



# ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

## QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

MONDAY, 26 MARCH 2012

### MENTAL HEALTH COMMISSION

*Supplementary Information No A1:* Hon Liz Behjat asked -

- (1) *When the expressions of interest were advertised for people to tender for [the Statewide Suicide Prevention Strategy] in that process itself was mention made of whether or not the tenders would remain private or could go onto the public record at any time?*

**Answer:** The above was not specifically stated in the tender however a clause in relation to Confidentiality was included in the tender document as per below:

Respondents are advised that any ideas or concepts submitted in the course of this Request process may either be used, or be further developed by the Minister and the Mental Health Division (MHD) in the Department of Health for the purpose of specifying the nature of the requirements in any subsequent contract or tender.

However, confidential commercial information included in an expression of interest (EOI) will not be disclosed without the consent of the applicant. All information provided by Respondents, which is of a commercial nature, will be treated as strictly confidential to the extent permitted by the Freedom of Information Act. Respondents should note however that the law does not protect, nor does the Minister or the MHD wish to protect, information which is not truly confidential. Consequently Respondents are required to clearly identify those areas of their EOI which they believe are truly confidential. A statement that the entire EOI is confidential is unlikely to be accurate.

- (2) *Were unsuccessful tenderers offered the opportunity for a full briefing as to why they were unsuccessful?*

**Answer:** Yes, the letters detailing the outcome of the tender process sent to all tenderers offered the opportunity for a full debrief on their proposal once the contract award process had been completed.

- (3) *If the answer to (2) is yes, how many of the unsuccessful tenderers did avail themselves of that opportunity?*

**Answer:** Two tenderers were provided with written feedback on their proposals.

*Approved.*  
*[Signature]*

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### MENTAL HEALTH COMMISSION

*Supplementary Information No A2:* Hon Ljiljanna Ravlich asked -

- (1) *That a schedule be provided of how remaining funds allocated to the State Suicide Prevention Strategy are anticipated to be spent.*

**Answer:**

As projections are currently being undertaken by Centrecare for the next financial year, it is not possible to provide a schedule of anticipated expenditure at this time. However, the Ministerial Council for Suicide Prevention has agreed to priorities for suicide prevention initiatives and expenditure moving forward, which include:

- improved engagement with Indigenous communities;
- extended coverage of the Western Australian Suicide Prevention Strategy (the Strategy) in the metropolitan area;
- targeting of high risk groups on a state wide basis;
- developing knowledge and capacity through evidence based education and training; and
- increasing community awareness of suicide prevention and mental health and well being.

Many of the current active Community Action Plans will also be funded for a second phase of activity in suicide prevention for their respective communities. Postvention activities will also be expanded in Western Australia.

*Approved -*  
*Stuart*

# ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

## QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

MONDAY, 26 MARCH 2012

### MENTAL HEALTH COMMISSION

*Supplementary Information No A3: Hon Giz Watson asked -*

(1) *That an explanation be provided of the evaluation process of the Mental Health Commission.*

**Answer:**

The Mental Health Commission (the Commission) contracts with community managed organisations to deliver a variety of mental health services and supports. A due diligence and qualitative assessment is undertaken prior to awarding any contracts. The agreements entered into are all evaluated on an ongoing basis through active contract management processes that include:

- contract manager visits (including site visits);
- ongoing phone call and email contact;
- six monthly reporting that provides a summary of services being provided (outcomes and barriers), the results of consumer satisfaction surveys, financial viability, and strategic planning; and
- notification and follow up of any serious incidents and complaints.

In addition, the Commission will also initiate external evaluation and/or audits of services or service providers. This may result from concerns identified or confirming that outcomes are being achieved and the needs of individuals and their families or carers are being met.

The Chief Psychiatrist's standards monitoring program for the non government sector was introduced in 2008. It applied to all non government organisations (NGO) that provide community mental health services that are funded by the Commission.

The *Service Standards for Non Government Providers of Community Mental Health Services* ('the Standards') are comprised of eight standards, each with a series of indicators which enables agencies to demonstrate how they are meeting the standard. The Standards reflect a strong value base related to the human rights, dignity and empowerment of consumers of mental health services, their carers and significant others. Their purpose is to help agencies to deliver quality services to their consumers. They also provide a transparent framework for service monitoring and review.

The NGOs are at different stages in their organisational development. Factors that may affect the NGOs achievement of the Standards include:

- the size and organisational complexity of the agency;
- the nature of the service and its consumer group;
- the length of time the service has been in operation;
- the location of the service; and
- whether the NGO receives funding from another source.


