



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH, AGEING AND COMMUNITY SERVICES
BEC CODY MLA (CHAIR), VICKI DUNNE MLA (DEPUTY CHAIR), CAROLINE LE COUTEUR MLA

Inquiry into referred 2017–18 Annual and Financial Reports
ANSWER TO QUESTION ON NOTICE

Mrs Dunne: To ask the Minister for Mental Health

Ref: Health Annual Report, Mental Health, Output 1.2

In relation to:

Ligature points

1. What is the work plan, including timelines, for removal of all ligature points at each ACT mental health facility, including, but not limited to, the Adult Mental Health Unit, the Mental Health Short Stay Unit, the Adolescent Mental Health Unit, Dhulwa, Brian Hennessy House, and the University of Canberra Hospital?
2. Given ligature points had been identified in the ligature audit of April 2017, why had work not started to eliminate ligature points before the March 2018 accreditation of The Canberra Hospital?
3. Were any ligature points identified in the University of Canberra Hospital, and, if yes, why did the design of the facility, including the selection of fittings, fixtures and furniture, not ensure there were no ligature points?
4. Why did the design of the Adult Mental Health Unit, including the selection of fittings, fixtures and furniture, not ensure there were no ligature points?

Assaults on staff

5. When will the nurse safety strategy be completed?
6. What actions are being taken to protect staff and patients in Dhulwa and the Adult Mental Health Unit in the interim?
7. What actions has the Minister taken to improve the safety of patients and staff in Dhulwa and the Adult Mental Health Unit?
8. How are assaults of staff and patients trending so far during 2018-19, compared to the same period in 2017-18?
9. How many assaults on staff occurred in: (a) Dhulwa; (b) the Adult Mental Health Unit; (c) the Mental Health Short Stay Unit; (d) the Adolescent Mental Health Unit; and (e) Brian Hennessy House during 2017-18?
10. How many assaults on patients occurred in: (a) Dhulwa; (b) the Adult Mental Health Unit; (c) the Mental Health Short Stay Unit; (d) the Adolescent Mental Health Unit; and (e) Brian Hennessy House during 2017-18?

Office for Mental Health

11. Why was a coordinator-general not in place when the minister commissioned the Office for Mental Health & Wellbeing into service in June 2018?
12. Given, according to the Office's website, the coordinator-general's priority for their first 100 days will be to develop a work plan, when can consumers of mental health services expect to see practical on-the-ground changes in the mental health system that will help them directly?
13. Does the Office currently have any staff and if so, what is the: (a) FTE count; (b) head count; and (c) staffing profile by classification?
14. What is the skills profile of the Office's staff?
15. Specifically, what skills and experience do staff have in the mental health field?
16. With the coordinator-general starting work in December 2018, why did it take over two years to get the Office up and running?
17. (a) How much of the Office's budget for 2017-18 was used in that year; and (b) how much of the budget for 2018-19 will be used in that year?
18. To what extent did the restructure of ACT Health impact on the delay in getting the Office up and running?

Adult Mental Health occupancy

19. What are the clinical reasons requiring more patients to stay longer in the Mental Health Short Stay Unit (MHSSU)?
20. What are the clinical reasons requiring more patients to stay longer in the Adult Mental Health Unit (AMHU)?
21. What was the average length of stay of patients in the AMHU during 2017-18?
22. What is the forecast average length of stay in the AMHU for 2018-19?
23. What was the actual average length of stay in the AMHU from 1 July 2018 to 30 November 2018?
24. What was the occupancy rate for the AMHU during 2017-18?
25. What is the forecast occupancy rate for the AMHU for 2018-19?
26. What was the actual occupancy rate for the AMHU from 1 July 2018 to 30 November 2018?
27. How often are patients kept in the ED for more than 24 hours because there isn't room in the AMHU or the MHSSU for them?
28. Is the Minister advised when a mental health patient is held in the Emergency Department for more than 24 hours, and, if no, why?
29. What information is given to the minister to explain why a mental health patient was held in ED for more than 24 hours?
30. During 2017-18 were there any cases of patients being discharged or otherwise released from the AMHU or the MHSSU into homelessness or otherwise without suitable care, and if yes: (a) how many cases were there; and (b) why were patients discharged into those circumstances?

