PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Budget estimates 2020–21 (Merlino)

Melbourne—Wednesday, 2 December 2020

MEMBERS

Ms Lizzie Blandthorn—Chair
Mr Richard Riordan—Deputy Chair
Mr Sam Hibbins
Mr David Limbrick
Mr Gary Maas
Mr Danny O'Brien
Ms Pauline Richards
Mr Tim Richardson
Ms Nina Taylor
Ms Bridget Vallence

WITNESSES

Mr James Merlino, MP, Minister for Mental Health,

Professor Euan Wallace, Secretary,

Mr Terry Symonds, Deputy Secretary, Health and Wellbeing,

Mr Chris Hotham, Deputy Secretary, Infrastructure,

Mr Greg Stenton, Deputy Secretary, Corporate Services, and

Ms Pam Anders, Chief Executive Officer, Mental Health Reform Victoria, Department of Health and Human Services.

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2020–21 Budget Estimates. Its aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

Please note that witnesses and members may remove their masks when speaking to the committee but must replace them afterwards.

We ask that telephones be turned to silent.

All evidence taken by this committee is protected by parliamentary privilege. Comments repeated outside this hearing may not be protected by this privilege.

Witnesses will be provided with a proof version of the transcript to check. Verified transcripts, presentations and handouts will be placed on the committee's website as soon as possible.

We again welcome the Deputy Premier and Minister for Mental Health, and officers of his department. Minister, we invite you to make an opening statement of no more than 10 minutes, and this will be followed by questions from the committee.

Visual presentation.

Mr MERLINO: Terrific. Thanks again, Chair. As we know, this is a budget to repair, recover and make us stronger than before. This is a budget that puts people first, and our mental health investments do just that. Living through a 1-in-100-year global pandemic and all the stress and isolation it has brought has been made harder with a broken mental health system. We know that the recommendations will give us recommendations to fix that system, but we will not wait for the final report to act and to save lives.

This year's budget provides record funding of $868.6 million for clinical care and community supports for Victorians in need. It builds on responses we have made to the pandemic since it began earlier this year and provides additional funding to implement the interim recommendations of the royal commission. It also brings the total additional investment of the Andrews government in mental health to $2.48 billion. This slide puts that growth in context. I remember when the Premier announced the royal commission and some in the community were worried that this would lead to a delay in much-needed investment, and nothing could be further from the truth. That $868 million increase in the budget represents a 21.7 per cent increase compared to last year, and it represents an increase of more than two-thirds, 68 per cent, on the funding provided by the former government.

I will now break this funding down into key parts: responding to the pandemic, acting early on royal commission recommendations and rebuilding core services. While staying at home and limiting physical interaction were vital to slowing the spread of coronavirus and saving lives, we knew that it would come at a cost, particularly to those already living with a mental illness. In April we responded early with a $59.4 million package to help meet demand as Victorians reached out for help with stress, isolation and uncertainty. This package was designed to assist those who already struggled with mental illness as well as those who are experiencing it for the first time due to measures that are protecting the health system from being overrun by coronavirus. At a national level we worked with partners across states and territories to deliver the mental

health and wellbeing pandemic response plan announced in May. In July we announced $6.3 million for wellbeing checks and activating community supports for vulnerable Victorians. In August a further $59.7 million was announced to strengthen the surge capacity of clinical and community mental health services across Victoria to cope with additional presentations and reduce pressure on hospital emergency departments. And lastly, in September we released a $21.3 million package for mental health and AOD non-government services from the risk of COVID-19 transmissions.

This is an important slide. I note it is heavy on detail, but it is important. Here you can see what these investments are delivering including, below the line, early investments on recommendations of the royal commission. In April: funding to support the expansion of online and phone counselling services through organisations such as Beyond Blue, Lifeline, Kids Helpline and SuicideLine Victoria; funding for phones and extra data for vulnerable and high-risk clients of public mental health services; funding to help vulnerable cohorts; and the rollout of Orygen's MOST platform, an innovative new digital platform to support young people. In April we also fast-tracked royal commission reforms: new HOPE services and our commitment to 179 beds. In May we continued royal commission implementation: funding for 24 Hospital in the Home beds, 15 through Orygen, to provide acute care in people's homes; critical workforce funding for junior medical staff psychiatry rotations and 60 new graduate mental health nurse placements; seven new HOPE sites for creating statewide coverage; and funding to enable the fast rollout of 179 extra youth and adult mental health beds. In August our $59.7 million package built on those earlier investments: extended operating hours for community mental health clinics; funding for the 15 Melbourne-based Headspace centres; expansion of specialist mental health consultation and liaison teams, enabling more mental health support for hospital patients; and lastly, in October was funding for additional deep cleaning and sanitising following a COVID-positive event as well as minor works to reduce infections.

