



Simon Corbell MLA

MINISTER FOR HEALTH MINISTER FOR PLANNING

MEMBER FOR MOLONGLO

Senator Allison
Chair, Senate Select Committee On Mental Health
Parliament House
CANBERRA ACT 2600



Dear Senator Allison

I am writing in response to the questions take on notice during the Senate Select Committee on Mental Health Hearings attended by officers from ACT Health in Canberra on 4 July 2005.

The questions were as follows:

Question 1.

Chair—*What percentage of GPs in the ACT are involved in the better mental health outcomes program?*

Mrs Trompf—*I will have to check the percentage. Can I get back to the secretariat?*

Chair—*It would be excellent if you could follow that up. I understand that nationally it is about 15 per cent*

The answer to the Chair of Committee's question taken on notice is as follows:

The ACT has 46 Level 1 trained GPs registered with the Health Insurance Commission (HIC) which means they have undertaken 2 hours Familiarisation Training and 6 hours skills training. Of these Level 1s, 15 have gone on to Level 2 training in focused psychological strategies (usually CBT or IPT) and are able to claim MBS item numbers pertaining to the therapy they might undertake with a patient.

Based on the total numbers of GPs registered as members of the ACT Division of GPs 13% of ACT GPs have completed Level 1 Training and 4% have gone on to complete Level 2 Training.

GPs are required to maintain the currency of their registration through training over the triennium as assessed by the GP Mental Health Standards Collaboration, under the RACGP. In the triennium completed 2004, 93.6% of GPs maintained their registration, the second highest of any state or territory.

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Question 2

Senator FORSHAW—On pages 5 and 6 of your submission you talk about the relationship between private and non-government sectors and the ACT government. You have raised a number of issues there, particularly the issues of private health insurance and, as you say, the primary responsibility resting with the ACT government sector in terms of acute care. I do not want to start up another ping-pong match, but we do have submissions from the private health insurance group and the private hospitals which say that the private sector is providing increasingly higher levels of acute care. The public sector has not really increased all that much—we can do a lot with statistics, but I do not really want to get into that debate. Can you tell me what the level of service is that is provided by the private hospital sector within the ACT in terms of mental illness treatment? What is your relationship with that sector in terms of increasing the level of service generally? I am talking about in-hospital or acute care service, not community based service.

Dr Sherbon—There is one private in-patient facility available in the ACT for mental health consumers and that is Hyson Green, which is located at Calvary Hospital in Bruce, ACT. We work closely with Calvary Hospital in coordinating as much activity as possible. Patient flows are quite regular between the two units and the in-patient private unit. Should patients require involuntary care, then they will come to the public—

Dr Sherbon—Yes, involuntary care—they will come to the public psychiatric services unit at Canberra Hospital and, as they recover, many will return to or undertake their substantial recovery within the private facility. The private facility in the ACT is not gazetted for involuntary admissions. It is an in-patient unit that provides an important role and we look forward to continuing to work closely with that unit. In the past, we have shared medical staff across the two services and we continue to communicate freely between the two services. I cannot give you an answer—perhaps Mr Jacobs can—as to the relative balance of in-patient bed days between the two units. I would expect that—

Senator Forshaw—Could you take that on notice?

Dr Sherbon—Yes, we could take that on notice.

The answer to Senator Forshaw's question taken on notice is as follows:

Using the 2004 -2005 year to date figures there were 14,451 Occupied Bed Days (OBDs) with 1230 patient separations (seps) in public mental health facilities in the ACT compared with 5946 OBDs with 360 seps in Calvary Private mental health ward (Hyson Green).

Question 3.

Senator Forshaw—You made some comments about the barriers that private health insurance creates for people getting access to care—if they do not have that insurance or if there are provisions within the insurance

that make it difficult. In your submission you say that recent changes to the eligibility rules applied by a number of private health insurance providers have further impacted on the capacity of people with a mental illness to access the full range of care options. Could you expand on that?

Dr Sherbon—*Yes. Recently, we were made aware of some restrictions. Perhaps we can detail them on notice.*

Senator Forshaw—*Yes, if that is easier.*

Dr Sherbon—*In fact, that gave cause to our minister to write to Minister Abbott to express the concern that some funds did seem to place restriction on mental health claims. That would be something that the ACT government would be very concerned about and it has already expressed concern to Mr Abbott.*

Senator Forshaw—*I would appreciate it if you could provide us with further information on notice, if possible.*

Dr Sherbon—*We will provide on notice the details that we are aware of.*

The answer to Senator Forshaw's question taken on notice is as follows:

Many funds have limitations on benefits for psychiatric conditions on their lower level, cheaper covers. Usually, these limitations mean the fund will only pay the default benefit for a psychiatric admission, which means large out of pocket costs if the member is admitted to a private facility.

