

PROOF VERSION ONLY

PANDEMIC DECLARATION ACCOUNTABILITY AND OVERSIGHT COMMITTEE

Review of Pandemic Orders

Melbourne—Friday, 13 May 2022

MEMBERS

Ms Suzanna Sheed (Chair)

Mr Jeff Bourman (Deputy Chair)

Mr Josh Bull

Ms Georgie Crozier

Mr Enver Erdogan

Ms Emma Kealy

Ms Harriet Shing

Ms Vicki Ward

Mr Kim Wells

**Necessary corrections to be notified to
executive officer of committee**

WITNESSES (via videoconference)

Mr Craig Wallace, Chief Executive Officer,

Mr Neil Turton-Lane, NDIS Manager, and

Ms Shellie Braverman-Lichtman, Advocate, Victorian Mental Illness Awareness Council.

The CHAIR: I would like to welcome everyone here today, and I declare open this hearing of the Pandemic Declaration Accountability and Oversight Committee. The pandemic accountability and oversight committee is a joint investigatory committee established under the *Parliamentary Committees Act 2003* and the *Public Health and Wellbeing Act 2008*. Its powers include the ability to review pandemic orders made under the *Public Health and Wellbeing Act* and report to each house of Parliament on these orders.

I would like to begin by acknowledging the traditional owners of the land on which we are meeting. We pay our respects to them, their culture, their elders past, present and future and elders from other communities who may be here today.

I would ask that all mobile phones be turned to silent.

Introducing our witnesses today, we have with us, from the Victorian Mental Illness Awareness Council, Craig Wallace, the Chief Executive Officer; Neil Turton-Lane, NDIS Manager; and Shellie Braverman-Lichtman, Advocate. With the committee here today we have Mr Josh Bull, Mr Enver Erdogan, Ms Emma Kealy and Ms Vicki Ward online and Ms Georgie Crozier and me as the Chair, Suzanna Sheed.

Craig, I will just read another document to you that I am required to read before we start. All evidence taken by this committee is protected by parliamentary privilege. Comments repeated outside this hearing, including on social media, may not be protected by this privilege.

All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript to check. Verified transcripts, presentations and handouts will be placed on the committee website as soon as possible.

I welcome all of our witnesses here today and invite Craig to make a 5-minute opening statement, and then we will follow with questions from the committee. So thank you, Craig.

Mr WALLACE: Thank you, Suzanna. Hello, all. I use he/him pronouns, and I am joining from Dja Dja Wurrung country in Bendigo today. We welcome the opportunity to appear at this hearing.

VMIAC, the Victorian Mental Illness Awareness Council, are the peak body advocating for people with lived or living experience of emotional distress, trauma, mental health challenges and neurodiversity. We use the word 'consumers' to describe what some people might call service users or indeed patients. The word consumer has a particular history and a particular meaning, and so that is the word that I will be using today to describe service users of mental health services or indeed people who try and access services but are unable to.

So we have seen the acute and adverse impact of the COVID-19 pandemic and its associated orders on consumers. Specifically, consumers reported an increase in their experience of isolation in the pandemic, which in turn saw greater demand on support services but an inability of those services to be able to fully assist in a critical and heightened time of need.

VMIAC had a 126 per cent increase in consumers contacting for assistance and support as consumers experienced delays in and lack of support from community-based services. Consumers reported the cessation of face-to-face support, as mandated by the pandemic orders, caused increased distress, feelings of hopelessness and vulnerability. Consumers advised VMIAC that the repeated use of phone and video for support was exhausting and became overwhelming, removing a desire and ability to continue to reach out for support. VMIAC was called on by consumers at a higher rate to assist with linking to any services that had capacity to support them. Sourcing these services themselves was described by consumers as exhausting and, again, overwhelming during the pandemic.

Consumers who depend on access to food banks, op shops and community centres were left unsupported as the pandemic orders necessitated the reduction and/or closure of these services. Some consumers found themselves without food and daily living necessities. VMIAC—we are sometimes the last port of call, really, for people who were increasingly frustrated and distressed about trying to access mental health services.

Consumers also expressed frustration with the lack of drop-in services. Many organisations transitioned to remote work, which specifically affects consumers adversely who experience unstable housing and/or have difficulty accessing services or accessing a phone. The combination providers offered considerably less support as pandemic orders removed their ability to assist.

VMIAC experienced an increase in consumers requesting assistance to stay in hospital—and I note we usually have the opposite, with consumers wanting to get out of hospital—when hospitals were discharging consumers more quickly to make more beds available. There was also an increase in consumers being unable to access professionals such as psychologists, psychiatrists and GPs due to high demand or no capacity in these practitioners. And when they were able to be accessed, consumers experienced reduced usefulness of these practitioners as the health practitioners themselves were experienced by consumers as overwhelmed and unable to really listen and assist given the pressures that they were under. There was consequently an increase in consumers wanting to make complaints about services—services that had also been impacted by the pandemic orders. The complaints process itself was delayed, causing prolonged distress to consumers.