Mental Health Staffing

31. Has recruiting been successful to increase the mental health clinician and psychiatric registrar services provided in the Emergency Department to ensure additional staffing during peak demand times, and if not, why not?
32. As at 30 June 2018, how many full-time permanent psychiatrists were working in the: (a) AMHU; (b) MHSSU; (c) Dhulwa; (d) UCH; and (e) adolescent mental health unit?
33. As at 30 June 2018, for each of the facilities in part 2., were all permanent full-time psychiatrist positions filled, and if not, how many positions were vacant in each facility?

34. As at 30 June 2018, For each of the facilities in part 2., were all permanent nursing positions filled, and if not, how many positions were vacant in each facility?
35. As at 30 November 2018, what was the data requested in parts 3. and 4.?
36. Do all nurses working in the facilities in part 2. have qualifications in mental health nursing, and, if no, why?
37. Is Canberra Health Services having ongoing problems recruiting suitably qualified staff for its mental health services at each of the facilities in part b., and if yes: (a) why; and (b) what are the government's strategies to address the issues?

Budget Oversight

38. Does the minister hold full oversight of the budget for mental health services across both ACT Health and Canberra Health Services, and, if not: (a) why; and (b) who does?

Mr Rattenbury: The answer to the Member's question is as follows:–

Ligature points

1. The timeline for harm minimisation works at the Adult Mental Health Unit and the Mental Health Short Stay Unit is June 2019. Refurbishment works for the Extended Care Unit (ECU) at Brian Hennessy Rehabilitation Centre which will include ligature minimisation works are currently being designed. Construction works for the ECU are anticipated for completion by the end of 2020. No harm minimisation works are currently required at Dhulwa or the University of Canberra Hospital.
2. Ligature minimisation design and self-harm reduction within the mental health space is an evolving process involving a combination of infrastructure and operational solutions within a very challenging environment. Planning for works to address identified ligature risks in Adult Mental Health Unit (AMHU) began in 2017 including the development of a remediation specification, ensuite bathroom door (highest identified risk) removal trials in January 2018 and engagement of a contractor to implement identified works prior to the March 2018 accreditation audit.
3. The University of Canberra Hospital was designed and constructed based on the latest accepted mental health practices and specifications to minimise ligature points. The design of the UCH facility was reviewed during construction to incorporate design learnings from the Dhulwa Mental Health Unit project to include such things as no ensuite doors within the consumer rooms and monitored door pressure sensors.
4. No therapeutic mental health unit can ever be completely free of ligature points. AMHU was designed in 2009 and at the time represented the most modern mental health facility in Australia. In the intervening 10 years, since design completion of the AMHU, awareness of ligature minimisation fittings, fixtures and furniture has improved considerably as well as the development of new technologies to minimise the occasion of self-harm within mental health facilities.

Assaults on staff

5. The draft *Nurses and Midwives: Towards a Safer Culture Strategy* is now finalised and was launched on 14 December 2018.

6. There is a dedicated senior nurse in the AMHU High Dependence Unit to assist staff in identifying early warning signs of aggression, who also takes the lead in forming a response team to an aggressive incident. Staff at AMHU undertake Predict Assess and Response (to Aggression and Violence) Training (PART) and are actively encouraged to make police notifications of aggression and violence. At Dhulwa all staff are trained in Violence Prevention Management (VPM), with regular drills for staff to maintain and practice the VPM training, and the nurse in charge of each shift nominates the roles of the VPM staff to provide clarification of roles and responsibilities. The number of security officers has been increased from four to five officers, with one dedicated as the roving security officer to provide a physical presence through the Unit.
7. As Minister, I support the actions taken within AMHU and Dhulwa. I am committed to the work underway in the ACT Health Work, Health and Safety Strategic Plan and the *Nurses and Midwives: Towards a Safer Culture Strategy* project that are focused on improving work, health and safety for frontline health staff.
8. Reports of assaults on staff have increased in 2018-19 compared to 2017-18. Reports of assaults on patients have decreased in 2018-19 compared to 2017-18.
9. The table below captures assaults on staff data from 1 July 2017 to 30 June 2018

| | 2017/18 |
|--|----------------|
| (a) Dhulwa Mental Health Unit | 21 |
| (b) Adult Mental Health Unit | 72 |
| (c) Mental Health Short Stay Unit | 2 |
| (d) Adolescent Mental Health Unit* | N/A |
| (e) Brian Hennessy Rehabilitation Centre | 3 |

* Note – Canberra Health Services does not have an Adolescent Mental Health Unit.

