

Committee Secretary  
Senate Community Affairs References Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Secretary

I am writing in relation to evidence I provided on 3 March 2010 during public hearings of the Senate Community Affairs Reference Committee Inquiry into Suicide in Australia.

As you would recall, I agreed at that time to take a number of questions and clarifications on notice and provide out of session supplementary advice on these.

I am pleased to attach for the Committee's consideration, supplementary advice on those matters although it should be noted that I have not repeated advice that I consider was appropriately dealt with at the hearing itself.

As you would also recall, I agreed at the hearing to consider the evidence and written submission provided to the Inquiry by Ms Dianne Gaddin and I thank you for forwarding the material to me.

Noting your advice that the key issues to consider relate to those of coordination of services and the impact of unpaid fines on people with mental illness, I would refer you to the attached paper which sets out the appropriate source of information for the second issue.

In relation to the coordination of services issue, the Committee may wish to consider the following NSW Government frameworks that set the parameters for service delivery and program reform in NSW:

- The *Mental Health Act 2007* which sets the framework for mental health care and treatment (<http://www.legislation.nsw.gov.au/viewtop/inforce/act+8+2007+FIRST+0+N/>);
- *A New Direction for Mental Health 2006-2011* which sets the reform agenda and framework for NSW mental health services and was the NSW Government's contribution to the COAG National Action Plan on Mental Health ([www.health.nsw.gov.au/pubs/2006/pdf/mental\\_health.pdf](http://www.health.nsw.gov.au/pubs/2006/pdf/mental_health.pdf));

- The *Interagency Action Plan for Better Mental Health*, is a whole of government framework at: [http://www.dpc.nsw.gov.au/data/assets/pdf\\_file/0015/11490/interagency.pdf](http://www.dpc.nsw.gov.au/data/assets/pdf_file/0015/11490/interagency.pdf). Annual progress reports are at: <http://www.health.nsw.gov.au/pubs/subs/mental.asp>
- The *Community Mental Health Strategy 2007-2012 (NSW): from prevention and early intervention to recovery*. This model provides a framework for improving responses to the needs of people with mental illness, their families and carers across NSW ([http://www.health.nsw.gov.au/pubs/2008/mh\\_strategy.html](http://www.health.nsw.gov.au/pubs/2008/mh_strategy.html)).

In reviewing Ms Gaddin's evidence, it is my view that a substantial proportion comprises her commentary on the particular and tragic circumstances of her family as well as her views on the Government's policy with regard to the delivery and availability of mental health services. As such, I do not think those matters fall within the parameters of a question on notice.

However, noting her concerns about the level of government commitment to take action to prevent suicide and suicide attempts, it should be noted that subsequent to my hearing on 3 March 2010, the Australian Bureau of Statistics released its revised data on suicide rates on 31 March 2010, which can be accessed at [www.abs.gov.au](http://www.abs.gov.au). These findings indicate that NSW continues to have the lowest rate nationally with this having fallen from 14.8 per 100,000 population in 1997 to 7.8 per 100,000 population in 2008.

Thank you for the opportunity to participate in this process and I trust the attached advice will be of assistance.

Yours sincerely

Associate Professor John Allan  
Chief Psychiatrist

3.6.10

## Community Affairs References Committee

### Senate Inquiry into Suicide in Australia Public Hearing, Sydney, 3 March 2010

Associate Professor John Allan, Chief Psychiatrist, NSW Health

#### Supplementary evidence – questions and clarifications taken on notice

##### **1. What is the expenditure on mental health services in NSW? (CA 81)**

The NSW Government's mental health budget is now a record \$1.171 billion per annum, a 7.2 per cent increase on the 2008/09 budget  
([http://www.health.nsw.gov.au/news/2009/20090616\\_17.html](http://www.health.nsw.gov.au/news/2009/20090616_17.html))

##### **2. What are the waiting times for people with mental health problems seen in NSW Emergency Departments? (CA 88)**

NSW Health data from Jan-June 2009 shows 73% of people with mental health problems who are seen in a NSW emergency department are admitted to a mental health unit within eight hours of arrival.