Our advocacy and NDIS teams identified an increase in the complexity of consumers issues, with many consumers waiting until their situation was considered to be at crisis point by them. The barriers and difficulties in trying to access support during pandemic orders were overwhelming. Many consumers were unable to utilise their NDIS funding due to stay-at-home orders, which resulted in the loss of at least a portion of their funding. Stay-at-home and lockdown orders saw consumers cut off from informal supports, such as social networks and community, and the gaps and breakdown in the current mental health system were aggravated and exposed and a further cost to consumers. Early intervention through support was too difficult to navigate. This has now led to an overflow of consumers on support service waiting lists and predominately has left consumers to cope with their situations with minimal support.

Then if I could just talk about our staff group, all of our staff are lived and living experience consumers, so we are a completely lived experience organisation with our own experiences of mental ill health and recovery or psychological and emotional distress. During the pandemic VMIAC staff experienced symptoms consistent with burnout. The organisation saw an increase in staff taking sick leave to optimise wellbeing and mental health, and morale dropped as staff were separated from each other. Timely measures needed to be taken to address these issues. We also had to extend our waitlist for consumers as all of our services reached capacity. We had staff putting things on hold like health actions that they needed to take, things around parenting, and of course we saw the sector struggling for staff; sector-wide that was an issue, with high rates of burnout and the workforce dealing with a lot of distress. So we had morning and afternoon huddles for our staff, bringing them together, and we really needed to be gentle and accommodating for our staff in this time, which has sort of set an expectation for future support for staff. So there is residual trauma for staff, and staff are feeling shaken and are just finding their feet again as we move onwards. We also have a high level of accrued leave in our organisation for leave that has not been taken during the pandemic when there was really nowhere to go. And there were recruitment difficulties related to all of the above factors.

So I will leave it there in terms of an opening statement other than to note that we work very closely with Tandem, who are the peak body for family carers and supporters. They have submitted a statement for today, and I did say to Marie Piu, Tandem's CEO, that I would just note their statement and also a couple of points from their statement: that family carers and supporters have noted the stress associated with new ways of receiving services and there has been increased demand on mental health carers to supplement and replace paid supports at short notice in the NDIS system. They have got quite a detailed statement that they have lodged, but those are just two examples. And then I just wanted to note that we do work closely with them and we agree on a lot of things most of the time and just note their statement today. All right, thank you for the opportunity for an opening statement. I will leave it there.

The CHAIR: Thanks, Craig, and each of us will have about 7 minutes to ask some questions. I will just start with a couple. I just wondered: could you just give us a bit of an overview of how your organisation is set up? Do you have a board? Where are you located? Just some of that detail for the record.

Mr WALLACE: Sure. Thank you. I forgot that we are not the centre of everyone's universe. We are located on Wurundjeri country in Brunswick East. We have a staff group of 33, and we are governed by a board, but we use the term 'committee of management'. All of our members of our committee of management have a lived experience of mental ill health and recovery. That committee of management meets monthly. There are a bunch of subcommittees as well, which have a combination of staff and committee members on them.

The CHAIR: Thank you. Do you have an outreach program, or is it all located in the one place?

Mr WALLACE: Historically the organisation has been well known for its outreach into mental health units—so actually going into hospitals to meet with consumers. The way that our funding has worked more recently and also the pandemic has meant we have not been able to do that, but we did receive COVID funding for an additional program above our traditional advocacy programs—an additional program called Check-In, which provided individual support and also group support for people. When it could it offered that in person, but otherwise it offered that online.

We have a general advocacy team who provide advocacy for people who are being treated voluntarily in the mental health system. Just for the committee's information, the advocacy which is done for people being treated against their will is done by IMHA, Independent Mental Health Advocacy. We work really closely with IMHA, particularly in that grey area of consumers who are in hospital and who are told, 'If you don't do this, we will make you compulsory'. So it is sort of a pseudo-compulsory situation. We work closely with IMHA in that space, and indeed consumers choose whether they want an advocate from IMHA or from us in that situation.

We also have an NDIS program, and so Neil is here today as NDIS manager. That is broken up into appeals—so people who are appealing a decision made for them around their NDIS package. We also have an information and support team for people accessing the NDIS. We are very lucky to have Shellie here today, because she worked in the NDIS program previously but also is currently working in our advocacy program. We also did some work around the disability royal commission and the lived experience workforce, and we have a few other projects going on as well.

The CHAIR: Thanks very much, Craig. That is very helpful. Do you accompany people before the tribunal—your consumers, as you call them? Is your role very much a support person for people who might be in that situation as well?

Mr WALLACE: We would support them to access MHLC—the Mental Health Legal Centre—so that they could have a lawyer at the tribunal.

The CHAIR: You speak of visiting people in hospital at times. I am just wondering how during the course of the pandemic with the orders that were in place in relation to visiting that impacted on you and your consumers.

