Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

26 August 2026

By Email Only

The Hon. Mark Butler MP
Minister for Health and Ageing
minister.butler@health.gov.au
mark.butler.mp@aph.gov.au

The Hon. Sam Rae MP
Minister for Aged Care and Seniors
sam.rae.mp@aph.gov.au
minister.rae@health.gov.au

Senator the Hon. Jenny McAllister
Minister for the National Disability Insurance Scheme
minister.mcallister@health.gov.au
senator.mcallister@aph.gov.au

Cc:
The Hon. Emma McBride MP,
Assistant Minister for Mental Health and Suicide Prevention; Assistant Minister for Rural and Regional Health
emma.mcbride.mp@aph.gov.au

The Hon. Rebecca White MP,
Assistant Minister for Health and Aged Care; Assistant Minister for Women
rebecca.white.mp@aph.gov.au

The Hon. Tim Nicholls MP,
Queensland Minister for Health and Ambulance Services
health@ministerial.qld.gov.au

Dr David Rosengren,
Director-General, Queensland Health
DG_Correspondence@health.qld.gov.au

RE: Commonwealth aged care, dementia and NDIS capacity failures are driving violence against nurses and midwives in Queensland public hospitals

Dear Minister Butler, Minister Rae and Minister McAllister,

I write on behalf of the members of the Nurses' Professional Association of Queensland (NPAQ) and the Nurses' Professional Association of Australia (NPAA) regarding a national problem that is being paid for, shift by shift, in the bodies and minds of nurses in Queensland Hospitals and across Australia.

In August 2026 the Queensland Nurses and Midwives' Union published survey results from approximately 8,750 Queensland nurses and midwives: around 80 per cent had experienced violence

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

at work in the previous twelve months, and just under 2,000 had been physically attacked. The Australian Institute of Health and Welfare reported this year that assault is now the second most common cause of injury hospitalisation among health care workers, against seventh across the workforce generally. Queensland Health's own data records more than 50 occupational violence incidents every day. Every hospital and health service in Qld except two recorded a higher daily rate. NPAQ's own survey, The Real Emergency: Violence in Our Queensland Hospitals, returned hundreds of accounts that are, frankly, harrowing. A selection is attached at Appendix A. I would ask that they be read, not summarised.

We have today written separately to the Premier of Queensland, the Queensland Minister for Health and Ambulance Services and the Director-General of Queensland Health seeking legislative and operational reform within the State's control. This letter concerns the part of the problem that is squarely yours.

What our members are describing

A substantial and growing share of the violence against nurses in Queensland public hospitals is occurring on general medical wards, not in emergency departments or mental health units. The reason is not clinical mystery. It is capacity. Public hospital wards have become the default accommodation for older people with dementia and responsive behaviours whom residential aged care providers decline to take, and for NDIS participants whose discharge is delayed for months awaiting a funded package or an accessible placement.

> *"We are dealing with more and more clients with complex mental health concerns, and dementia is rampant, very hard to manage. Nursing homes won't take these violent, demented people, so they sit on the wards."*
> *"We had a bed-blocked NDIS patient stuck for over 200 days, banging doors, swearing, constantly abusive."*
> *"We also have ongoing problems with cognitively impaired patients, dementia and confusion — and our nurse ratios are simply not safe to manage this."*
> *"We're dealing with forensic patients and highly aggressive dementia cases. One nurse had four front teeth knocked out."*

These are not patients receiving good care. A person with advanced dementia and responsive behaviours, held for weeks in a four-bed bay under fluorescent light with no soundproofing, no specialist behavioural support and no continuity of staff, is being harmed by the placement. So are the other three patients in that room. So is the nurse. This is a failure of the aged care and disability systems that lands, unfunded and unmanaged, on the public hospital nurse.

What we ask of the Commonwealth

1. **Fund dementia-specific high-acuity capacity in every state.** Specialist dementia care capacity in Australia remains a fraction of demand. We ask for a funded expansion of specialist dementia and behavioural support units, including transitional beds accessible directly from public hospitals, so that a person with severe responsive behaviours has somewhere clinically appropriate to go.
2. **Close the residential aged care refusal gap.** Providers routinely decline residents with a history of aggression. Where a person is assessed as requiring residential care and no provider will accept them, there must be a funded pathway of last resort with a defined maximum wait, not an

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

indefinite public hospital bed. We ask that provider acceptance and refusal data be collected and published.

3. **Set a statutory limit on NDIS hospital discharge delay.** We ask for a funded, time-bound pathway for participants medically ready for discharge, expedited decisions on Specialist Disability Accommodation and Supported Independent Living for long-stay hospital patients, commissioning of last resort where no provider is available, and public reporting by state of the number of participants and the length of their delay.
4. **Make health worker safety an accountability measure in the National Health Reform Agreement.** Occupational violence sits at the seam between Commonwealth and State responsibility, which is precisely why nobody seems to fully own it. We ask that it be named in the Agreement, with reporting and funding attached, and raised at the Health Ministers' Meeting as a standing item.
5. **Support a nationally consistent approach to assaults on health workers.** Paramedics and police attract specific legal protection in most jurisdictions. Nurses and midwives, a workforce that is roughly 90 per cent women, and the most assaulted health profession in the country, do not, consistently. We ask the Commonwealth to place this on the agenda of Attorneys-General and Health Ministers and to support the states that act.
6. **Extend the same attention to aged care workers.** The Serious Incident Response Scheme captures harm to residents. It does not protect the workers caring for them. We ask that worker safety be brought expressly within the aged care quality and reporting framework.