Now moving on to the interim report of the royal commission. The Royal Commission into Victoria's Mental Health System was a key election commitment in 2018, and in early February next year it will hand down its final report. We have committed to implementing all its recommendations, and we are well underway with delivering on that commitment, as you have already seen. Of the $868.6 million for mental health in this year's budget, $571 million will progress the response to the royal commission's interim report recommendations. This will ensure Victorians have the mental health support they need while we get on with the job of fixing a broken system.

The interim report of the Royal Commission into Victoria's Mental Health System recommended 170 new acute mental health beds to meet service demands. These beds will begin the restoration of acute capacity in the Victorian public system. We are delivering 179 acute beds with our investments. This includes $492 million to deliver 120 mental health beds in public health services in Geelong, Epping, Sunshine and Melbourne, and these were areas identified by the commission in its interim report. An additional $18.9 million was included in the recent budget announcement for 35 acute treatment beds for public mental health patients in a private hospital setting. And in line with the royal commission recommendations, 24 hospital-in-the-home beds will commence shortly. Fifteen beds for people aged 12 to 25 will be delivered by Melbourne Health in partnership with Orygen, with the service commencing in December 2020, this month, and being fully operational by February 2021. Nine beds for people aged 16 to 64 will be delivered by Barwon Health, and that service will commence in late January 2021 and be fully operational by April 2021.

Our government recognised the need for urgent action with Victoria's first suicide prevention strategy in 2016. The Royal Commission into Victoria's Mental Health System interim report recognised our early promising work and recommended expanding the hospital outreach post-suicidal engagement, or the HOPE program, to all 21 area mental health services across Victoria. This is a program aimed at providing follow-up support to those people presenting to hospital with self-harm or attempted suicide. The Victorian state budget 2020–21 announced $21.4 million for the further expansion of the hospital outreach post-suicidal engagement services at Broadmeadows, Box Hill, Clayton, Heidelberg, Mildura, Warrnambool, Parkville and additional clinical capacity at Albury-Wodonga and at Ballarat. Funding will enable the expansion of the suicide-prevention services and follow-up care for adults and support a new child and youth program, completing the statewide coverage of this life-saving initiative.

The recovery workforce package will increase support for frontline workers across mental health, family violence, health and child protection, create better pathways to roles in these vital sectors and recruit to new positions. The government has invested $12.7 million to support pathways to employment in the mental health

workforce. This includes funding for employment in mental health services for undergraduates; nurse educators to support and supervise experienced general nurses to retrain as mental health nurses; and more training capacity in child and adolescent psychiatry, including in regional areas.

The budget will also support implementation of royal commission interim report recommendations, including $7.7 million to address workforce shortages in the mental health sector and $16 million to support Victorians with lived experience of mental illness, using their personal expertise to improve our mental health system.

And finally, Chair, we are maintaining and expanding core services of the mental health system during this challenging period. This includes $25.9 million to provide Victoria's mental health system with critical resources to meet demand, $3.9 million to continue specialist asylum seeker programs, $16.6 million to further support people with complex needs and $20 million for infrastructure and capital works in state-owned facilities. As I have said before, this has been the toughest year many of us have ever lived through, and it has been worse for many of those already living with a mental illness. The record investment in this portfolio has both responded to their urgent calls for help this year and laid the basis for a better mental health system for all Victorians. Thanks, Chair.

The CHAIR: Thank you, Deputy Premier. I will pass to Mr Richard Riordan, MP.

Mr RIORDAN: Thank you, Chair, and thank you, Minister, for that presentation on what is an issue that affects many, many people. I bring us first to budget paper 3, page 230, Minister—a bit like my question earlier—which shows that the target for timeliness of admission to a mental health bed in less than 8 hours was only 54 per cent last financial year, and the note refers to some metropolitan services significantly impacting on this result. Can you please provide the committee with the result by health service and what sites those health services were that so brought that figure down?

Mr MERLINO: Thanks, Mr Riordan. In terms of that breakdown in terms of health services, I do not know if Mr Symonds can add to that question or if we take it on notice, but I am happy to seek advice from Mr Symonds.