Mr WALLACE: Well, yes, what the orders meant was that people who were considered non-essential would not be going into the hospitals, but our service was struggling to have the capacity to do that even prior to the pandemic, I think, to be completely clear about this situation. We rely a lot on our relationship with IMHA, who I mentioned earlier and who do the advocacy for people who are being treated against their will. One of our biggest referral sources is IMHA, because if an IMHA advocate goes into a hospital and someone is being treated on a voluntary basis, then the option is for them to have an advocate from VMIAC.

The CHAIR: Thanks. So were you not considered an essential worker, an essential visitor in a sense, under the orders?

Mr WALLACE: No. IMHA had the same thing as well. They were doing advocacy remotely. If you can appreciate, with someone who is having a really, really difficult time and is in hospital and being treated against their will—and then you need to try and engage with them over the phone or online rather than in person—it is really quite a barrier. Our advocates are highly skilled, as are the advocates who work for IMHA, and it takes a high level of skill to be able to do that.

The CHAIR: And in the current situation, where there are no orders, how are you finding your access to patients in hospital settings? No orders in relation to visitors, no restrictions.

Mr WALLACE: If we had the capacity to go to hospitals, we would be able to do so. At the moment it is a capacity issue, not a—

The CHAIR: Capacity for you.

Mr WALLACE: Yes.

The CHAIR: Yes, thank you. Look—

Mr WALLACE: Sorry, Suzanna. Is it okay? Neil has got his hand up to add something.

The CHAIR: Sorry, I cannot see that at the moment, but go ahead, Neil.

Mr TURTON-LANE: Look, I just wanted to add to that point that during the pandemic peer workers who were employed within area mental health services were largely not seen as essential workers either, or part of the essential responses to providing support to people on wards, which was incredibly disappointing and disheartening for the lived-experience workforce—to be segregated like that when they had so much to give to people. The experiences of many people who were on wards at that time and were inpatients were of desolation and loneliness and nothing to do and no support.

The CHAIR: Yes. I understand. Thanks, Neil. I just wanted to quickly touch on recruitment. You have talked about the challenges at the moment, and I think so many industries and organisations are facing that. What does that look like for you in terms of your organisation at the moment and its ability to provide the normal services that you would expect it to?

Mr WALLACE: Thank you for the question. It is a difficult time for us as an organisation to recruit. Indeed we have even some senior roles having to be re-advertised so that we have a sufficient applicant pool.

I think what is happening across the sector in terms of the lived-experience space is that we are getting what we have been asking for, which is for people with lived experience to be at the table and to be part of the royal commission implementation of all initiatives. It is quite a surge in demand on us, and there are also quite a lot of lived-experience roles going around at the moment, so people have a little bit of choice as to what they might be choosing to apply for. Also there have been, in Victoria's Department of Health, government lived-experience vacancies, which are at a salary that we struggle to match as a community-based organisation. So those are I think some of the factors that we are experiencing regarding recruitment.

The CHAIR: Thanks, Craig. Look, I had better move on. I have had more than my 7 minutes. I will go to Vicki.

Ms WARD: Thank you. Sorry, when you do not speak for a bit sometimes your throat dries up. Good morning. I am also on Wurundjeri land, and I pay my respects to elders past, present and emerging.

Welcome to our hearing today. Thank you for what you are saying about the demands on the workforce, Craig. I can imagine how much time this is taking out of your day, so thank you very much for being here with us. I also wanted to thank you for your comment around being gentle and accommodating to staff. I can only imagine what your workforce [Zoom dropout] incredibly important. I will also note too that while we are discussing things today there may be people who are watching who do feel distressed or do feel uneasy about what we are hearing or about what we are discussing. I would encourage them to get online or pick up the phone and seek support, because as we can see today there are fabulous people who have really been helping as much as possible.

If I can, Craig, I will go back to this conversation around lived experience. Going back to lived experience, am I able to tease out with both you and Neil a little bit more the idea of the lived experience and how it can be incorporated into the oversight of our pandemic response and how important it is that you want those voices included in these discussions?

Mr WALLACE: Thanks, Vicki. We were discussing this this morning before we came on. I think Neil was really leading that discussion amongst the three of us, so I think Neil and Shellie may want to start on this one.

Mr TURTON-LANE: Yes. Thank you, Craig. And thanks for the question, Vicki; it is a good one. I believe really we need to start—and I am hoping that is what this inquiry is about—preparing for the next catastrophe and have plans in place prior and have the training and support in place for the mental health system and for the community so we can respond to crises fully rather than at best very partially at the moment and far too slowly. That is not impossible, but it does take work. I feel there are enough lessons from reviews of Black Saturday and other catastrophes that have happened in Victoria and internationally to start some work in that area. It is an essential part of training and can only improve the performance or the skill set of the mental health system around how they interact with the people they work with and also around their own self-care. I think this is a really, really, really key point that I would hope that the inquiry hears today.

