

Appendix

Members

Privilege

Meetings

Appendix

Members

Professor Peter Baume AO (May 2002 onwards), Chairman

Peter Baume was until recently Chancellor, The Australian National University (1994 - 2006); Member of Council, Australian National University, 1986-90, 1991 - 2006; Professor of Community Medicine and Head of the School of Community Medicine, University of New South Wales 1991 – 2000; Director of Sydney Water Corporation 1998 – 2005. He is Governor of the Foundation for Development Cooperation; Patron of the Voluntary Euthanasia Society of New South Wales; Chair, Family Drug Support; Official Visitor to three psychiatric hospitals and Chair of the New South Wales Mental Health Sentinel Events Review Committee.

Dr Stephen Allnutt (July 2004 onwards)

Stephen Allnutt is currently Senior Consultant Forensic Psychiatrist and Clinical Director, NSW Community Forensic Psychiatric Services. He is also Conjoint Senior Lecturer, University of New South Wales. Stephen is a senior clinician representing Area Health Services and specialist forensic psychiatrists. He has twelve years' full time experience in Forensic Psychiatry.

Professor Robert Batey AM (July 2006 onwards)

Robert Batey is a physician with specialty commitments in hepatology and addiction medicine. He is currently Professor of Medicine at the University of NSW, based at Bankstown Hospital. He has clinical and research interests in the biology of dependence and susceptibility to the damage associated with alcohol and other drug use. Robert chairs the National Hepatitis C subcommittee of MACASHH, and is Clinical Advisor in Drug and Alcohol to NSW Health.

Dr Claire Blizzard (February 2007 onwards)

Clair Blizzard is currently Chief Executive, Greater Western Area Service, since January 2005. Prior to that, she held the positions of Administrator Greater Western Area Health Service, Director Acute Medical Services Western Sydney Area Health Service, General Manager Blacktown-Mt Druitt Health, Director Medical Services Blacktown-Mt. Druitt Health, and Director Medical Services, Mt. Druitt Hospital. Claire is a Fellow of the Royal Australian College of Medical Administrators, Associate Fellow of the Australian College Health Service Executives, Board Member of the NSW Institute of Medical Education and Training (IMET) and the Australian Healthcare Association (National Councillor), Chairperson of the Western Regional Coordination Management Group, and is a member of a number of Department of Health Forums, including the Maternal and Perinatal Health Priority Taskforce, the NSW Aboriginal Health Forum, the Health Emergency Management Committee and the NSW Health Care Advisory Council.

Mr Terry Clout (May 2002 – February 2007)

Chair of the Homicide Sub-Committee (May 2002 – December 2005)

Terry Clout was appointed Administrator of the Hunter New England Area Health Service in July 2004, and Chief Executive in January 2005. He was previously Chief Executive Officer, Mid North Coast Area Health Service. He has worked in the Health industry for more than 20 years in senior positions in the Department of Health and Area Health Services. Terry is a non-executive director on the Board of the Australian Health Management Group and is a member of numerous Departmental forums, including the Senior Executive Forum, Rural Health Taskforce, Rural & Regional Medical Workforce Committee and Reportable Incident Briefs Steering Committee. His external memberships include UNSW School of Rural Health, Mid North Coast Division Rural Clinical School Community Advisory Board and Commonwealth Coordinated Care Trial Monitoring Committee.

Mr Cos Desantis (September 2005 onwards)

Cos De Santis is the nominated representative of the New South Wales Nurses' Association and has been a member of Executive Council of the Association for eleven years. He is a registered nurse with thirty-eight years experience in the provision of mental health services. Cos has worked as a clinician, Nurse Unit Manager (including ten years in acute admission inpatient facilities) and is currently Nurse Manager at Bloomfield Hospital for the Eastern Cluster of Mental Health Services for the Greater Western Area Health Services.

Ms Clair Edwards (July 2004 onwards)

Clair Edwards is a registered nurse with extensive experience in the provision of mental health services, initially as a clinician and more recently in senior management positions. She is currently Director of Nursing, Area Mental Health Services in Sydney South West Area Health Service.

Associate Professor Brin Grenyer (September 2005 onwards)

Brin Grenyer is a clinical psychologist representing the Australian Psychological Association. He is active in many areas of professional psychology, including clinical work, consultancy, clinical supervision, teaching and research. Brin is currently Associate Professor and Director of Clinical Psychology Training, University of Wollongong. He is President of the NSW Psychologists Registration Board, a Director of the Australian Psychology Accreditation Council, and a member of the Professional Advisory Panel for NSW Victims Services. His clinical and research interests include the assessment and treatment of complex depression and personality disorders, substance dependence, interpersonal conflicts and aggression and violence.