Mr SYMONDS: Thank you. We will have to take that on notice and provide that breakdown to you.

Mr RIORDAN: Okay, so that will be by health service in the metro area that are outside those parameters.

Mr SYMONDS: Yes. Thank you.

Mr RIORDAN: Minister, your target for the current year has gone back to 80 per cent—so missed it by a mile last year. You have set it at 80 per cent again. What specific measures have been made at emergency departments with the greatest delays for admissions—so presumably the ones on the list—to improve the timeliness of people being admitted to mental health?

Mr MERLINO: Thanks, Mr Riordan.

Mr RIORDAN: So presumably you have identified the sites.

Mr MERLINO: Yes, it has. If you think, Mr Riordan, about the first lockdown period, the focus was improving access and capacity for Lifeline, Beyond Blue, counselling and telehealth services, because we saw a reduction in presentations to ED. We identified in the second lockdown—

Mr RIORDAN: We are actually before the second lockdown; we are in the past financial year. So what improvements have been made in this year?

Mr MERLINO: I was getting to that. It was identified—the need to support acute services—in the second period of lockdown, and that goes to the $59.7 million additional that we announced in August. That was about providing more assertive outreach, assessment and intervention services, taking pressure off emergency departments, amongst a number of other initiatives. I might ask Mr Symonds to add to my answer.

Mr SYMONDS: Yes, thanks. The challenges that public health services have are largely related—not solely related but largely related—to the availability of mental health beds, and this is one where I think it has been well known. The royal commission is devoting a lot of time to how many acute beds the system requires. They

have already made recommendations around initial investments in beds, and I have to say the work to establish those beds and the investment to create the additional 179 acute beds will be far and away the most significant intervention to improve timeliness of transfer from an emergency department to a mental health bed.

There are other initiatives underway. The work to establish mental health and alcohol crisis hubs in emergency departments helps to stream people to appropriate care inside the emergency department. So instead of them spending long periods of time in resuscitation cubicles or general cubicles, they can get to specialist areas where they can get help.

Mr RIORDAN: So accepting that the key solution is more beds, can I ask you then about the questionnaire that has been returned from the department. The mental health and alcohol and drug and other facilities renewal for 2018–19 and 2019–20 was not expended and now has been cut in the forward estimates. This represents a cut of $8.59 million to upgrade essential services, the ones you are talking about. Knowing, as you have said, that keeping people in EDs is not suitable and the people in acute mental crisis, how many people who are waiting in an emergency department for more than 8 hours could we have admitted had we been able to get those beds online quicker?

Mr SYMONDS: Mr Riordan, I will have to just take on notice whether or not the forward estimates numbers you are referring to relate to the interventions that I was discussing. That is not familiar to me, the numbers you are referring to, so I will take that away and just check that, if that is okay?

Mr RIORDAN: So you will get that back to us?

Mr SYMONDS: Yes, and just confirm what those numbers in the forward estimates relate to. The other thing I would say is that I am not aware of any cut or reduction in services in that space. In fact there is more investment provided for AOD and mental health beds than we have ever had before. There has also been work across services. So outside of investment in more capacity, I should add we have also had services putting their heads together to improve practice. We have had a collaboration between services to identify good practice in caring for people with a mental illness inside the emergency department, and that work, led by Safer Care Victoria, has been an important part of also trying to address some of those poor performers that you might have been referring to before.

Mr RIORDAN: Okay. Minister, key projects related to the critical area of forensic mental health have been significantly delayed. Even though construction—

The CHAIR: Sorry to cut you off, Mr Riordan, but your time for questions has expired. I will pass the call to Mr Gary Maas, MP.

Mr MAAS: Thank you, Chair. Thanks again, Deputy Premier, and thank you to the departmental team appearing with you. If I could take you to the topic of the interim report of the Royal Commission into Victoria's Mental Health System and to that end refer you to budget paper 3, page 64, and the line items including 'Expanding suicide prevention and follow-up care' and 'Acute mental health expansion'. Deputy Premier, could you please explain to the committee how those investments respond to the interim report?