Ms BRAVERMAN-LICHTMAN: I would like to make a point. I do not know how literate you all are about the lived experience workforce, but one of the special things about the discipline, which it is now emerging as, is the way that they are able to truth seek from consumers. And the value of this is that their real experiences and our real experiences can be identified and the nuances of the support that is needed can be understood in full. Historically consumers have been positioned in a way that they cannot respond to the support they are seeking, and the lived experience workforce is able to be a conduit for the communication to find out what consumers actually need. Economically this makes sense, because it means that the amount of support that is required in some cases might be less or it might be more appropriate, which will cut out a lot of the damaging or unnecessary supports that are sought.

A lot of consumers will identify their experiences differently. Some consumers will identify their experience of mental ill health as a catastrophe, and I think the lived-experience workforce can differentiate between the different perceptions that consumers have of their own experiences. For the people who are experiencing almost a permanent catastrophe, partly because the services are not able to respond fully, this in the context of a larger social catastrophe such as a pandemic pretty much means their situation implodes. What Neil said is spot on—that we need to be able to prepare in a more nuanced and more human and more economically measured way for the next large objective catastrophe.

Ms WARD: I imagine that there are different pathways to trust through that lived-experience practitioner where there are different relationships with consumers.

Ms BRAVERMAN-LICHTMAN: Yes, definitely. I think that trauma-informed practice is being unpacked by the lived-experience workforce, and it is making it meaningful and informed by recipients of care. It becomes more than a discourse. That is just one of the many, many aspects.

Ms WARD: Are you hearing from the community about lived-perspective experiences being considered by our committee? Is there discussion about this that you are hearing outside of your own immediate workforce?

Mr WALLACE: Sorry, Vicki, I do not quite understand the question. Could you say it again, please?

Ms WARD: Yes. Within the community—you are out in the community quite a bit; you are hearing from your consumers quite a lot—is there discussion about this committee and about how lived experience could be more a part of what we are hearing or about our consultation?

Mr WALLACE: Sure, sure. I think the short answer to that is that people with lived experience want to be involved in anything at all which will shape their experience of the world and of the systems that they have to interact with, and they want to be involved at all levels, whether that is service delivery or governance or something in between. This is partly because that just makes sense as service users or the end user of systems. And also I think it is partly because, as Shellie was alluding to, if we design a system that works for people with lived experience, then typically you are getting your most sensitive people, the people who are most attuned to the environment. And if you are able to do that, then you are going to create a service or a program or a response which is going to suit pretty much everyone. We sometimes see this dilemma at VMIAC when people say to us, ‘We can’t do all of that work to make this lived-experience friendly’, and then others will say, ‘That’s fantastic. We’ll do that work because we know it’s just going to pay off immensely’. So people with lived experience want to be involved in everything at every level and have an incredible amount to offer. Neil, you have got your hand up.

Mr TURTON-LANE: Thanks. Yes. Just to add to that point, there is no separation between us. We are people, we are members of the community, and what we find helpful is what other members of the community find helpful too. I guess we have just had more pressure to come up with the solutions that work. We do not feel we have every answer, but we are an essential part of that conversation moving forward.

The CHAIR: Thank you. And, Vicki, that is your time. I will move to Ms Crozier.

Ms CROZIER: Thank you very much, Chair. Good morning, everyone, and thank you very much for being before the committee this morning. We do appreciate your time and your insights and input into this important inquiry. I know it has been an extremely challenging time over the last two years for you all but particularly your consumers.

I understand that VMIAC undertook a survey in 2020, at the start of the pandemic, where you had 176 who responded to that with some fairly alarming results, and that you undertook a series of other surveys. In June 2021 you launched a third survey. I am just wondering what the results of that are, because there is nothing on your website with those findings. Would you be able to explain to the committee what those findings were?

Mr WALLACE: Sure. Thank you for the question. I think you are referring to our COVID surveys, and the outcome of the early work there was the establishment of our Check-In program. So Check-In was, I guess, time-dependent, context-dependent funding for a program to provide consumers with individual and group-level support given the extra stress that they were feeling during the pandemic. That program was funded by the state government, and it is quite a timely question because we have only just found out in the last week that that program has not been refunded.

Ms CROZIER: Not been refunded?

Mr WALLACE: No. The funding for that program finishes on 30 June this year—in seven weeks or six weeks. That is a great disappointment to us as an organisation and of course a terrible disappointment to the staff, who have put so much into creating, really, a bespoke service for consumers during the pandemic. As we all know, the pandemic is not over, yet that service has been defunded. What that service enabled us to do was actually to hold some consumers better than we would otherwise be able to do so that they could participate in other programs of ours, like that the program that Shellie works in, in advocacy, and also some NDIS participants to get that support from Check-In. So Check-In was an outcome of the COVID survey, and yet it is finishing up on 30 June.

Ms CROZIER: Well, that sounds extremely disappointing, Mr Wallace. Could I ask: I note from the results of that first survey that 75 per cent of the respondents stated their mental health was worse. Now, we had only just started COVID then, so I assume, as you have just described, the work you have been doing with that program would have assisted throughout the last two years, because we have had a series of lockdowns where the impacts for people with mental ill health were profound and ongoing. So what are you proposing needs to be done to assist people that have still got the ongoing effects of the impacts of COVID to their mental health?