The Chief Psychiatrist's Non Government Organisation (NGO) monitoring program includes multiple processes including:

- Self-Assessment, all NGOs required to complete annually;
- reporting under *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997*;
- the management of complaints;
- progressively comprehensive (on site) reviews of Private Licensed Psychiatric Hostels (11 completed) and NGO's providing supported accommodation services (3 completed); and
- sampling of evidence from Self-Assessments was examined for accuracy of reporting by the NGO.

In the four rounds of progressive Self-Assessment implemented by the Chief Psychiatrist no agency failed to comply with the Self-Assessment procedures

The role of the Chief Psychiatrist in monitoring the NGO sector has been transferred to the Commission. The NGOs will continue to be monitored under the *National Standards for Mental Health Services* (NSMHS) (2010). The revised NSMHS apply to Non Government community mental health services.

In addition, the Commission is currently developing an outcomes framework that will be implemented into all agreements from 1 July 2013. The indicators and measurements for the proposed outcomes are still being developed however this will form part of the future evaluation of services to ensure that an individualised, outcomes focus is implemented across all services.

Approved -  


# ESTIMATES AND FINANCIAL OPERATIONS COMMITTEE

## QUESTIONS ON NOTICE SUPPLEMENTARY INFORMATION

MONDAY, 26 MARCH 2012

### MENTAL HEALTH COMMISSION

*Supplementary Information No A4: Hon Ljiljana Ravlich asked -*

(1) *Please provide information on the unexpected deaths and/or serious incidents by each of the categories listed below for the 2010-11 financial year for contracted non-government organisations:*

- (i) *serious assaults on/or by staff, other patients or visitors;*
- (ii) *alleged sexual assault on/or by staff, other patients or visitors;*
- (iii) *serious medication error, which may require review;*
- (iv) *absconding of any forensic patient;*
- (v) *absconding of any detained involuntary patient and serious risk of self-harm or harm to others;*
- (vi) *serious misuse or mistake of a function performed under the Act;*
- (vii) *involvement of any government or non-government organisation, which is contrary to the functions under the Act;*
- (viii) *criminal activity reported at a mental health facility; and*
- (ix) *any incident, which, by its nature or person involved, may receive attention by the media or the wider community.*

#### **Answer:**

##### Reported Deaths:

The Licensee of a Hostel licensed under the *Hospital and Health Services Act* is required by regulation 13 of the *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997* to report the death of a resident to the Chief Psychiatrist. Cause of death is determined by the State Coroner. Reporting to the Chief Psychiatrist is preliminary information and death may be from any cause including physical and 'natural causes'. The Chief Psychiatrist cannot determine the discrete category of 'unexpected death' from the reporting.

##### Serious Incidents:

It is not possible from incidents reported to define the discrete categories (i) (iii) (iv –ix)

(ii) Alleged sexual assaults reported by the service **may not** have occurred at the facility reporting. They could be a report for the resident of an alleged assault that occurred in the community.

Albany CSRU; 0

Burswood Psychiatric Hospital; 0

Casson Homes Inc; 0

Devenish Lodge; 0

Franciscan House; 0

Ngatti, Fremantle Supported Accommodation for Homeless Youth; 2010-2011 category (ii) 1

Ngurra Nganhungu Barndiyigu; 0

St Judes Hostel; 0

East St Lodge; 0

Romily House; 0

Rosedale Lodge; 0

Richmond Fellowship East Fremantle Service; 0

Bunbury CSRU; 0

Busselton CSRU; 0

Mann Way; 0

Ngulla Mia; 0

Richmond Fellowship Queens Park Service; 0

Honeybrook Lodge; 0

BP Luxury Care; 0

Salisbury Home; 0

SCC Bentley House; 0

SCC Mount Claremont House; 0

SCC Stirling House; 0


St Bartholomew's Arnott House; 0

St Bartholomew's Bentley Villas; 0

St Bartholomew's Swan Villas; 0

Vincentcare Bayswater House; 0

Vincentcare Coolbellup House; 0

Approved  


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MONDAY, 26 MARCH 2012

### MENTAL HEALTH COMMISSION

*Supplementary Information Request (number not assigned) – pp11-12 of transcript:*  
Hon Ken Travers asked -

- (1) *Is it possible to get a list of the names of the six organisations that did submit tenders [to the State Suicide Prevention Strategy]?*

**Answer:**

Following further advice from the State Solicitor's Office, I am now prepared to release the names of the six organisations that submitted tenders to the State Suicide Prevention Strategy.

- Anglicare WA
- Centrecare
- Men's Advisory Network
- Telethon Institute of Child Health Research

Two consortium bids were received;

- Consortium 1, consisted of:
  - Rotary Community Corps of WA;
  - Australian Rotary Health; and
  - Lifeline WA
- Consortium 2, consisted of:
  - Western Australian Association for Mental Health (WAAMH);
  - St John of God Health Care; and
  - WA GP Network.

*Approved.*  
*H. Hunter*