Mr MERLINO: Thanks, Mr Maas, for your question, and it follows up the conversation we just had between Mr Riordan and Mr Symonds in terms of how we can improve the system, and the biggest, quickest, most important thing we can do is in regard to the mental health beds. But more broadly, the budget includes $868.6 million to ensure Victorians have the mental health support they need to get on as we fix a broken system. This investment is our first down payment on the huge reform to mental health services we are undertaking, as recommended by our royal commission into mental health services. The budget provides funding across a variety of outputs, including $492 million to deliver 120 new public mental health beds—new funding in this budget of $457 million for beds, as $40 million was already announced; $18.9 million to deliver 35 acute treatment beds for public mental health patients in a private health service; $21.4 million for the further expansion of HOPE services; $16 million over three years for training and employment pathways for Victorians with lived experience to work in the mental health sector, including ongoing training and mentorship included in the recovery workforce package; $1.7 million to establish a residential mental health service, designed and delivered by people with lived experience. Seven million dollars is also provided to support land acquisition for a residential mental health service designed and delivered by people with lived experience. There is $7.7 million over two years provided to improve workforce readiness through initiatives in Melbourne

and regional Victoria; $4.4 million for social and emotional wellbeing services for Aboriginal Victorians. Mental Health Reform Victoria will continue to drive implementation of these reforms to acquit all nine recommendations of the interim report.

There is a lot more to do in overhauling our mental health system, but I am pleased to say we are getting on with the job of delivering better mental health care for all Victorians.

Mr MAAS: Thanks, Deputy Premier. You mentioned a $21.4 million investment into HOPE services. How will that investment help address suicide in Victoria?

Mr MERLINO: Thanks, Mr Maas. The HOPE program was first established through the government's suicide prevention framework, an Australian-first mental health strategy, which zeroed in on targeted programs to prevent suicide deaths. The considerable work this government has done to recognise the importance of suicide prevention was endorsed by the royal commission, recommending expanding the HOPE program statewide. In this budget funding has been provided to expand suicide prevention services and follow-up care for adults and to support a new child and youth program aimed at suicide prevention. We will provide ongoing funding for the existing HOPE services and expand the program to statewide coverage by the end of 2021. We will create new suicide prevention services at Bairnsdale, to be operational by the end of this year; Broadmeadows, Box Hill, Clayton and Epping, to be operational by the end of this year; Heidelberg, Mildura, Parkville and Shepparton, again to be operational by the end of 2020; and Warrnambool and additional capacity at Albury-Wodonga and Ballarat.

The new funding announced will enable significant service enhancements to these funded services. It will provide new referral pathways to give access to clients from clinical, community-based teams within areas of mental health services; extend service delivery that allows access to support outside standard business hours; provide additional clinical outreach services from regional HOPE programs to sub-regional health services to provide support to people in rural and regional areas; and it will also enable design work to commence to establish an innovative, new, assertive outreach and follow-up care service for children and young people who have self-harmed or are at risk of suicide, with four partner service sites—the Royal Children's Hospital; Alfred Health; Monash Children's Hospital; and Orygen, in partnership with Melbourne Health.

Mr MAAS: And what is the rationale behind the $1.7 million funding to establish a residential mental health service for people with lived experience of mental illness?

Mr MERLINO: Yes. Lived experience was a common theme in the interim report and will be, I expect, in the final report, and part of that goes to your question. One of the interim report's nine recommendations was the establishment of Victoria's first residential mental health service designed and delivered by people with lived experience of mental illness. The budget provides $1.7 million to establish a residential mental health service designed and delivered, as I said, with people with lived experience. Funding is allocated to undertake extensive co-design with people with lived experience, which will set out the service's functions and operations. We aim to create a model of therapeutic care that builds on the experience of lived experience leadership and best practice evidence. A further $7 million, TEI, is also provided to support land acquisition for this new facility, and work is now underway.

Mr MAAS: To the issue of Aboriginal social and emotional wellbeing, what services are being funded—

The CHAIR: I am sorry, Mr Maas, but your time has expired.

Mr MAAS: Thank you, Chair.

The CHAIR: I will pass the call to Mr Sam Hibbins, MP.

Mr HIBBINS: Thank you, Chair, and thank you, Minister and your team for appearing this afternoon. I want to continue on in regard to emergency patients being admitted to a mental health bed within 8 hours. I just want to get some clarification; within some hospitals I believe there are behaviour assessment rooms that are used. Is admission to a behaviour assessment room classed as being admitted to a mental health bed?

Mr MERLINO: Thanks, Mr Hibbins. I will seek some advice in terms of that detail.

Mr SYMONDS: No, it is not, Mr Hibbins. The behavioural assessment rooms are intended to provide safe and humane care within the emergency department as an alternative to sitting in a general cubicle, where they might have exposure to other staff and patients.