Mr WALLACE: Well, we continue to provide all of the programs which I outlined at the start of the hearing. I think one of the points which was not mentioned in my opening address but really is I think of real relevance to your question is the fact that we have programs like our advocacy program, which has got very clear boundaries or demarcation about what we do in advocacy and what we do not, and we are really finding with the pandemic that that is stretching around the edges. Shellie, maybe you want to speak to that one.

Ms BRAVERMAN-LICHTMAN: Sure. So the general advocacy team—at the moment we are a team of four, and unfortunately the funding for that has also been decreased because the position of the government is that the pandemic is over. The funding that we get is partly federal and partly state, and the funding allows us to spend up to 8 hours with each consumer.

Ms CROZIER: Sorry, could I ask: you said that the government said the pandemic is over. Have they said that to you?

Ms BRAVERMAN-LICHTMAN: They have not said that, but from reading between the lines that our pandemic-oriented programs have been defunded, such as Check-In, that is the message that we have received.

Ms CROZIER: Okay, thank you. Could I go back to Mr Wallace and your opening comments around an increase in consumers requesting staying in hospital and then being discharged from hospital more quickly. I am just interested; did that result in adverse outcomes for general health issues or premature death for any of your consumers?

Mr WALLACE: Thanks, Ms Crozier. The situation there is consumers not getting to stay in a hospital to stabilise to the point where they are feeling ready to go back into the community. I mean, for those of us on this call who have had time in hospital, we know that that transition is a really tricky time. It can be quite a dangerous time as well for people's wellbeing, the transition. So that was happening sooner.

I could take it on notice for you, whether there were particular deaths or adverse outcomes that you are talking about. I think you will also find that that is borne out in the report that Tandem, the peak body for family, carers and supporters, have given you, because a lot of that stress of an early discharge goes on family, carers and supporters—for those consumers who have family, carers and supporters in their lives who are helpful, which is not everybody.

Ms CROZIER: If you would not mind getting that data for the committee, I think that would be extremely helpful. I have got six seconds—

Mr WALLACE: Neil, have you got your hand up?

Ms CROZIER: so I will leave it there and let the next member asked their question. Thank you very much indeed for that evidence.

The CHAIR: I think Neil might have just had something he wanted to add to your answer. Is that hand up to say something on that issue, Neil?

Mr TURTON-LANE: Yes, it is. [Zoom dropout] and, you know, very difficult outcomes for consumers have happened because of the lack of access to suitable supports not only within the clinical system but within community mental health systems, whether it is the NDIS, which is federally funded, or state-funded services. The gatekeeping and criteria and the access to services—I mean it has been acknowledged in the royal commission. It is work that is underway, but this is not a new story. It is just something that has been further kind of highlighted by COVID. It is the result of failures of both governments, Liberal and state, stretching back to deinstitutionalisation. They were findings of the royal commission, so it is something we all collectively have to own and do something about.

Ms CROZIER: Sure, but COVID has obviously exacerbated those experiences. But we will look forward to that data. Thank you very much indeed.

The CHAIR: Thank you. I will move to Mr Bull.

Mr J BULL: Thanks very much, Chair, and thank you, Craig, Shellie and Neil, for being here this morning and for presenting to this committee. It has indeed been a very tough and challenging and difficult 2½ years, and as other members have done, I want to acknowledge for any members of the community that may be watching the live broadcast that these can be very distressing matters. I just wanted to acknowledge that. Again, thank you for all of the work that you do.

As you will be aware, on the back of the royal commission there has been a \$5.1 billion investment over the last two budgets—\$3.8 billion in the first budget after the royal commission, \$1.3 billion in the second budget and \$842 million for child and youth mental health services. It is significant investment by the government. Could you talk about your understanding of these investments? I know that the royal commission, Craig, you mentioned in your introductory remarks, but I just wanted you to have the opportunity to talk about some of these investments, perhaps through the lens of the royal commission and also of course the timing of the pandemic sort of from early January 2020.

Mr WALLACE: Thank you, Mr Bull, for your question. I guess the first thing that gets discussed in the lived-experience workforce is, 'Oh, we finally got our royal commission but, you know, very soon after we got a pandemic'. And people can probably view that both ways. You can say, 'Okay, that's taken attention away from the royal commission', but also what we know is that the pandemic has highlighted that mental health is

an issue for everybody. Indeed our membership has two categories, a member or an associate member, and a member is someone who identifies as having a personal experience of mental ill health and recovery or psychological or emotional distress. An associate member is someone who lines up with the values and principles of our organisation but does not have that experience. If you ask anyone under 30, they will say, 'Why do you have that category of associate member?', because everybody has had that experience. So that is maybe the first thing around the pandemic.

