

Your Ref: [\[Click here to enter Reference Number\]](#)

15 December 2025

Organiser – Public Health Regional
Health Services Union NSW/ACT/QLD
Level 2 109 Pitt Street
Sydney NSW 2000

Hastings Macleay Mental Health Redesign

Dear Michael,

Thank you for your email regarding the Hastings Macleay Mental Health Redesign. Mid North Coast Local Health District (MNCLHD) appreciates the feedback from your members as a part of the recent consultation.

Kempsey will be the first in NSW to implement a Mental Health Hospital in the Home (MH HITH) program. This model, successfully implemented interstate and internationally, offers additional mental health care options for Kempsey residents. MH HITH provides options of care that are aligned with Mental Health Act (2007) principle of least restrictive care and allows patients to stay in the comfort of their home, On Country with family and community supports.

Regarding the individual questions please see the following responses to your points:

1. **Loss of safe, local inpatient care**

Many individuals voluntarily admit themselves to the Kempsey Mental Health Unit to remove themselves from unsafe or destabilising environments. The ward provides essential respite and containment that a home-visit model simply cannot replicate.

Response:

The Kempsey Mental Health Unit is not a respite facility or a place for containment. Kempsey Mental Health Unit should provide acute specialist care to people who are in need of hospital level care. Admission to Kempsey Mental Health Unit requires assessment by a mental health clinician who works with an authorised medical officer to ensure admitting rights are exercised safely for people who are mentally ill or disordered.

MNCLHD is adopting the same level of care within the MH HITH model for people living in Kempsey however the care will be delivered in a person's home or community.

A key principle under the Mental Health Act 2007 (NSW) is that mentally ill and mentally disordered people should receive the care and treatment they require in the 'least restrictive environment consistent with their safe and effective care'.

On review of the usage of the Kempsey Mental Health Unit, the majority of patients admitted to the facility are from outside of the Kempsey region. While the unit has provided valuable care, its design no longer reflects contemporary models of care. The facility at Port Macquarie is purpose-built meeting modern standards of care, and with the expansion of beds will provide more

flexibility, providing easier access to voluntary and involuntary mental health beds in the district due to being a designated mental health facility.

2. Unrealistic and unsafe “virtual bed” model

The proposed model requires community mental health staff to visit clients up to three times per day, with two staff present each time. In reality, the service is already stretched, and it’s unclear what happens when there are not enough staff to provide those visits. Many of the clients we support are homeless or live in unstable accommodation, making “home” visits impossible.

Response:

The MH HITH program will be an enhancement of FTE to the community mental health service. The multidisciplinary team will meet the requirements of servicing patients in their homes, multiple times per day, 7 days per week. The MH HITH will be accessible to people who are homeless and MNCLHD will provide the service wherever the person is. This will allow hospital level care to people whether they are living in their own home or staying with friends or in temporary accommodation. This will enable staff to work with people to address issues such as homelessness while in an episode of care the MH HITH.

3. Rising methamphetamine use and ED impact

There has been a marked increase in methamphetamine use locally. If the inpatient unit closes, these complex and high-risk presentations will fall to the Emergency Department, which is already under pressure and not designed for extended mental health care.

Response:

It is recognised that methamphetamine is an increasing issue in the Kempsey region. Due to the level of care provided and the limitations of the unit layout in the Kempsey inpatient mental health unit, drug induced psychosis/ amphetamine usage within the last 7 days of ED presentation has been an indicator of need to be transferred from Kempsey to Port Macquarie for inpatient care, so the reallocation of inpatient beds will not change the current practice.

By increasing access to involuntary mental health inpatient beds across the MNCLHD we aim to reduce length of stay for people in the emergency department experience drug induced psychosis. The district is continuing to work to improve response to clients within the emergency department including recruitment of EMHAART (Emergency Mental Health and Addictions Assessment Response Team) clinician for Kempsey and enhancing drug and alcohol services for people in Kempsey with a Stimulant Treatment Program commencing in 2026.

4. Devaluation of Kempsey Hospital’s role

This proposal follows other service reductions, such as maternity admissions now being limited to weekdays due to lack of medical cover. Removing mental health beds continues a pattern of erosion that undermines Kempsey Hospital’s role as a community health hub.

Response:

We understand these changes may cause concern for staff and the community. Our goal is to ensure safe, effective, and culturally appropriate care. I cannot comment on the background to changes to maternity services in Kempsey as they are outside the scope of our redesign. The relocation of inpatient mental health services is based on a commitment to providing evidence-based community models of care and least restrictive practice. Importantly, Kempsey Hospital will remain the base for all community mental health services except the new Aboriginal Led models which will be located off hospital grounds. All these services are available 7 days per week and are available to provide ongoing access and support for the local community.