There have also been cases where funds have brought in a twelve month limitation on psychiatric benefits for transferring members.

This was of particular concern when in August 2003, two health funds (HBA and Mutual Community) advised the Healthscope hospital group that it intended to withdraw from the contracted arrangements with Healthscope hospitals from 1 October 2003 because the parties had been unable to agree on prices.

The experience has led a number of funds to question the application of the portability policy in situations arising from the cessation of contracts between hospitals and health funds.

The Private Health Insurance Ombudsman's view is that *"any agreed approach needs to include commitments from all parties about the conduct of hospitals and health funds in such situations (particularly regarding public statements and advice to affected patients) and these commitments need to be included in a strengthened industry Code of Conduct. If this can be achieved by agreement across the industry it should not be necessary for any fund to limit consumer portability rights in such situations."*

Question 4.

Senator Scullion—*There are a couple of aspects of your submission where a little more information would be helpful. I note with interest your reference to your development of a standard that reflects consumer and carer feedback and complaints. You have decided on a standard that you will have. Obviously there are privacy issues, but would you be able to*

provide us on notice with a framework of the exact data that you are looking for, including the process of that database? Is that something that you think you would be able to provide to us? I know you have referred to it, but I would certainly like to be able to make some comparisons about how people go about that particular aspect in other jurisdictions.

Dr Sherbon—*In principle, yes. If you could highlight exactly where we refer to it, I will confirm that we can provide that.*

Senator Scullion—*The submission says: ACT Health has undertaken significant work in developing a standardised consumer/carer feedback/complaints procedures and policies. Things like attitude, medication issues and treatment coordination are referred to in the submission.*

Dr Sherbon—*Sure, we can do that.*

The answer to Senator Scullion's question taken on notice is as follows:

The ACT Health Consumer Feedback Standards were endorsed in June 2003 by the Portfolio Executive of ACT Health.

Following this the Listening and Learning Consumer Feedback System was rolled out across ACT Health, including Mental Health ACT.

The feedback received is recorded on a database and issues are captured under several categories (access, treatment, privacy/discrimination, communication, grievance and professional conduct). There are several sub issues listed under each of these headings

Reports generated from the feedback process are provided to Mental Health ACT Executive and are included in service reviews and quality improvement activities.

Question 5.

Senator SCULLION—*I was hoping that you were mooting amendments to that during the current hearings of this committee. I wondered if it would be possible to have a framework of the sort of amendments that you are mooting in terms of changes to the mental health act, just in regard to the Human Rights Act.*

Dr Sherbon—*In principle, before we answer that in detail, it might be a little preliminary for us to provide the contents of any proposed amendments. Minister Simon Corbell would, of course, have to agree to that, because we have not even commenced the review at this stage. But I think the ACT government would be more than happy to provide the committee with any further information that is required on the ACT Human Rights Act. I feel confident that our minister would approve any further information that you may require.*

Senator Scullion—*If you could put that to the minister, I would appreciate that.*

Dr Sherbon—*Sure, we can do that.*

The answer to Senator Scullion's question taken on notice is as follows:

The review of the *ACT Mental Health (Treatment and Care) Act 1994* will be commenced in 2005 and is likely to take two years to complete. It is difficult to speculate on what amendments might arise out of the proposed review. The review will be informed by extensive community and stakeholder consultations as is appropriate given the sensitive nature of mental health treatment and care, particularly involuntary care.

Since the last review of the *Act*, which concluded in 1999, there have been developments in the way mental health legislation reflects human rights, both in Australia and overseas. As already stated, the ACT is the first Australian jurisdiction to enact a Human Rights Act and any amendments recommended as part of the review of the *Act* will be measured against the ACT Human Rights Act 2004 for compliance.

Carer and consumer participation issues have also been raised as significant areas for consideration in the proposed Review.

Question 6.

Senator Scullion—*My last question relates to the recruitment of mental health professionals and whether or not they are postgraduates. I understand it is a broad issue. Would you be able to, perhaps on notice, provide me with either statistics or trends in the Australian Capital Territory and some general comments about recruiting of mental health professionals not only to the ACT but to the wider pool of health professionals?*

Dr Sherbon—*In principle, yes. I will have to get the minister's approval but I would expect that we would be able to provide that. I put a proviso on all commitments on notice that I must, of course, get the minister's approval.*

The answer to Senator Scullion's question taken on notice is as follows:

Mental health professionals in the ACT public sector are recruited from graduates from the disciplines of medicine, nursing, psychology, social work and occupational therapy. Employees must be graduates from a recognised tertiary education institution and be eligible for registration with the Health Professionals Registration Board where this is a requirement. Postgraduate qualifications, although welcome, are not a mandatory requirement for employment as a mental health professional with the exception of positions for Neuro-psychologist and Psychiatrist.