Yes, the quantum of funding is amazing and an investment that we wanted to see in the mental health system. The implementation of that has not met all of our hopes and aspirations, and I would say, granted, it is hard to implement a royal commission in the pandemic times. But also, I mean, I think what we worried about is the political imperative for those royal commission initiatives to be delivered versus the time that they would really need to actually be authentically co-designed. For those on the call not familiar with co-design, it is all of the parties and stakeholders coming together and working together in a very particular way to deliver an outcome with an explicit addressing of power which exists between particular groups involved in that co-design. So authentic co-design has been difficult in the time lines that are being pursued by the minister, and also that means for us in the lived-experience community that we get a narrowing of the range of people who are going to be involved in those activities. Because the activities are going faster there is a bit less care involved in them, and there is a whole bunch of people—consumers—who have been so hurt and harmed by the system that they need a very, very careful approach to be involved in activities to change the system. But once those activities are not that careful you lose those people, and then you get a narrowing of what answer comes, and those people continue to not be able to get a service. So I am trying to encapsulate our main concern there in that example. Yes. Is that beginning to address your question, Mr Bull?

Mr J BULL: Yes, very comprehensively. Thanks, Craig. Shellie or Neil, did you have any comments on that question?

Mr TURTON-LANE: I feel that Craig responded to that very well. You know, I have similar concerns, I feel, about—like some I probably also need to acknowledge that I suppose there were sections of the lived-experience community, consumer communities, who did not feel that the royal commission was truly reflective, you know, the composition and the leadership of the commission, and there are many who would have liked it to have gone in deeper and harder on certain points. I just want to acknowledge that but do acknowledge that we have to work. It is a start on something and it is an acknowledgement of something, and I think that is wonderful.

Mr J BULL: Thanks so much. Craig, you mentioned in your introductory remarks the challenges and opportunities that are presented through online services being delivered. You know, we have all I think become very accustomed to meeting in this current format, the way we are meeting now. I just wanted you to talk a little bit more for the committee about how that has worked for the organisation and for consumers. I think you mentioned there was obviously fatigue—many, many people in the community are fatigued and stressed and feeling pain and trauma—but I just wanted you to sort of talk about, through the lens of your organisation, how that has played out.

Mr WALLACE: Yes. Thank you for the question. We are a statewide organisation. I think a little way back in our history as an organisation we would have statewide meetings, and there would be, you know, one microphone in the middle of the room—so this is before the time that I was in the CEO role of VMIAC. Many of you might be familiar with this situation. There would be one microphone in the middle of the room and people were trying to listen. They were in Mildura and Warrnambool and Baimsdale. They could not tell who was speaking and they could not quite hear what was going on. One advantage for us as a statewide organisation—we want to make sure that we are accessible to and serving the needs of people in the regional areas—is that everyone got themselves organised to be able to do a Zoom meeting or a Teams meeting. In addition to that, I think what we have seen is for people who are a little bit hesitant to speak up for whatever reason they have also been putting things in the chat as well, and that has been really useful for consumers. Those two things I think for regional people have been a real game changer because of the commitment from city folk to actually do videoconferencing properly. Now we move into the territory of hybrid meetings, very similar to what we are doing right here. We have a boardroom in a very similar set-up to this, and so there are the challenges associated with a hybrid meeting. That is some of what has happened for us, but we also have not had the physical presence in regional areas that we would have liked because of the restrictions in the pandemic.

The CHAIR: Thank you. We will move now to Ms Kealy.

Ms KEALY: Thank you very much each and every one of you. Can I just thank all of you, given that you are the voice of people living with mental ill health and mental illness. You are the voice of people who often do not have a voice, and your courage to speak up for them is greatly appreciated and is valued, so thank you for your time today.

Firstly, Craig, I would just like to explore a bit further the funding cut that you referred to through Ms Crozier's questioning. Have you got on hand the amount of funding that will be cut from your organisation from 1 July this year, what the impact will be in terms of the services that you currently provide and the number of jobs that will be lost?

Mr WALLACE: I would want to give you accurate information on that, so I will not have a go offhand, but I can give you an estimate, which is that that program has three part-time staff. We are looking in the ballpark of \$250 000 per year for three part-time staff on the SCHADS award and with associated management fee or on-costs. But I will get the detail for you. Neil might have it?

Mr TURTON-LANE: No, I do not, but I just wanted to add to Craig's response, which is that there have also been effective funding cuts at a federal level to our federally funded National Disability Advocacy Program and NDIS appeals advocacy programs, which means that has impacted on us at a time of record demand. I think it is very public now what is happening in the NDIS space, but perhaps not so public in the space that Shellie is working. But it is definitely a time of very high demand for advocacy support, and advocacy support currently is not being funded at anywhere near the levels that it requires.

Ms KEALY: Thanks very much, Neil. Shellie, I think you have got your hand up too.