10. The table below captures assaults on patients data from 1 July 2017 to 30 June 2018

| | 2017/18 |
|--|----------------|
| (a) Dhulwa Mental Health Unit | 6 |
| (b) Adult Mental Health Unit | 35 |
| (c) Mental Health Short Stay Unit | 0 |
| (d) Adolescent Mental Health Unit* | N/A |
| (e) Brian Hennessy Rehabilitation Centre | 0 |

* Note – Canberra Health Services does not have an Adolescent Mental Health Unit.

Office for Mental Health

11. The focus for the commissioning of the Office of Mental Health and Wellbeing (the Office) in June 2018 was to launch the model for the Office. Following consultation with the sector and the community on the model, the recruitment of the Coordinator-General was based on the skills and experiences needed to deliver the agreed approach.

12. The development of the Office work plan will occur through a co-design approach with active involvement of all stakeholders. People with lived experience and their family and carers will be an essential part of this process and will be actively involved in identifying, prioritising and evaluating the priority actions and we would expect to see changes within 12 months following the development of the workplan.
13. The following table sets out the staff of the Office. All positions are filled. The Coordinator-General commenced on 3 December 2018.

| | (a) FTE | (b) Head count | (c) Classification |
|------------------------|---------|----------------|--------------------|
| Coordinator-General | 1.00 | 1 | SESB 3.7 |
| Change Leader | 2.00 | 2 | SOG B |
| Administration Officer | 1.00 | 1 | ASO 5 |

14. The Office staff have skills and proven experience in change management, program management and leadership across government, community and clinical services. While staff of the Office for Mental Health and Wellbeing are not required to have clinical backgrounds, the Office has experience in mental health service delivery and mental health advocacy.
15. Refer to the response to question 14.
16. The Office began formally operating following the launch on 14 June 2018. A very intense consultative and evidence-based approach was undertaken during this period, so that the Office was positioned to best meet the needs of the community. Given the critical role the Coordinator-General will play in achieving the objectives of the Office, getting the right person for the job has also been a priority. The recruitment of the Coordinator-General followed the finalisation of the model to enable identification of the skills and experience needed for this position.
17. The expenditure for 2017-18 was \$260,297 which was 51 per cent of the estimated budget of \$507,000. As the Coordinator-General commenced on 3 December 2018, the work plan will subsequently be developed and the proposed expenditure for 2018-19 be determined.
18. The restructure of ACT Health did not have any impact on the establishment of the Office.

Adult Mental Health occupancy

19. There are a number of clinical reasons for people to remain longer in the Mental Health Short Stay Unit (MHSSU), including their clinical acuity and presentation.
20. People remain admitted to the AMHU for a number of reasons, including waiting for transfer to another health facility, completion of a National Disability Insurance Scheme (NDIS) package or review of existing NDIS package, waiting for supported accommodation, or their clinical presentation and acuity requiring them to remain as an inpatient.
21. The actual average length of stay of patients in the AMHU during 2017-18 was 13.6 days.

