**Statement from Hon Tanya Davies MP, NSW Minister for Mental Health**

Ahlia Raftery was an 18-year-old inpatient when she tragically died at the Mater Mental Health Centre, Waratah on 19 March 2015.

On 6 June 2017, the Coronial inquiry into her death was finalised. This inquiry made seven recommendations to the Hunter New England Local Heath District and two to the NSW Minister for Health.

Recommendations for the Hunter New England Local Heath District focussed on unnecessary transfers, insufficient record keeping, communication between medical staff, and frequency of observations. All recommendations have been accepted and the District has begun implementation with actions expected to be finalised by December this year. I have instructed the Ministry to provide me regular updates on how this is progressing.

The Ministry of Health has begun work on the implementation of the recommendation relating to back to base pulse oximetry.

The second recommendation to the Ministry concerned nurse patient ratios in the Mater Psychiatric Intensive Care Unit. Ratios are not used in NSW Health. Instead, and consistent with the Public Health System Nurses’ and Midwives’ (State) Award, staffing is provided in accordance with the Nursing Hours per Patient Day formula or agreed staffing. As a high acuity area, the Mater Psychiatric Intensive Care Unit has agreed staffing levels that are consistent with other similar services across the State. The agreed staffing levels take into account patient safety, clinical needs, professional judgment, previous experience and safe systems of work. Staffing levels can be increased on an ad hoc basis where patient needs require it or where more nursing care than usual is needed by an individual patient.

There are two investigations into the NSW Mental system currently underway. The first is a review into the practices of seclusion, restraint and observation led by the Chief Psychiatrist. In addition the current Parliamentary inquiry into the operation of the health system has been expanded to allow people with experience of the mental health system to make a submission.

As Minister for Mental Health I am committed to supporting patients in the community before they reach crisis point and require support in an acute mental health unit. We are in the midst of a 10-year reform of mental health care in NSW aimed at increasing clinical and support services for patients in the community. This has been supported with $95m in this year’s budget.

Responses to questions from Background Briefing:

1. The state has a target for Acute Post Discharge Community Care that says anything less than 70% of people followed up within 7 days is ‘under performing’. The state average is currently under this, suggesting that the entire state is underperforming on this measure. Furthermore, multiple mental health wards at the Mater hospital are regularly seeing figures under 50%, which is defined as ‘not performing’. Are you comfortable with that?

Response: The rate of community follow–up within seven days of discharge from NSW public sector acute mental health units has improved from 47.6 per cent in 2010-11 to 63.1 per cent in 2015-16. (Source: NSW Health Annual Report 2015-16 Mental health acute post-discharge community care Page 253)

The NSW Health system continues to improve on the 7 day follow up rate and early indications from the 2016-17 report indicate that this trend is continuing to improve. The NSW Government is making record investments into community based mental health care, including $95m this year to support our reform program, which will ensure greater support and follow up of people community settings.

2. Pat McGorry says that historically there were many more mobile home treatment teams and more assertive outreach. The lack of these kind of services is what’s now leading to the burden of acute cases falling on hospitals, as people who don’t receive sufficient treatment end up in crisis. Is he correct to say that these kind of home treatment teams no longer exist in NSW, or are extremely rare?

Response: No, that is certainly not the case in NSW. This year’s budget was focussed on ensuring a more responsive, community-based specialist mental health system. This year’s record mental health budget included $38 million to increase specialist clinical mental health services in the community, including an additional $8.2 million this year for assertive adult, child and adolescent, and older persons clinical teams. This investment will ensure that individuals have access to responsive services, from acute care through to specialist community mental health services. As a government, through our ten-year mental health reform program, we are committed to shifting the focus of mental health care from hospitals to the community. We know there is much more to do in this space and will continue to target our investment accordingly.

3. Between 15 and 20 people take their own lives inside NSW hospitals every year, but the Chief Psychiatrist Murray Wright says that we should be aiming to have zero inpatient suicides in our hospitals. Has the government also stated that this is its target, and does it have a timeframe within which it would like to achieve that target?

4. Is the government concerned that even after several inquiries into the death of Ahlia Raftery, a raft of recommendations, and promises that changes had been made at the hospital, yet another person has taken their own life inside the Calvary Mater hospital?

Response:

NSW Health does not have an official ‘target’, but it goes without saying that the death of anyone by suicide is a tragedy and the focus of the NSW mental health system is always to ensure the safety and wellbeing of patients in mental health facilities. We must always have the goal of providing safe and effective care to our those accessing our health services.

All deaths within mental health inpatients units are reported to police and are subject to a coronial investigation. Local Health Districts conduct internal investigations and system reviews to improve patient safety in mental health units.

5. The health minister’s office informs me that the Ministry of Health has advised that all the coroner’s recommendations following Ahlia Raftery’s death have been accepted (including the one to the Minister on increasing staffing). However I take it from the response from your office that the recommendation on staffing has not been accepted, since the response says nothing of increased staffing. Which is correct? Has staffing at the Mater’s PICU been increased? If so, by how much? Will there be one nurse available per patient in the facility at all times?

Response: Since this tragic incident, HNE LHD has introduced a 10-hour night shift that has increased clinical handover times – this has added an extra six hours of nursing per day. This was put into place prior to the coronial recommendations.

HNE LHD increased the clinical nurse educator hours to support the nurses particularly in the implementation of the Safe Wards program in PICU.

Staffing varies according to shift - the morning and evening shift is 1 nurse to every 2 patients and on night shift, it is 1 nurse to every 2.6 patients.

This translates to four nurses on the morning and evening shifts and 3 nurses overnight for eight patients. This was put into place prior to the coronial recommendations

The PICU like all wards has the flexibility to increase staffing for individual high risk or complex patients.

NSW Health supports the LHD’s decision to accept the Coroner’s recommendation and increase staffing levels in the PICU.