PARLIAMENT OF TASMANIA

HOUSE OF ASSEMBLY

COMMISSION OF INQUIRY SCRUTINY COMMITTEE

TRANSCRIPT OF PROCEEDINGS

with

THE HONOURABLE JEREMY ROCKLIFF MP
MINISTER FOR MENTAL HEALTH AND WELLBEING

Tuesday 5 December 2023

MEMBERS

Mr Wood MP (Chair);
Ms Johnston MP (Deputy Chair);
Ms White MP;
Ms Dow MP; and
Dr Woodruff MP

WITNESSES IN ATTENDANCE

Hon. Jeremy Rockliff MP, Premier, Minister for Mental Health and Wellbeing, Minister for State Development, Trade and the Antarctic, Minister for Tourism and Hospitality

Ms Kathrine Morgan-Wicks	Secretary of the Department of Health
Mr Dale Webster	Deputy Secretary Community, Mental Health and Wellbeing, Department of Health
Professor Brett McDermott	Statewide Specialty Director - Child and Adolescent Mental Health Services, Department of Health

PUBLIC

THE COMMISSION OF INQUIRY SCRUTINY COMMITTEE MET IN COMMITTEE ROOM 1, PARLIAMENT HOUSE, HOBART, ON TUESDAY, 5 DECEMBER 2023

The Committee resumed at 12.26 p.m.

CHAIR - The time now being a little past 12.25 p.m., the scrutiny of the Minister for Mental Health will begin. Welcome, minister and departmental staff to the committee this afternoon. Please introduce the other persons at the table for the benefit of Hansard.

Mr ROCKLIFF - Thank you, Chair. To my right is Secretary of the Department of Health, Kathrine Morgan-Wicks. To my left is Dale Webster, Deputy Secretary, Community, Mental Health and Wellbeing, and to Dale's left is Brett McDermott, the statewide Clinical Director of Child and Adolescent Mental Health Services. In the interests of time, Chair, I do not have an opening statement so we can go to questions.

CHAIR - The time scheduled for scrutiny of the Mental Health portfolio is 20 minutes.

Ms DOW - Chair, I acknowledge the victims/survivors with us today in the room and listening also to today's hearings: we wouldn't be here without your courage and we thank you for that. We know that the next couple of days are going to be pretty tough but we are all here to work through this together.

Premier, I want to take you directly to youth detention, which is in phase 3 of the implementation report, and recommendation 12.20, which says:

> The Tasmanian Government should ensure there are appropriate mechanisms and pathways for children in contact with the criminal justice system to be diverted to the mental health system for assessment and treatment.

Can you tell me more specifically what the Government intends to do in relation to this recommendation? And what sorts of circumstances you believe, as the responsible minister, should be diverted from the criminal justice system to the mental health system? For example, where offending is clearly linked to a mental health issue. And, whether or not you believe it would be appropriate for violent offending to be diverted to the mental health system?

Mr ROCKLIFF - Thank you for your question, a good question. I will refer part of the answer to Mr Webster and then Mr McDermott. I will speak very briefly about the statewide mental health service youth justice response and enhancements to the Child and Adolescent Mental Health Service (CAMHS).

The Youth Forensic Mental Health Service will enable specialist mental health assessment and treatment at key points of intervention for youth in detention, in line with recommendations of the inquiry. The proposed collaborative statewide mental health service youth forensic mental health model will enable timely referral and access to trauma-focused mental health assessment treatment, care and support for children and young people, whether they are under community-based supervision, in detention or not yet sentenced, including on remand. The proposed model includes multi-disciplinary specialist CAMHS in-reach support for detained youth in each of the facilities statewide and assertive case management post-detention.

Developmentally appropriate and timely mental health treatment not only improves the whole-of-life outcomes of young offenders but has important benefits across education, health, child safety, justice, police, corrections, emergency services and the broader community.

In the interests of time, I'll just speak very briefly around the new 12-bed adolescent inpatient unit for young people 12 to 18 years of age. It will provide short-term specialist care during a period of acuity or exacerbation of mental illness and respond to a significant service gap in Tasmania.

In terms of the implementation of recommendation 12.2, the commission's suggested perform time is July 2026. I will ask Mr Webster to talk briefly around the shadow minister's question.