Mr HIBBINS: Yes. And do we have figures for the average time that patients are being within those rooms?

Mr SYMONDS: I have not seen that before. I am happy to inquire, and if we have that information, happy to provide it. I am not aware that it is available in the department, but happy to see if it is.

Mr HIBBINS: Great, terrific. Thank you. I want to then move on to just some more detail about responding to the recommendations of the royal commission. In terms of the HOPE suicide prevention program, one of the recommendations within the interim report was for recurrent funding, but the $21.4 million is only for one financial year. Why is it only for one financial year?

Mr MERLINO: Thanks, Mr Hibbins. I think it goes to the point I made in the presentation that in this budget we are not going to wait for the final report of the royal commission, but we know that it is coming. We have committed to adopting and implementing all of its recommendations, and this budget is very much a significant step forward and a down payment on that. But to that end, whether it is the initiative that you have identified or other initiatives, we want to wait for the February report, then respond both in next year's budget and beyond in a comprehensive way. Whether it is workforce initiatives, whether it is the HOPE centres, you will see a significant response by the government to the final report of the recommendations of the royal commission.

Mr HIBBINS: I guess that similarly goes to my next question, which was about the recommendation within the report of 60 new graduate placements for allied health and other professionals, 120 additional graduate places for nurses and 140 postgraduate mental health nurse scholarships each year. Now, there is $5.5 million this year, $2.1 million next year for workforce readiness, but again no funds after that. Is it anticipated that that will continue on for subsequent years?

Mr MERLINO: Yes, indeed—and much more besides, Mr Hibbins. You cannot doubt, with a 21 per cent increase in the budget compared to last year's budget, our commitment to getting on with the job of fixing a broken system. But absolutely you will see, whether it is workforce, whether it is mental health beds, support in the homes, innovative reform—a lot of that will be the feature of 2021, both our response to the royal commission and our response in the 2021–22 budget and beyond.

Mr HIBBINS: Great. Thanks. Just finally if I could return to the presentations to emergency, the budget notes that the outcome is lowered to the target due to the increasing trend of the number of people presenting directly to emergency departments. Question one: why is that occurring? Because I would have thought one of the aims of a lot of this funding would be to reduce the number of people presenting to emergency. So what is the reasoning behind the increase there?

Mr SYMONDS: Yes. Thanks, Mr Hibbins. I might start by just referring to the royal commission. One of our hopes, I think, for the royal commission is that they will recommend significant changes to the whole system, not only more capacity in the acute system, so that collectively primary care and state-funded services in the community are responding earlier and more effectively to prevent people deteriorating to the point where they attend an emergency department. I have to say the system overall has not worked effectively in that way to date, and that is why each year we have seen increasing numbers. I think it is one of the prompts for the royal commission's thinking, and we look forward to their recommendations around that.

I might just point out, if I could, that this year's result is certainly nothing for anyone to be proud of in terms of timely access to beds from the emergency department. But it is, I think, the first year in about three or four years in which the result has not got worse compared to the previous year. As I said, that is nothing to be proud of, but not going backwards is a pretty good start and sets us up well, I think, for moving forwards with the recommendations of the royal commission.

The CHAIR: Thank you very much. I will pass the call to Mr Danny O'Brien, MP.

Mr D O'BRIEN: Thank you, Chair. I would like to just follow on from that if I could. I wonder whether someone could provide us, perhaps on notice, with the number of individual cases waiting in emergency departments longer than 8 hours by health service or site and potentially by region if you have that information.

Mr MERLINO: Yes, thanks, Mr O'Brien. If we can provide that data on notice, we will. I will request the department do that.

Mr D O'BRIEN: Can I just clarify: is that data available—as in do you keep it?

Mr SYMONDS: In the percentage indicator, proportion transferred to a bed within 8 hours et cetera, you are after the number who did not meet that target—the actual number, not a percentage?

Mr D O'BRIEN: Yes.

Mr SYMONDS: Yes, we have got that data.

Mr D O'BRIEN: Okay. If that could be provided on notice, that would be great. The point I guess I am getting to and Mr Riordan was trying to get to before, if we look at the departmental questionnaire from pages 177–79, is looking at capital, Minister. Let me just take you through a few. In the budget figures for 2019–20, so for last year, forensic beds, mental health bed-based services expansion, was $19.86 million; the actual, $2.06 million. Forensic mental health implementation plan priority service reforms: $5.26 million; the actual, $3.96 million. Likewise, mental health and alcohol and other drug facilities renewal: in total $8.59 million—not actually expended as per the budget; and the Thomas Embling Hospital, another $2.32 million. So the question I am getting at and that we are wanting to, I guess, look at here is: it is great to have the big announcements in the budget, but what I want to see is the delivery. I think there is a total of $65.2 million across all the mental health capital projects in last year's budget that has not actually been expended. Can you explain why that is?