In recent years the MNCLHD has chosen to invest almost all funding for new mental health services into Kempsey. The concern that there is a devaluing of Kempsey Hospital’s role as a community health hub is in opposition to the investment MNCLHD has had into community mental health services in Kempsey.

There is a role for hospital-based care for people with mental illness however from the data and evidence in relation to models such as MH HITH and Suicide Prevention Outreach Teams, voluntary care can be safely and effectively delivered in the community. All involuntary care for people from Kempsey is currently delivered in Port Macquarie or Coffs Harbour. This will not change and actually it will be expanded. MNCLHD utilises hospital-based care as a last resort as per the principles of least restrictive care under the NSW Mental Health Act 2007.

5. Socio-economic and cultural impacts

Kempsey is a socio-economically disadvantaged area with major transport barriers. Moving mental health care to Port Macquarie (approximately 45 km away) will make it extremely difficult for families and carers to visit. Many clients are Aboriginal, and it is not culturally safe to remove them from Country to receive care elsewhere.

Response:

We acknowledge that the Kempsey region has high levels of socio-economic disadvantage, including elevated unemployment, low income, housing instability and these factors are strongly linked to higher rates of psychological distress, depression, anxiety, and substance use disorders.

Kempsey also has a large Aboriginal population, for whom connection to culture and Country is vital for wellbeing. This is why the MNCLHD is continuing to work with the community to provide additional layers of services that are not available anywhere else in the district, including the creation of the MH HITH and Stimulant Treatment programs, Aboriginal Specialist Wellbeing Service, Aboriginal-led Safe Haven and Nurturing Connections program. By providing the MH HITH program which is only available to people in Kempsey, this will totally alleviate any travel concerns and expenses for the patient and family supports as care is provided within the home environment and On Country if possible.

If people in Kempsey need higher level of care for mental health conditions, patient transport will be organised to transfer to other locations within the district at no cost to the patient, so they can receive the care required to their situation.

6. Lack of genuine consultation

Many staff, including myself, only learned of the closure at an all-staff meeting last Wednesday, where it was presented as a decision rather than a proposal. This has created considerable anxiety among staff and the community. Community Mental Health staff I've spoken with share significant concerns about client safety, workload, and the long-term impact on local services.

Response. Staff were originally notified on the 29 October 2025. The staff affected by the change will always be consulted prior to public consultation. This is respectful to staff who have worked at the unit for many years.

The consultation and evidence for moving to more community-based models of care for mental health has been built into the state mental health reform for many years and should not be a surprise to staff working in mental health. Additionally, the models of care evolve and we are excited to be bringing best practice care to people of Kempsey.

One of the main reform documents was Living Well: a Strategic Plan for Mental Health in NSW 2014-2024 which stated 'Hospital-based mental health care, including acute and crisis care, is one part of a good mental health system, but it should be accessed only when community-based support is not feasible. This approach is consistent with our human rights obligations and our NSW 2021 goal of keeping people out of hospital and well in the community'².

The opportunity to deliver the first MH HITH in NSW will put Kempsey at the forefront of delivering on reform priorities from Living Well set over 10 years ago.

Specific consultation with staff and representative organisations around the reallocation of beds and establishment of MH HITH is below:.

- **27 October 2025** – Initial contact with staff and the Health Services Union
- **29 October 2025** – Union representatives invited to a staff meeting outlining the proposed changes.
- **13 November 2025** – Follow-up staff meeting held; Health Services Union received invites, correspondence, and presentations.
- **17 November 2025** – Response sent via email to correspondence received on 13 November 2025 regarding changes to Mental Health Services.
- **2 December 2025** – Additional staff meeting held; Health Services Union received further invites, correspondence, and presentations.
- **October–January 2026** – Ongoing individual consultations with staff members regarding the changes.
- **Mid-January 2026** – Proposed changes to occur, including reallocation of beds.

Regarding the consultation for all new programs, we have been and continue to consult with local stakeholders including, Durri Aboriginal Corporate Medical Services, Kempsey Local Government, Health North Coast Primary Health Network and Integrated Mental Health and Alcohol & Other Drugs Directorate- Consumer Advisory Group to ensure they best meet the needs of the community. These programs are developed in consultation with NSW Ministry of Health, Mental Health Commission of NSW, Agency of Clinical Innovation, and the Mid North Coast Local Health District. Ongoing monitoring and evaluation of the services and utilisation by the community will occur to ensure they are meeting the needs of the community.

Thank you for writing. For further information please contact Sarah Fox on sarah.fox3@health.nsw.gov.au.

Yours sincerely,



Sarah Fox
Acting Director Integrated Mental Health, Alcohol & other Drugs

1. Mental Health Rights Manual - [Chapter 4 Section A: Overview and objectives of the Mental Health Act 2007 \(NSW\) – MHCC Mental Health Rights Manual](#)
2. Living well a strategic plan for mental health in NSW 2014-2024 page 55 [Living Well - A Strategic Plan full version.pdf](#)