To improve waiting times, the NSW Government is rolling out Psychiatric Emergency Care Centres (PECCs) to help emergency departments in major metropolitan hospitals better manage mental health emergency presentations and waiting times, by providing early access to mental health care and transferring appropriate cases to an alternative source of specialist care.

PECCs are specialist units, which sit alongside emergency departments and provide 24/7 specialist mental health assessment for emergency patients, with capacity to provide immediate care and observation services for mental health patients for up to 48 hours.

The units take pressure off hospital emergency departments by diverting people presenting with mental health problems to specialist clinicians and are delivering better treatment for consumers. Individuals may also be assessed and referred to community supports.

At the current time, there are nine fully operational PECCs across the Sydney metropolitan area with interim PECC services also provided at Wollongong and Prince of Wales.

##### **3. What is the NSW suicide rate for children aged under 15 years? (CA 91)**

NSW Health uses the Australian Bureau of Statistics' (ABS) data, and follows the ABS' policy in relation to reporting the suicide rate for children aged under 15 years. The ABS states that:

"Suicide deaths in children are an extremely sensitive issue for families and coroners. The number of child suicides registered each year is low in relative terms and is likely to be underestimated. For that reason this publication does not include detailed information about suicides for children aged under 15 years in the commentary or data cubes. There was an average of 10.1 Suicide deaths per year of children under 15 years over the period 1999 to 2008. For boys, the average number of Suicides per year was 6.9, while for girls the average number was 3.2."<sup>1</sup>

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<sup>1</sup> ABS, Causes of Death Australia 2008, Cat. no. 3303.0, Canberra, 2010

As a consequence, a national trend for children under 15 years is reported although jurisdictional breakdown is not reported.

However, the NSW Government's Child Death Review Team reports annually on deaths by suicide and other causes amongst children aged 12-17. The 2008 report indicated the directly standardised mortality rate was 2.14 deaths per 100,000 children aged 12-17 years. Both the numbers and the rate of suicide deaths for 12-17 years olds are reported as having gradually declined since 1997.<sup>2</sup> (<http://www.kids.nsw.gov.au/kids/about/who/childdeathreviewteam.cfm>).

**4. Is there any data around women dying in the postpartum period from suicide?  
(CA 93)**

In 2007, the Australian Institute of Health and Welfare reported there were six maternal deaths nationally over the 2003-2005 period that were associated with psychiatric conditions. Suicide was the cause of death in four of those women during the antenatal and postnatal period.<sup>3</sup> There are no separate figures available for NSW. However, it should be noted that a range of support services are in place for mothers and families at this time with information accessible at [http://www.families.nsw.gov.au/getting\\_help\\_and\\_support/safe\\_start.html](http://www.families.nsw.gov.au/getting_help_and_support/safe_start.html). In particular, under the SAFE START program, every woman within the NSW public health system who is expecting or caring for a baby is screened for depression and receives at least two psychosocial assessments; first during the course of their pregnancy and again during the first 12 months after birth.

**5. What is the target for the rollout of the Police Mental Health Intervention Team training?  
(CA 94)**

Information regarding the Police Mental Health Intervention Team training can be accessed at [http://www.police.nsw.gov.au/community\\_issues/mental\\_health](http://www.police.nsw.gov.au/community_issues/mental_health).

**6. How long can people stay in the accommodation provided through the Housing & Accommodation Support Initiative? (CA 98)**

HASI packages are not time limited and are available to mental health consumers for as long as is required. Information is at [http://www.health.nsw.gov.au/pubs/2007/pdf/hasi\\_initiative.pdf](http://www.health.nsw.gov.au/pubs/2007/pdf/hasi_initiative.pdf)

**7. How can the impact of unpaid fines on risk of suicide for people with mental illness be better managed? (CA 100)**

Information regarding the NSW Government's two year trial of Work and Development Orders can be accessed at <http://www.sdoro.nsw.gov.au/publications.html#wdo>.

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<sup>2</sup> NSW Child Death Review Team Annual Report 2008, NSW Commission for Children and Young People, Sydney, 2009.

<sup>3</sup> Sullivan, EA, Hall, B and King, JF, 2007. Maternal deaths in Australia 2003-2005. Maternal death series No. 3 Cat No. PER No.3. Sydney AIHW national Perinatal Statistics Unit.