Mr MERLINO: Thanks, Mr O'Brien. I might ask whether the building authority can go to that question in terms of capital expenditure.

Mr HOTHAM: Thanks, Minister, and thanks for the question, Mr O'Brien. So I guess a couple of points of clarity. Firstly to the mental health and AOD money that is cast as underexpended—just to be clear, that money is effectively for ageing assets in the portfolio. It is cosmetic upgrades. It is not beds; it is not intended to be beds. It is for everything from a lick of paint or a new carpet—cosmetic upgrades—right through to more safety-related enhancements. So the expenditure of that money is not on new beds. By contrast, the money in this budget, which is really focused on the 144 beds—that is entirely new public capacity. The 120 new beds across those four sites will be that additional capacity.

Mr D O'BRIEN: The question is, Minister—and that highlights my point—it is fine to have new money, but it is actually not getting delivered, and therefore we are delaying the service provision. As I said, when you look at the Thomas Embling, which was for a 10-bed infill and SPICU last year, $2.76 million was budgeted but only $400 000 actually spent. When are we actually going to see delivery of these projects?

Mr MERLINO: Well, Mr O'Brien, you are incorrect in saying that it is not being delivered.

Mr D O'BRIEN: Well, it has certainly been delayed.

Mr MERLINO: In regard to the new mental health beds, we announced funding earlier in the year to fast-track the design and the planning. The funding delivered in the budget will deliver in full all of those beds that we committed to, and it actually goes beyond the recommendation of the royal commission. It will be out for tender, Chris, by the end of this year.

Mr HOTHAM: It will.

Mr MERLINO: And then we will get a sense of how quickly we can get these projects underway and on the ground—but out to tender before Christmas.

Mr D O'BRIEN: Okay. But we are already 12 months delayed on a number of these. There are significant delays for some of them. As I said, the forensic mental health bed-based services expansion is $17.8 million underspent. How many Victorians have missed out on getting mental health treatment because of these delays?

Mr MERLINO: Thanks, Mr O'Brien. I might get either Mr Symonds or Mr Hotham to respond in terms of the forensic beds.

Mr HOTHAM: Thanks. So, Mr O'Brien, just to come back to the forensic mental health beds particularly at Thomas Embling, the so-called SPICU, the secure psychiatric intensive care unit, has been completed recently. That is eight additional beds. In addition to that there have been 10 additional beds, including an additional two women's beds, at that facility, all within the last budget cycle. So there is a growth in capacity at that site. We are certainly expecting, I think, the mental health royal commission to look at further expansion and that site in terms of the upgrades in investment that have already been made on site. Equally, some enabling works put us in good stead to take that facility a step further, if that is what is recommended and needed. But there has been progress and capital investment that has translated into new beds in that forensic facility.

Mr D O'BRIEN: Okay, thank you.

The CHAIR: Sorry to interrupt you, but the member's time has expired. I will pass to Ms Pauline Richards, MP.

Ms RICHARDS: Thank you, Deputy Premier, and thank you to the officials, who I am sure have had been working very hard this year, so I would like to pass on our appreciation. I would like to take you to budget paper 3, page 64. In your presentation as well you referred to the $152.5 million invested into COVID-19 mental health support. I am interested in gaining some insights. Perhaps you could outline to the committee what the expected mental health impact of COVID-19 has been and will be into the future and what the government has done to address any increased need for mental health services.

Mr MERLINO: Thanks, Ms Richards, for your question. You are right to talk about impacts now and the impacts into the future. So there is no doubt that the psychological, social and economic impacts of COVID-19 have had a significant impact on the mental health and overall wellbeing of Victorians. As at 16 November we can see that there has been a steady increase in calls to Lifeline since we first entered stage 3 restrictions in April. The latest six-week average is 21 per cent higher than the same time last year, but numbers are declining now in a return to July 2020 levels. We have seen a 14.8 per cent increase in mental health related ambulance cases over the past six weeks compared with the same time last year, and overall our mental health emergency department presentations are up 4.9 per cent compared to this time in 2019.