This is a gendered harm

Nursing and midwifery are overwhelmingly female professions. Aged care and disability support are more so. The Commonwealth has committed, with the states, to ending gender-based violence in a generation. It is difficult to reconcile that commitment with a care system in which a predominantly female workforce is assaulted, groped and threatened as a routine feature of the working day, and in which the structural cause, a shortage of appropriate beds and packages, has been known and documented for years.

We request a written response within 14 days.

Yours sincerely,

Kara Thomas
President, Nurses' Professional Association of Australia (NPAA)
kara.thomas@npaaservices.org.au

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

Appendix A — The Human Toll: Frontline Voices

The following are drawn from NPAQ's survey of Queensland nurses and midwives, The Real Emergency: Violence in Our Queensland Hospitals, and from direct correspondence with members. They are reproduced in members' own words, with identifying details removed.

Violence has been normalised

"Nothing is ever done about it, so you get used to it. Sometimes you just want to cut and run."
"We are told it's just part of the job. I've been spat on, threatened, screamed at. Police won't take a report if the patient is "mentally ill.""
"It's a bizarre feeling waking up and feeling unsafe, a bit scared, going to work. You don't know if you'll be harmed — but you can guarantee verbal abuse."
"Mental health nurses have a huge tolerance for violence. We get spat on, sworn at, threatened. It's so normalised we stop reporting."
"I have suffered multiple physical assaults, psychological abuse is constant. No other industry tolerates this kind of treatment."

The injuries are serious

"A nurse got punched in the face and had a stroke. QHealth said they didn't need security. Are we not worth protecting?"
"Another nurse warned that a patient wasn't properly medicated. They did nothing. He dragged her down the hall by her hair. She ended up with a brain bleed."
"I was kicked in the face during a restraint. No one followed up. I ended up in hospital."
"There have been assaults — one nurse had four front teeth knocked out. We get told to just wipe ourselves off and deal with it."
"My colleague was bashed five metres from ED while guards stood by."

Reporting achieves nothing

"We do RiskMans and get no response or action. There is no point reporting because nothing gets done."
"When we file a RiskMan, it's against the patient's behaviour — not acknowledging the nurse as the victim. There's so much exposure that most incidents never get reported."
"We had a patient attack a staff member. The executive deleted the incident report. No one followed up."
"RiskMans closed. Three staff got sexually assaulted by a patient and exec told them not to report or they would not have a job."
"I have made these comments and suggestions for every "working for Queensland survey" in my 10 years and nothing has changed. The amount of RiskMans and patient notes I have completed that go unanswered — it's not worthwhile any more."
"When we would quote what happened or what was said to us, upper management told us to stop being so graphic because the person reading it from their cushy desk felt distressed. Imagine how we feel getting it screamed in our face, with no security coming to help you."

Security is absent, under-trained or powerless

"Security are untrained. When real violence happens, they disappear."
"A patient — no matter how unwell — will rarely attack if there's security there. But if it's just a nurse? They'll go for her."
"We send in RiskMans for every incident that we can, which for our department alone would be over 100 since January, yet management continue to deny all requests by the NUM and staff for security officers for ED 24/7."

Suite 14-18, 17 Bowen Bridge Road
Bowen Hills, QLD, 4006
1300 263 374
hotline@npaa.asn.au
npaa.redunion.com.au

"At Gold Coast Mental Health, the number of code blacks is through the roof. People have been stabbed. Executives ignore the risk. They say security is "too expensive". There are no consequences for CEOs who refuse to act."
"Our security do an amazing job but they do not have the resources available to them as the police do and are limited in their scope."
"I 100% support police in the hospital. Their presence in ED makes everything feel safer. I'm a nurse — I don't carry a gun or a taser. So why am I constantly expected to physically stop dangerous criminals?"

Bed block, dementia, drugs and disability — the wards are not built for this

"We are dealing with more and more clients with complex mental health concerns, and dementia is rampant. Nursing homes won't take these violent, demented people, so they sit on the wards."
"We had a bed-blocked NDIS patient stuck for over 200 days, banging doors, swearing, constantly abusive."
"A standard four- or six-bed general ward is completely unsuitable for these patients. The noise, lights and lack of privacy trigger their anxiety and aggression. Our nurse ratios are simply not safe to manage this."
"Eighty per cent of our aggressive patients are in drug-induced psychosis, most on involuntary orders. They're locked in, don't think they need to be there, and they lash out."
"These patients are dropped off by multiple police and security — and then it's left to two little nurses to manage them alone."
"This isn't about training. It's about drugs, ICE, psychosis — and the people making decisions are so far from the coal face they don't get it."

The workforce cost

"I have PTSD from QHealth. I've been working for over 30 years. I can't go back."
"Emergency nurses are tired, every single person has been seriously injured, we are threatened daily, seniors are quitting in droves."
"Staff who raise concerns are labelled troublemakers."
"I got in trouble for reporting a highly aggressive patient. Now I'm fighting to keep my registration."
"Nurses say it feels like being in a DV relationship — that's how broken it is."