Ms Martha Jabour (May 2002 onwards)

Martha Jabour is currently Executive Director, Homicide Victims Support Group (Aust.) Inc., a position she has held since 1993. She represents the Homicide Victims Support Group on the Victims Advisory Board and the Youth Justice Advisory Committee. Martha is a member of the Restorative Justice Unit Committee, the State Parole Authority, the Sentencing Council of NSW and the Unsolved Homicide Review Committee. Her interests are to further promote victims' rights and needs, with a special focus on crime prevention, particularly in the areas of domestic violence, mental health and juvenile justice.

Superintendent Terry Jacobsen (December 2002 onwards)

Chair of Homicide Sub-Committee from January 2006.

Terry Jacobsen has 35 years' experience in NSW Police and is a former Local Area Commander at various locations. He was formerly Corporate Spokesperson for issues involving mental health. Terry recently completed a twelve-month Visiting Fellowship with the Australian Institute of Police Management, and is currently on secondment to the Australian Federal Police to establish AFP uniform policing at Sydney (Kingsford-Smith) Airport, pursuant to the Wheeler Report on Aviation Security and Policing at Australian Airports 2005.

Mrs Jennifer Mackellin (May 2002 onwards)

Jenny Mackellin has been the Committee' Carer and Community Representative since 2002. She is a mother of four, and has been a mental health carer for 21 years. Jenny was employed as Carer Consultant for Central Coast ARAFMI from 2002-2006. She is now in the role of Family and Carer Worker with ARAFMI NSW, and is also a trained Mental Health First Aid facilitator. Jenny represents carers on numerous committees, including NSW CAG.

Dr Nick O'Connor (July 2004 onwards)

Nick O'Connor is a member of the NSW Branch Committee of the Royal Australian and New Zealand College of Psychiatrists, a Board member of the NSW Institute of Psychiatry and the NSW Mental Health Association. He is currently Director, Area Mental Health Northern Sydney Central Coast Area Health Service.

Dr Susan Page-Mitchell (May 2002 onwards)

Chair of the Suicide Sub-Committee

Sue Page-Mitchell is Acting Head of Department at the Northern Rivers University Department of Rural Health (a collaborative venture of the University of Sydney and Southern Cross University) and Chair of the North Coast Area Health Service Advisory Council. A rural GP VMO at Ballina District Hospital and St Vincent's Hospital in Lismore, she is on the Board of the NSW Clinical Excellence Commission and of the Northern Rivers Division of General Practice. Sue is a NSW Ministerial appointee to several committees including the Health Care Advisory Council, Expert Advisory Group on Drugs and Alcohol, and the Rural Health Priority Taskforce; and has been a Commonwealth appointee to the Pharmacy Professional Programs and Services Advisory Committee, Australian Medical Workforce Advisory Committee and both the Medical Indemnity Policy Review Panels. She was President of the

NSW Rural Doctors' Association for 2002-2003 and President of the Rural Doctors' Association of Australia for 2004-2005.

Mr Kieran Pehm (August 2004 onwards)

Kieran Pehm is Commissioner, Health Care Complaints Commission. His previous positions include Deputy Commissioner, Health Care Complaints Commission, Deputy Commissioner - Independent Commission Against Corruption, Assistant Commissioner (Legal) - Office of the Legal Services Commissioner, Operational Lawyer - Police Integrity Commission, Assistant Secretary (Complaints) - Human Rights and Equal Opportunity Commission, Assistant Ombudsman (Police) - NSW Office of the Ombudsman, and Senior Investigations Officer - NSW Office of the Ombudsman.

Ms Anna Saminsky (September 2005 onwards)

Anna Saminsky is currently Chairperson NSW Consumer Advisory Group Mental Health Inc., and Chairperson of MHCoPES Steering Committee. She holds the position of Board Member (Secretary) of the Mental Health Co-ordinating Council. Anna is a member of numerous committees and groups, including the NSW Mental Health Implementation Taskforce, MHOAT Consumer Consultative Committee (CCC), Health Care Complaints Commission CCC, National Safety Quality Partnership Working Party Group, NSW Family and Carer Mental Health Program Committee, Older Persons Working Party, JGOS Committee (Public Housing for Aboriginals with Psychiatric Disabilities), Consumer Advisory Course Committee, National Mental Health Consumer and Carer Forum and the Non Acute Care in Mental Health Units Committee.