This goes to the point I made earlier that in the first period of lockdown we actually saw a significant reduction in presentations. This period now we have seen a slight increase compared to this time last year, but thankfully the data from the Coroners Court of Victoria shows that suicide rates remain steady when compared against the same time last year. What this data shows us is that there is an increased need and evidence of more people reaching out for help but the most acute end of the spectrum remains steady, which is a strong achievement for our mental health services in the midst of a distressing and challenging pandemic. We recognised early on that we needed to strengthen the surge capacity of clinical mental health services in Victoria and reduce pressure on hospital emergency departments. That is why we made multiple announcements over the course of the year to deliver over $152.5 million in COVID-19-specific mental health support.

Maintaining mental health, wellbeing and social connectedness is as important as responding to the medical and health needs of the community during and after the pandemic. COVID has disrupted our social interactions and networks. Many people who do not usually experience mental ill health may experience or have experienced anxiety and psychological distress for the first time during this unprecedented period of uncertainty and isolation. People living with mental illness and their carers and families have been particularly vulnerable during this time as they will likely have experienced additional distress, high levels of social isolation, disadvantage and risk.

It is critical with the disruptive effects of COVID-19—including isolation and economic disruption—dominating people's daily lives that Victorians are supported to maintain social connection and practise good mental health to reduce the psychological impacts on their lives. Failure to provide supports for emerging or worsening mental illness and promote community connectedness will likely lead to non-compliance with

infection control requirements and increased need for other government services. The measures we funded and implemented will reduce preventable demand on our overburdened hospital system by supporting Victorians when they first reach out for assistance instead of waiting for them to present to emergency departments in acute distress.

Ms RICHARDS: Thank you, Minister. Again I am interested in hearing what the government did to respond to concerns that suicide rates might increase due to the COVID-19 pandemic and its obvious wide-reaching impact.

Mr MERLINO: Thanks, and again I would like to start by confirming that the data we have received from the Coroners Court shows that our suicide rate has remained stable through 2020—in fact in the latest data we are about 20 less than this time last year—and we will carefully continue to monitor that over the coming months. However, even one death to suicide is one too many, and we will continue to prioritise evidence-based strategies to drive down our suicide toll and save lives.

As I have mentioned, the budget expands the statewide rollout of HOPE so that Victorians across the state have the dedicated services they need to recover and stay well. The HOPE program provides tailored support for people leaving hospital following a suicide attempt, and it is currently available at 12 health services. The $21.4 million in the budget adds to the $5.96 million previously provided this year to support health services to commence a HOPE program, and this will be available in all 28 area mental health services. The investment includes $1.9 million of funding from April and May this year to set up three new HOPE services—Goulburn Valley Health in Shepparton, Latrobe Regional Hospital in partnership with Bairnsdale regional hospital and Northern Health in Epping—which will commence service delivery later this year, and $4.06 million in August to support the statewide HOPE program rollout by early 2021, targeted at an additional five HOPE sites that will be developed in Box Hill, Royal Melbourne, Monash, Clayton, Heidelberg and Broadmeadows, complementing the metropolitan and regional additional suicide prevention aftercare services already being delivered. Funding would also be provided for clinical uplift in Warrnambool, Mildura, Albury-Wodonga and Ballarat.

The CHAIR: Thank you, Minister, and I will pass to Mr David Limbrick, MLC.

Mr LIMBRICK: Thank you, Chair, and thank you again, Deputy Premier and team. I would like to follow on from what Ms Richards was talking about. You mentioned that the coroner's report has not shown an increase in suicides. Do you track emergency department self-harm presentations? And what has been happening with that during the pandemic?

Mr MERLINO: Thanks, Mr Limbrick. Absolutely we do. It goes to what I was saying earlier that during the first lockdown, during the first period, mental health services actually saw a reduction in presentations and demand at the more acute end. But we did not assume that was good news. We knew that while people were staying away from acute services, they were increasingly accessing phone lines and general practitioners via telehealth with symptoms of anxiety, depression and other conditions. So that went to that first big investment to support Beyond Blue, Lifeline, Kids Helpline, et cetera.

