October 2016 to June 2019 that the position was not filled. What was the psychological care that was provided? You can also come back to me in terms of whether the department looked into why the position could not be filled in that period of time—why it was vacant, why it could not be filled. I assume you want to take that on notice as well to confirm for the record.

Ms KOFF: From the note that I have received, a part-time clinical psychologist is employed as part of a comprehensive multidisciplinary team. That is the nature of mental healthcare delivery. There are psychiatrists, social workers, occupational therapists, diversional therapists and nursing staff, of course, that all come round to provide the comprehensive care level required. Another clinical psychologist was due to commence in September 2019 but withdrew from the position. That was part of the decision of the employee. It is still being progressed for advertisement, was the last update that I received.

The Hon. TARA MORIARTY: Obviously in terms of employing people things happen, but this is quite a long period of time and a position that I would have thought would be pretty important did not exist in this facility for two years. If you can see what happened during that period and come back to me?

Ms KOFF: Certainly.

ANSWER

Birunji Adolescent Mental Health Unit at Campbelltown Hospital is a South Western Sydney Local Health District Mental Health Service and has a complete multidisciplinary team involved in providing care to consumers.

Consumers have access to psychiatrists, social workers, occupational therapists, diversional therapists and nursing staff (24/7) who provide care to consumers in the unit.

Prior to the appointment of a permanent clinical psychologist on 10 June 2019, additional support was sought from the community mental health service if the team identified a need for further psychological care for a patient in the unit.

Attempts to recruit to the clinical psychologist position in Birunji Mental Health Unit between 20 October 2016 and 13 August 2018 were not successful.

Since August 2018 the service has filled part of this vacancy for 24 hours per week. The service has since attempted to recruit to the remainder of this one full time equivalent position.

Despite advertising this position through external job seeking platforms, recruitment attempts did not attract a large number of suitably qualified candidates. The service has ensured adequate support for consumers, through the multidisciplinary care approach and ability to source psychologists from the community service, during attempts to recruit suitably qualified and experienced individuals.

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The advertisement for the remainder of the vacancy closed on the 3 November 2019. Interviews were conducted on 11 November 2019 and a suitable applicant was identified. Pending the completion of recruitment checks, the candidate has indicated immediate availability.

Clinical psychologist vacancies

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The Hon. TARA MORIARTY: Also, how many other inpatient care units are there in New South Wales that should have a full-time clinical psychologist or a clinical psychologist of some description that do not at the moment? I expect you will have to take that on notice, but I want to get an idea if this has happened in whatever period of time in other facilities.

Dr WRIGHT: Can I clarify the question because that is quite a complicated question? In our inpatient facilities, what you are asking is those facilities which have a clinical psychologist in their staffing profile that they are unable to fill?

The Hon. TARA MORIARTY: It does not have to be that they are unable to fill. Are there any other facilities that have not fulfilled it for whatever reason.

Dr WRIGHT: Vacancies?

The Hon. TARA MORIARTY: Sure, but this is two years. So I just want to get an idea of whether this is the best—

Dr WRIGHT: I appreciate that, but we—

The Hon. TARA MORIARTY: The normal vacancy, if that is the case when you look into this. I am sure that will be the answer, but if there are supposed to be clinical psychologists in other facilities and there are not, I would like some information about that and the length of time.

ANSWER

NSW Health does not centrally hold data on vacant positions.

As at 31 October 2019, there were 21 jobs advertised for clinical psychologists across NSW Health. These can be for full-time, part-time or casual positions.

Jobs advertised can be influenced by changes to models of care, seasonal demand or specific recruitment campaigns.