Ms BRAVERMAN-LICHTMAN: Yes. I just want to support that we have seen that the fallout of the pandemic is still impacting consumers. A lot of people have not been able to re-engage with their NDIS support staff. The sector of mental health has gone through a lot of change. Also in terms of the move to online meetings, I want to first acknowledge the strength and agency of people with lived experience, but I also want to acknowledge the systemic challenges. We all know—and I want to be gentle with what I am saying here because I know people are listening—that certain life outcomes are more challenging for people with lived experience, and not for all but for some people that means challenges with accessing technology, whether it be through disability or whether it be through not participating in the workforce. So I think that has also been an issue where people have been excluded from participation. Certain funding changes in the NDIS have made it more challenging to access assistive technology, and that is one of the issues.

Ms KEALY: Thanks, Shellie. Shellie, you were also speaking earlier around the Check-In program, as were you, Craig. How many people have engaged with Check-In over the past 12 months?

Mr WALLACE: I will take that one on notice, too, Ms Kealy, if you do not mind, to get the numbers.

Ms KEALY: Would it be dozens or hundreds or thousands, just off the top of your head?

Mr WALLACE: Well, it would not be thousands, and it would be more than dozens.

Ms KEALY: Okay. Somewhere in between.

Mr WALLACE: Somewhere in between, yes.

Ms KEALY: And for this service—I have just had a look online while we have been hearing from you and it looks like it is an outstanding service—will there be any way you can transition and provide that service continuing without that additional funding?

Mr WALLACE: I think it is a really good question. There has been a great amount of expertise that has been developed by that team, and there are particular ways of working with the consumer, probably informed by narrative ideas and being solution focused and strength based as well. I think the expectation is that we will be able to provide some of that through our core funding. We have the difficult situation in the next six weeks of trying to work with that team to ensure that as much of that expertise is documented so that it can be carried on by the organisation. We do also have other different lines of funding opening up to us next year—next

financial year, I should say—and that perhaps gives us the opportunity to retain those staff in other places where they would be able to use those skills. Particularly one of their most successful programs was the Check-In group program for members of the lived experience workforce, and we have been funded substantially over the next 24 months to provide services to the lived experience workforce. So that is an opportunity where we could use that expertise.

Ms KEALY: Fabulous. Just in regard to the demand by consumers for your support and services, can you just talk about how that shifted over the COVID pandemic and whether the numbers have dropped off at any time? And also, when you saw peak demands were there specific changes to the orders where you saw a spike in requests for support from your organisation?

Mr WALLACE: Thank you for the question. I might defer that one to Shellie and Neil. If you do not mind, Shellie and Neil, just start in response on that one.

Mr TURTON-LANE: Shellie, did you want me to start on this?

Ms BRAVERMAN-LICHTMAN: Sure.

Mr TURTON-LANE: Okay. For our NDIS participants—we are talking about 16 000 people with a psychosocial disability in Victoria—the NDIS was very slow to respond, and—

Ms KEALY: I am more talking about the orders, I guess, in terms of if there was a change in an order where we were put into lockdown with no time, did you see an increase in calls or contact coming into your organisation? If you can identify those key points where there were changes to orders where you did see an increase, and then I guess at the end as well: have you seen the numbers drop off now that some of those restrictions have eased?

Mr TURTON-LANE: Yes. Look, we definitely did see an increase, and we are still seeing an increase now.

Ms KEALY: You are still seeing an increase in demand?

Mr TURTON-LANE: I think COVID—I think it was touched on—is like a slow train wreck that you are watching, because for two or three years people have been without essential services and supports. Their mental health has deteriorated, their relations and connections with communities have deteriorated—their living circumstances. They are all part of a Victorian community that is now feeling a new impact of COVID. You know, you look at housing, you look at all those areas that are just so difficult for people with lived experience—people who are often very socially disadvantaged, very poorly supported. So we are just seeing more and more of an increase. One day recently we had 35 calls to our service, and we just cannot respond to anything like that level. But there is a very high demand in the community that needs to be addressed. The pandemic is not over. Its effects are really very deeply being felt at all levels of our communities.

Ms KEALY: I think my time might be up. Thank you very much, all of you.

The CHAIR: I will go now to Mr Erdogan.

Mr ERDOGAN: Thank you, Chair. And thank you, Craig, Neil and Shellie, for conveying the views of your consumers and the sector and also sharing with us the volume and the amount of demand there is out there for your services. It is good to put that into perspective and on the record.

The pandemic has likely had an impact on the mental health and wellbeing of all of us at some stage in the last two years. What can you tell us about the impact it has had on your organisation and how you have adapted to continue to provide support for the people you represent? Maybe start with Craig.

Mr WALLACE: Thank you, Mr Erdogan. Well, I think a few things have been covered already. We did have specific COVID funding for the Check-In program, so that enabled a more agile, flexible response than was possible in some of our other programs. And then, as an organisation, in terms of our staff, we have had morning and afternoon online huddles for people so that they can have that incidental contact with their colleagues that they were not having if they were working from home. And I guess what has happened that has been of real importance is us staying connected with our members. The bit I did not say in the introduction that I should have said is we are a member-based organisation—I did talk about our membership categories earlier.