Dr Grant Sara (July 2004 onwards)

Grant Sara is a psychiatrist with experience as a clinician and manager in acute hospital and community mental health services. He is currently the Director of "InforMH", responsible for collecting, analysing and reporting information about mental health services in NSW. Grant has a clinical role as consultant to the Beaches Early Intervention Centre in Brookvale NSW.

Mr Maurice Taylor (July 2006 onwards)

Maurice Taylor is currently the Coronial Information and Support Officer at Westmead Coroners Court. He is a psychologist, and prior to 2003 spent 17 years working with the bereaved and with those going through the process of dying at Calvary Hospital, Sydney. In 2003 Maurice commenced working at the Office of the NSW State Coroner. He is regularly involved in debriefing and Disaster Victim Identification processes following traumatic events.

Executive Support

Executive support to the Committee is provided by Ms Marlyn Sciberras, Senior Analyst, Mental Health and Drug and Alcohol Office, NSW Health Department.

Privilege

Under section 23 of the Health Administration Act 1982 the Minister by order published in the Gazette authorised the Committee appointed under section 20 (1) or (4) to conduct research or investigations into morbidity or mortality occurring within New South Wales. Any person disclosing information obtained in connection with the conduct of this research or investigation without the approval of the Minister or the consent of the person who provided the information is guilty of an offence against the Health Administration Act 1982. By virtue of this provision, none of the Committee members is deemed to be competent or compellable to produce or give evidence in respect of matters placed before the Committee.

Meetings

The Committee ordinarily meets 6 times a year for 2-3 hours on dates agreed by its members. The Committee and both the Suicide and Homicide Sub-Committees met on 11 occasions in 2005 and 2006, and on 2 occasions to date in 2007, on the following dates:

2005	24 February
	21 April
	23 June
	27 October
	13 December
2006	23 February
	20 April
	15 June
	17 August
	19 October
2007	7 December
	15 February
	19 April

Homicide Sub-Committee

Membership

Mr Terry Clout (Chair, to December 2005)
Dr Stephen Allnutt
Professor Peter Baume AO
Professor Robert Batey AM
Mr Cos Desantis
Associate Professor Brin Grenyer
Ms Martha Jabour
Superintendent Terry Jacobson (Chair, from February 2006)
Dr Nick O'Connor
Mr Kieran Pehm
Mr Maurice Taylor

In addition to sub-committee meetings, the Homicide Working Party met on one occasion in 2006, on 16 February.

Members of the working party were Dr Stephen Allnutt, Associate Professor Brin Grenyer and Dr Nick O'Connor.

Suicide Sub-Committee

Membership

Dr Susan Page Mitchell (Chair)
Professor Peter Baume AO
Professor Robert Batey AM
Mr Cos Desantis
Ms Clair Edwards
Ms Jennifer Mackellin
Mr Kieran Pehm
Ms Anna Saminsky
Dr Grant Sara
Mr Maurice Taylor

In addition to sub-committee meetings the Case Review Working Party met on 5 occasions in 2006:

9 February
11 April
25 May
21 Sept
26 Sept
21 November

Members of the Working Party were Dr Page Mitchell, Professor Baume, Ms Edwards, Ms MacKellin and Dr Sara.



Glossary

Glossary

CRDF Client Death Report Form	The form to be completed by the Health Service in the case of an incident involving the death of a mental health patient. Unlike the RIB, identification is required on this form and it should therefore be sent directly to the NSW Centre for Mental Health.
CTO Community Treatment Order,	A CTO is a legal order made either by the Mental Health Review Tribunal or a magistrate under section 131 of the Mental Health Act 1990. A CCO is a legal order made either by the Mental Health Review Tribunal or a magistrate under section 118 of the NSW Mental Health Act 1990.
CCO Community Counselling Order	These orders allow a person to live in the community. They must receive treatment or counselling from hospital or community health centre staff. The conditions of treatment or counselling are specified in the treatment plan. Community orders may last for up to 6 months. If the treating team feel that a renewal of the order is required, they may apply to a Magistrate or to the Mental Health Tribunal. If the person refuses the treatment or counselling set out in the treatment plan then he or she may be in breach of the order.
Forensic Patients	Patients with a mental illness who have also been the subject of serious criminal charges. Some are convicted offenders with a mental illness, while others have been found not guilty of their crimes by reason of their mental illness. Others are found unfit to stand trial because of mental illness. Forensic patients remain under the care of the Mental Health Review Tribunal.
Homicide	A killing of one human being by another. The use of the word "homicide" in this Report is simply to specify an incident where a person or persons has died as the result of the actions of another, and does not reference the elements of a crime, such as murder, manslaughter or other offences under criminal codes or statutes.
IIMS Incident Information Management System	<p>A key quality assurance tool for public health organisations. Incidents to be entered into IIMS include any unplanned event resulting in, or having the potential for, injury, ill health, damage or other loss. The system also captures near misses ie any event that could have had adverse consequences but did not, and is indistinguishable from actual adverse events in all but outcome.</p> <p>Adverse events recorded in IIMS include unintended patient injury or complications from treatment that result in disability, death or prolonged hospital stay and are caused by health care management. Hazards recorded in IIMS relate to a source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.</p> <p>Notification of RIBs to the Department of Health occur in the electronic environment via the IIMS.</p>