Mr WEBSTER - The actual timeline for this; we've started progress now. We will develop and be ready for the rollout of the buildings as they roll across statewide. But recruitment of staff for the Youth Forensic Mental Health Service has commenced. We'll put that in place and grow it as we grow the facilities across the state. It's really important that we've started advertising those jobs, we're not waiting the three years, because we need to do it in that service to Ashley and to the broader youth justice sector immediately. I do have good news on that, which Brett only gave me outside, which is that we're close to securing a psychiatrist for that service, who'll be on board much earlier than 2029. I might pass to Prof McDermott for detail.

Prof McDERMOTT- Pre-dating the commission of inquiry, the CAMHS reform document said that forensic youth mental health was an underfunded and much-needed area in Tasmania. The Government have funded initiatives in that space, again pre-existing this. Our first tranche of implementation was multi-systemic therapy. We now have three MST teams, south, north and north-west. I have some early figures: 90 per cent of those engaged in the program completed the program and 85 per cent of people in that program did not reoffend. This is in the first year so that's incredibly exciting.

We were planning to recruit a youth forensic psychiatrist, who are incredibly rare individuals. We interviewed and found appointable someone last week, which I'm personally very excited about.

The things that the new government funding is going to allow us to do is to look much more clearly at those in juvenile justice. Unfortunately, they have an overrepresentation of autism spectrum disorder, foetal alcohol syndrome and some other neurodevelopmental disorders. They have an overrepresentation of drug-induced psychosis and other things like that. They have a huge underdiagnosis and treatment of ADHD. This new funding will allow us to diagnose and treat that cohort. That's all preparation for not being in the youth justice system. We hope by doing that, we will decrease recidivism and, hopefully, prepare them for time outside of that system.

Ms DOW - There's been a need in Tasmania now for some time for a youth mental health inpatient facility, Premier. To date, your Government hasn't delivered that. The time frame suggested by the commissioners was for that to be in place by July 2026. You've said that you won't do that until July 2029. Why is that? And what will be put in place in that interim period to ensure that those inpatient facilities are available for people? When I look to our electorate,

there are currently none. And it wouldn't be appropriate for those, I wouldn't have thought, to be provided in a home setting, which is what's proposed for the north-west.

Mr ROCKLIFF - If my memory serves me correctly, the CAMHS review and report that Prof McDermott spoke of, stage 3 was for a youth inpatient mental health facility at that particular time. We have identified the need pre-commission of inquiry. We can speak to the originality of that, if you would like? I will refer to whoever would like to speak more about that.

Mr WEBSTER - The inpatient unit, which will be statewide unit based in the south, is on that time line. That is because we have to go through identifying a site, a model of care, DAs, building applications, tenders, those sorts of things. In the meantime, in both the north and south we have identified beds within our paediatric unit that can be converted to adolescent mental health facilities when we require them. Members may be aware that from time to time we convert parts of our inpatient adult mental health unit and separate them off to allow for adolescents to be there. The north-west mental health precinct planning will be online in late 2026-27 and the north mental health precinct planning will be online in 2026.

The structure of the units is to allow - rather than unit of 20 - to have smaller units that can be broken off. That will us the flexibility to have children and adolescents within our mental health precincts in both the north and north-west. It will allow for other categories such as older persons. The model of care we are designing for the north and north-west precincts is to allow for the ultimate flexibility so that you don't have groups mixing, because the structure is such that we can block areas off but still have full facilities, such as access to the outside and access to consultant rooms and those sorts of things.

Ms DOW - Premier, would you give consideration to building an inpatient facility in the north rather than the south? If not, why not?

Mr ROCKLIFF - I will seek the very best advice on where it is best located in terms of access to services and the like. There would be some work done, no doubt, to support the southern-based investment. I'll ask Dale to explain further.

Mr WEBSTER - It comes from looking at our clinical services profile and where the beds would be needed most. That is the first thing. Second, it is also building that model of care so that we still are using those units for lower acuities. That's why we want flexibility. Even though we are building a focused child and adolescent mental health inpatient facility, we still envisage we will have inpatient facilities working through our precincts in the north and north-west. Not every child or adolescent will need to come to that unit. That is the first thing. The second thing -

Ms DOW - To be clear, that will not replace those beds that you are putting in place? That regional model?