22. Mental Health, Justice Health, Alcohol and Drug Service (MHJHADS) do not anticipate the length of stay in the AMHU would vary considerably from 2017-18, however it is difficult to forecast length of stay due to the clinical presentations of the people admitted.
23. The actual average length of stay in the AMHU from 1 July 2018 to 28 November 2018 was 12.9 days.
24. The occupancy rate for the AMHU during 2017-18 was 106 per cent, based on 37 funded beds.
25. MHJHADS do not anticipate the occupancy rate would vary considerably in the AMHU for 2018-19, however it is difficult to forecast due to individual clinical presentation, acuity and demand.
26. The actual occupancy rate for the AMHU from 1 July 2018 to 28 November 2018 was 104 per cent based on 37 funded beds.
27. In 2017-18, there were 350 patients in the Emergency Department for more than 24 hours, of those 150 were mental health patients and 42 of these were waiting for a bed.
28. The Minister for Mental Health is not advised on a daily basis of the bed block/patient flow in the Emergency Department. The management of the patient flow for patients that require an adult acute mental health bed is actively reviewed and managed between MHJHADS and the Director of Clinical Operations, with oversight from the ED MHJHADS and Chief Executive Officer.
29. The Minister is not advised.
30. MHJHADS makes every effort to ensure all people have safe, suitable accommodation on discharge. AMHU and MHSSU staff assist people to lodge applications for government housing and OneLink is utilised to explore short term accommodation options. It is not possible to identify if patients experienced homelessness after discharge from AMHU or the MHSSU from administrative data.

Mental Health Staffing

31. The Mental Health Consultation Liaison Team (MHCL) has one senior social worker position currently vacant and recruitment is occurring. There are no psychiatric registrar vacancies in the MHCL.
32. As at 30 June 2018, full time permanent psychiatrists, which does not include Visiting Medical Officers (VMO) or Psychiatric Registrars, was:
 - a. 3 FTE in AMHU
 - b. .81 FTE in MHSSU
 - c. 1 FTE in Dhulwa
 - d. .80 FTE at Adult Mental Health Rehabilitation Unit as of 17 July 2018 when the unit opened
 - e. The adolescent mental health unit does not exist.

33. As at 30 June 2018, the vacancies rates against the budgeted FTE was:
- 1 FTE in AMHU – this vacancy was filled in August 2018
 - Nil in MHSSU
 - .50 FTE in Dhulwa
 - .50 FTE in AMHRU, and
 - The adolescent mental health unit does not exist.
34. CHS does not produce a monthly nursing vacancies report. MHJHADS maintains an internal working document which does not contain previous monthly data. MHJHADS records that:
- As at 29 November 2018, there are seven vacant permanent positions in the AMHU which have been filled temporarily,
 - As at 29 November 2018, there are two vacant permanent positions in the MHSSU which have been filled temporarily,
 - As at October 2018, there are 5.3 FTE vacant permanent positions in Dhulwa that are being advertised, and
 - As at November 2018, there is one FTE vacant permanent position in AMHRU that is being advertised.
35. See response to Question 34.
36. All nurses in AMHU, MHSSU, Dhulwa or AMHRU have nursing qualifications. MHJHADS has a Post Graduate Diploma in Nursing program and 14 people completed that program and received post graduate mental health qualifications in 2017-18. As of 15 November 2018, there are 14 people enrolled in the program.
- The number of staff with mental health qualifications is:
- 11 nurses working in AMHU / MHSSU have nursing qualifications for and /or post graduate certificates or Masters in mental health nursing.
 - Eight nurses at Dhulwa have post graduate qualifications in either mental health or forensic nursing, and
 - There are nine registered nurses and one enrolled nurse at AMHRU with mental health qualifications.
37. Mental health services nationally, internationally and in the ACT continue to face shortages of clinical staff. At the same time growth in these services has increased. In the ACT, these workforce challenges are felt most keenly across the acute and community settings and are not specific to a particular facility.

In relation to attracting and retaining qualified Psychiatrists, CHS has an Attraction and Retention Incentive (ARIn) which provides additional remuneration to these staff in addition to competitive salaries and entitlements within the Enterprise Agreement.

MHJHADS have convened a Workforce Development Committee, and a Workforce Project Officer has commenced to develop a MHJHADS workforce action plan that will provide a sustainable workforce for the future – including training, development, recruitment, upskilling and retention of MHJHADS staff.

Budget Oversight

38. Yes. The Minister has full oversight of the budget for mental health services and the Director-General and CEO both manage the budget for the ACT Health Directorate and Canberra Health Services, respectively.

Approved for circulation to the Standing Committee on Health, Ageing and Community Services

Signature:



Date: 15/12/18

By the Minister for Mental Health, Shane Rattenbury MLA.