**MH-CCP
Mental Health –
Clinical Care and
Prevention**

A model for establishing population mental health bed targets. It predicts acute mental health bed requirements based on population size and age distribution. It predicts a population-based requirement for acute adult mental health beds of between 30 and 32 beds per 100,000 population, depending on the age-mix within that population.

**MH-OAT
Mental Health –
Outcomes and
Assessment
Tools**

Standardised clinical modules developed to support comprehensive clinical assessments and accurate documentation for all mental health consumers. Area Health Services are responsible for ensuring that clinicians maintain an adequate health record for each consumer. All public Mental Health Services are required to adopt the standardised MH-OAT clinical assessment protocols and modules from the date of Circular 2004/30.

Mental Health Assessment protocols and standard clinical documentation were revised to form the basis for the MH-OAT clinical modules which were designed to cover most circumstances requiring clinical documentation in mental health services including inpatient, ambulatory and community residential services. The mandatory implementation of the standardised clinical modules will provide for the documentation of clinical practice at different points in the cycle of care (assessment, care planning, review and discharge), along with standard measures of outcomes and case complexity.

**Mental Health
Review Tribunal**

An independent body established by the NSW Mental Health Act 1990 which reviews case management plans proposed by psychiatric case managers and hospital staff. It conducts hearings and collects evidence from consumers, mental health workers and other interested people. After considering this information, the Tribunal members decide whether or not the treatment and care suggested by the hospital or community health centre staff is appropriate and in accordance with the Mental Health Act.

**Multidisciplinary
Review/
Multidisciplinary
Team**

Multidisciplinary team is a term widely used. However, the critical conceptualisation is that the different health disciplines each have expertise relevant to their discipline's skills, competencies and knowledge that should be available to contribute to the relevant aspects of the patient's assessment and management.

In mental health such disciplines would include psychiatrists, mental health nurses, clinical psychologists, social workers and occupational therapists and possibly others. The contribution of some or all may be required and should be appropriately coordinated or brokered for optimal outcomes, through the team or clinician responsible for the person's clinical care.

Patient

The use of the term "patient" in this report includes any inpatient, client or consumer of mental health inpatient or community mental health services.

Privilege	The Committee is accorded privilege under Section 23 of the Health Administration Act 1982. Any information supplied to or reports commissioned for the Committee have the protection of confidentiality under s23 of the Act. With the approval of the Minister, and in accordance with section 23(3) of the Act, the Committee may share limited information with other Ministerial Committees on cases which are common to these Committees.
RCA Root Cause Analysis	A process used to review and analyse an incident, to identify the root causes of the incident and the factors that contributed to the incident. A report of the results of any Root Cause Analysis must be sent to the NSW Department of Health within 50 days of an incident occurring, as specified in NSW Quality and Safety Circular 2003/88.
RIB Reportable Incident Brief	The method for reporting defined health care incidents to the Department of Health. RIBs must be de-identified and treated as confidential, particularly when such notifications involve staff, patients or clients.
SAC Severity Assessment Code	A risk matrix that is used to stratify the consequence and likelihood of an incident so that a numerical rating is allocated to every incident. This is designed to ensure that appropriate management of the incident takes place.
SIP Safety Improvement Program	A statewide program designed to make health care safer in NSW. The program has a number of components, including training for health care providers in incident management, the RIB system and the IIMS. The key objective of this program is to ensure a coordinated approach to the management of all incidents that occur in the NSW health system.
Suicide, suspected	An unconfirmed reported suicide death. Until confirmed by Coroner's investigation, a reported suspected suicide death remains unconfirmed. NSW Mental Health Client Death Reports notify cases of suspected suicide death that must be confirmed by coronial investigation.



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