In the ACT, as elsewhere across Australia the recruitment and retention of mental health professionals has been identified as a major impediment to service development and sustainability. It has been the subject of National interest in the form of a Senate Inquiry into Nursing and is the subject of Commonwealth /State policy initiatives through the Australian Health Ministers Advisory Council. Locally, Mental Health ACT participates in ACT Health Workforce Planning and recruitment and retention initiatives undertaken through the Office of the ACT Chief Nurse.

Other initiatives to attract and retain specialist mental health staff include:

- An overseas recruitment campaign. Five (5) experienced nurses have been recruited from the UK in 2005;
- Employment incentives are offered such as relocation assistance, recognition of leave and payment of an initial years nursing registration;
- A post-graduate mental health nursing program for Registered Nurses and an Enrolled Nurse Training Program have been provided.
- Recruitment into the Post Graduate Diploma in Mental Health Nursing. Five (5) nurses entered the program in the February 2005 intake;
- Attendance at nursing recruitment Expos;
- Changes to skill mix to allow more opportunities for Enrolled Nurses in inpatient areas;
- Recruitment of Clinical Development Nurses (CDN's) in 2005;
- On campus recruiting efforts at both the University of Canberra and La Trobe University;
- Establishment of a Dedicated Education Unit (DEU) for Mental Health ACT with the University of Canberra's Undergraduate Nursing Program. This initiative has seen an increase in undergraduate nurses seeking mental health nursing placements and it is anticipated that this will act as a feeder group to the Post Graduate Diploma in Mental health Nursing Program.

Question 7.

Senator MOORE—What about the process for the support for workplaces in terms of employment for people who identify with mental health issues?

Dr Sherbon—I will need to take that one on notice.

The answer to Senator Moore's question taken on notice is as follows:

The ACT Public Service (ACTPS) has a Memorandum of Understanding with Disability Employment Services (DES) regarding the *Equal Employment Opportunity* (EEO) program for people with disabilities. The program includes people with psychiatric disability.

Mental Health ACT has representation on the ACT Health Disability Access Action Plan Reference Group. This Plan is a sub-strategy of the whole-of-government *Access to ACT Government Strategy*. ACT Health's *Disability Access Action Plan* includes employment and participation strategies.

ACT Health has also developed a Guide - *Adjustments in the Workplace for People with a Disability*. The Guide covers the principle of and application of Reasonable Adjustment, including recruitment, selection & appointment, flexible working arrangements, career development & training and promotions & transfers, and will be distributed to all line managers with the Department.

In addition, staff newly appointed to ACT Health can identify their disability on the EEO form in the recruitment process. Further investigation into EEO data declaration & collection has been identified as a strategy in ACT Health's three year Equity & Diversity Action Plan.

The Community and Public Sector Union Award has provision for a Supported Wage arrangement. There are other support initiatives that DWA can advise on such as Work Experience or Training, Workplace Modification and Traineeships, which are administered by the Commonwealth Department of Employment and Workplace Relations. www.jobable.com.au

Question 8.

Senator MOORE—*Finally, on the same point, what is the government doing to get rid of that view? You identified in a previous answer that people with disabilities generally were struggling with the issue of employment. That is an area that will become increasingly important as changes occur to national welfare processes. Is there a strategy looking specifically at the issue of government employment and making the workplace more comfortable?*

Dr Sherbon—*As I said, there is an ACT government and an ACT Health disability employment strategy which includes mental health disability.*

Senator MOORE—*With targets?*

Dr Sherbon—*I will have to take that on notice.*

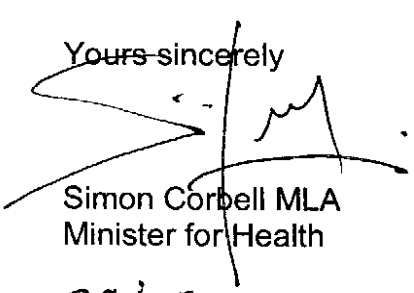
The answer to Senator Moore's question taken on notice is as follows:

ACT Health's *Disability Access Action Plan* has not developed specific targets for the employment of people with disability including mental illness.

However, under the terms of the *ACTPS Disability Employment Framework*, there is a requirement that all permanent and temporary positions over six months (bar exempt categories*) be referred to Disability Works Australia (DWA). If DWA finds suitable applicant/s, a report will be provided to the Delegate. The Delegate will advise Recruitment on suitability i.e. whether to proceed with selection of DWA clients and halt advertising, or to proceed with standard Selection and Recruitment Procedures.

**Under the provisions of the Framework, there is capacity for the Chief Executive Officer to exempt certain hard to recruit categories from the referral process. These categories are Medical Officers, Nursing positions and Health Professionals. DWA will notify ACT Health when they have suitably qualified clients for these categories on their database.*

~~Yours sincerely~~


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Minister for Health

29.8.05