But for us to stay connected with our members it was about our weekly newsletter going out with heaps of information to consumers, indeed consumers who are members of our service, and our social media as well, keeping a very active presence in that space. VMIAC has a strong following by consumers in the community. We needed to maintain that presence. Our most searched for item on our website is our *Seclusion Report*, which is to be launched in the next month or so, which is a report about all of the data in Victoria's mental health system of people being physically and mechanically restrained or being secluded in a service. We have continued to do some of our programs that we are very well known for and also reports like the *Seclusion Report*, which is of great importance to consumers. Neil, did you want to add—

Mr TURTON-LANE: Yes. Thank you, Craig. Emma, just responding to your question, look, there were some things as an organisation we tried to do differently, and that was around offering online things like tai chi, mindfulness sessions. We also did Wayapa, which is Aboriginal support—very holistic—online. Well, it has been online, but it was developed by the Aboriginal community. And things like that about being connected to our body, ourselves, each other, have been really, really essential for people over those really difficult periods to stay connected.

The other thing that we also did was that we led training to the lived experience of mental ill health community of emotional CPR—and emotional CPR is up on our website. There is a bit of reference to it—but it is a way of supporting people who are in emotional distress. So we provided that training to our staff, and we provided that training to 127 mental health and AOD clinicians online during the height of the pandemic. This was a state-funded program—

Mr ERDOGAN: How much was the funding for that program?

Mr TURTON-LANE: Sixty thousand dollars—and we achieved a lot. We are talking about people—this was in, I have got to get my years right, but was it 2020? June to September—that sounds right, does it? Yes, the first year of the lockdown? And for many people—two thirds were [Zoom dropout]. The other third were health professionals—nurses, OTs—and they all got so much out of it. It was the first time we had ever done anything online like that, so it was a lot of work but a huge outcome. So [Zoom dropout] training around trauma as well for participants, lived-experience training around trauma for our workforce.

Mr ERDOGAN: It is fantastic to see how the organisation adapted itself. It sounds like you innovated and used the opportunity to try some new methods. That is the first time I have heard of that, and it is fantastic that the funding went a long way. Shellie, did you want to add anything to that?

Ms BRAVERMAN-LICHTMAN: We really did need to provide that sort of training to the workforce, and our staff needed the extra support and training within VMIAC, because the complexity of engagement with our membership and consumers was very heightened. A lot of the, I guess, crises and trauma and experiences that people would often have other workers hold who are in roles to hold and support long-term did come to VMIAC because it was so difficult to engage other services.

Mr ERDOGAN: Thank you for that. I have an additional question. It is more about how obviously the impacts of the pandemic have been felt nationwide, and other jurisdictions have also seen an increase in alcohol and drug issues since early 2020. What measures has the sector put in place to adapt to the pandemic and continue to provide valuable support to people experiencing alcohol and other drug issues?

Mr WALLACE: Thank you, Mr Erdogan. I will have a go at answering that, but I would also note that there is a peak body called SHARC, which is the Self Help Addiction Resource Centre. They are the lived-experience peak for alcohol and other drugs, so they would have a particular position on that I think around specific supports. What we are involved with at the moment at VMIAC is commentating on and providing feedback on an integrated framework around mental health, alcohol and other drugs, and this sort of has its seasons. You know, these two things come together and then they grow apart again and then they come together, and our view as an organisation is these things do need to be understood together. We know that people have lots of different ways of dealing with what happens in their lives, and sometimes for some people that is the use of alcohol and other drugs. We need to be really clear that this can complicate people's recovery if they are also choosing to use alcohol and other drugs. We see this in the acute setting, where people's recovery can be complicated in that way. Neil, do you want to comment more on that one?

Mr TURTON-LANE: Sorry, I was just a little bit distracted there, Craig. Do you—

Mr WALLACE: I just wanted to draw on your expertise around alcohol and other drugs—

The CHAIR: Can I just—

Mr WALLACE: Yes, Chair?

The CHAIR: I was just going to say that our time is really up, and I know our witnesses indeed are pressed to be elsewhere as well. Neil, do you have a brief statement on that you want to make?

Mr TURTON-LANE: Yes. My statement is that during the pandemic there were some measures that continued around people who were on painkillers. There was no consideration given for the many people who ended up on painkillers used for chronic pain. There was no concern for them about the harmful effects of them having to decrease their intake of drugs during a time where everyone else was getting 20 sessions of psychology. We are talking about some very disabled people here, some very—I hate the term—marginalised and disadvantaged people within our community, really. When we think of responding to pandemics or catastrophes in the future, we really need to focus. That is why we need that lived experience in the room. It is not a one-size-fits-all approach to responding to catastrophes. We really need it to be inclusive.

The CHAIR: Thank you. I am conscious that the time is well and truly up. I would like to thank you all very much for appearing before the committee today. You will receive a copy of the transcript of the hearing within the next week for review, including a list of any of those on-notice matters that were put to you. The committee will just reset briefly before our next witnesses are called. Thank you very much.

Mr WALLACE: Thanks, everyone.

Mr TURTON-LANE: Thank you for your time.

Witnesses withdrew.