Mr WEBSTER - No, the regional model will continue. That's why we wanted the ultimate flexibility of units rather than one big ward, so that we can switch on and switch off based on need. We will continue to do that. We are not going away from that because we are always had in stage three of our CAMHS reform a centralised unit.

The second reason is recruiting psychiatrists et cetera is incredibly difficult. All of our staffing categories are incredibly difficult. To spread that resource across multiple units is difficult for a smaller jurisdiction. We get to a critical mass size by having only one unit.

Dr WOODRUFF - Premier, recommendation 12.20, paragraph (c) says that:

> Children and young people in detention should have daily access to an onsite child and adolescent psychologist and fortnightly access to an onsite child and adolescent psychiatrist.

What's the time frame to provide children with that specific amount? You surely can't mean that you're intending to withhold care on that particular matter - that particular deliverable - until 2029 for children in Ashley?

Mr ROCKLIFF - The Department of Health through the Correctional Primary Health Service provides primary health services to children and young people in detention. This includes Ashley. I am advised that children and young people have access to 24/7 medical care through a nurse available 10 hours per day and on call the remaining 14 hours. General practice clinics are held weekly at Ashley Youth Detention Centre, approximately 2.5 hours a week.

Children and young people in detention have access to a psychiatrist one day per month, I am advised. Under the new proposed youth justice model, as has been alluded to, Correctional Primary Health Services seeks to expand its existing model to provide in-reach services to a southern detention centre, two assisted bail facilities, one in the north and one in the south, and two supportive facilities in the north and the north-west. This will see expansion of the current work force to include 1.5 FTE career medical officers, 3 FTE registered nurses for the south and 3 FTE registered nurses for the north and north-west. An expanded service will also be supported by four administrative staff.

The commission's suggested a reform time frame in terms of the short-term delivery by next year, 1 July, but we will work through those matters. Perhaps Professor McDermott can put -

Prof McDERMOTT - Under the CAMHS reform we hope to have the psychiatrist in place by February next year.

Dr WOODRUFF - As a fortnightly psychiatrist available for children in Ashley?

Prof McDERMOTT - As a full-time employee in Tasmania who's committed to travel. I would have thought that travel would be at least fortnightly at Ashley.

Dr WOODRUFF - That is what the recommendation is for. So, you're saying a commitment to fortnightly visits at Ashley.

Prof McDERMOTT - Yes, by February if that person accepts the job. We will advertise next week. I have seen the statement of duties this morning, a 0.5 dedicated psychologists for Ashley.

Dr WOODRUFF - So, 0.5 daily? Will that person be there every day?

Prof MCDERMOTT - They'll be there 20 hours a week.

Dr WOODRUFF - I think it was the daily nature of the fact, not skipping days, the fact that if there is an incident then young people would need to be followed up on a very regular basis.

Prof McDERMOTT - That person will work very closely with other existing nursing staff and medical staff and the other resources that the Premier has mentioned.

Dr WOODRUFF - Thank you, that is encouraging. In relation to what the Premier read out about the access to mental and physical health assessment, recommendation 12.21, and access to 24/7 medical care, Premier, what you've just read out is what the commission of inquiry knows already exists. That is the current situation. What you've said you're doing is not fulfilling their recommendation. Their recommendation is for something different to what's happening now. They know that's the situation. In their view, it's not good enough. In their view, implementing the recommendations properly according to the commission's report would mean 24/7 medical care and mental and physical health assessment on admission and when needed while in detention.

Mr WEBSTER - On admission is achievable with the resources that are there at the moment. As the Premier outlined, there is the plan to increase the resources to match the recommendation of the commission. Obviously, the 2029 timeline is because that's the timeline for the whole network of the youth justice system to be rolled out-

Dr WOODRUFF - So 2026 is the timeline for the deadline for that particular part of it?

Mr WEBSTER - Sorry, 2029, because we can't provide the resources to buildings that aren't currently there, but 2026 is our outer limit of providing all of these services and having them in place. As Professor McDermott said and I've said, we've started the recruitment process to fill jobs, to build our workforce to do this. Recruiting to Deloraine isn't easy -

Dr WOODRUFF - Get them out of there, it might be easier.

CHAIR - The time for scrutiny has expired. The next portfolio for scrutiny is Health. That will commence at 1.30 p.m. this afternoon.

THE WITNESSES WITHDREW.

The committee suspended at 12.45 p.m.