Then we got to the next period of lockdown. As I said, whilst in the first lockdown mental health emergency department presentations dropped—at May 2020 overall mental health presentations were down 11.2 per cent on the same time last year—they have since risen in the second lockdown to levels slightly higher than this time last year, so 4.8 per cent. As I have said a number of times both in Parliament and elsewhere, we are seeing the impacts of COVID present in other ways—presentations to ED; self-harm; suicidal ideation, particularly of young people. There was a 12.5 per cent increase in self-harm presentations when compared with the same period in 2019. There has been a 24.7 per cent increase in young people presenting with mental health issues compared with the same period in 2019. We have seen a significant increase across community mental health services in terms of service contacts, total service hours and a massive increase in telehealth.

To answer your question: yes, we do keep a careful eye on all of the data that is coming in. The department engages deeply with mental health service providers and other organisations to keep an eye on what exactly is happening on the ground. That has provided us with the information—the data—to determine what investments we have made through the course of the year. Overall, suicide rates are steady and comparable to previous years, but we are seeing the impact at the acute end over this second period of lockdown.

Mr LIMBRICK: Thank you, Minister. Would you agree that the root cause of the increase in harm that this budget is attempting to address would be the suppression of human rights during the lockdown? Is that what has caused this?

Mr MERLINO: No, I would not agree with that comment, Mr Limbrick. I think it is an important question, and it is important that I and the department respond.

Mr LIMBRICK: Well, what is the root cause then if it is not that?

Mr MERLINO: The lockdowns were designed as the minimum necessary to control transmission. Without control of coronavirus transmission, then the metal health effects of a later and longer lockdown would be that much greater. So an important lesson from our ultimately successful response to the pandemic has been that threats to mental health are a cost of the pandemic itself, not of our concerted action to fight it. My view—and I appreciate that it may not be your view—is that the mental health of Victorians is at far greater risk from an uncontrolled pandemic than from a time-limited lockdown supported by appropriate boosts in supports to both mental health services and financial assistance to impacted businesses and workers. An uncontrolled pandemic will exhaust mental health service capacity, just as it will exhaust acute health service capacity, and we are seeing that in the Northern Hemisphere, Mr Limbrick. So my view is that the pandemic has had an impact, a mental health and wellbeing impact on society, not the response to the pandemic.

Mr LIMBRICK: You mentioned about the least restrictive actions on human rights. Is that your position—that the actions that we have taken are the least restrictive and therefore these harms are the least that we could have dealt with? Are there things that could have been done better and restricted rights less that might have resulted in less harm?

Mr MERLINO: I think in terms of what could have been done better, there will be years of analysis of a one-in-100-year pandemic about decisions that any jurisdiction has made and, you know, what could have been done earlier, what could have been done later, what could have been done differently. But I very strongly believe that we did what we needed to do based on public health advice to control the pandemic, and if we had not, the impact on mental health would have been that much greater.

The CHAIR: Thank you, Minister, and I will pass to Mr Tim Richardson, MP.

Mr RICHARDSON: Thank you, Chair. Deputy Premier, can I refer you to budget paper 3, particularly pages 64 and 78. I also note that the government's announcement on 12 November was to deliver 144 public mental health beds and 35 acute treatment beds for public mental health patients in private health services. Are you able to outline for the committee, Deputy Premier, the total cost to deliver the 179 beds and how they might be outlined in budget paper 3; and also—this might be something for our Deputy Secretary Chris Hotham to talk about—the design as well of those facilities?

Mr MERLINO: Thanks, Mr Richardson. It is a good question because it is not just about delivering additional beds; it is going to be a much different setting, and that is why co-design with lived experience and with service providers has been so important.

The Royal Commission into Victoria's Mental Health System recommended 170 new acute mental health beds to meet service demand. These are a top priority of the Victorian government and the royal commission. As you mentioned, we announced full funding for the 179 new acute mental health beds—that is nine more than recommended by the royal commission. The 179 beds will be delivered as 120 mental health beds in Geelong, Epping, Sunshine and Melbourne; 24 Hospital in the Home beds; and 35 private beds for public patients to be delivered by a private health service. In terms of the funding in the budget: $492 million for the 120 mental health beds, budget paper 3, table 1.14. There is $4.9 million, supported by additional commonwealth funding, that was announced to support the Hospital in the Home program—that is budget paper 3, table 1.13—and this funding is part of the coronavirus mental health response initiative. The $18.9 million is listed as acute mental health expansion for a public-private hospital partnership to deliver a 35-bed women's mental health unit—that can be found in budget paper 3, table 1.13. In total this is $516 million to deliver the 179 mental health beds across Victoria, and Mental Health Reform Victoria is working closely with the Victorian Health and Human Services Building Authority to deliver the new acute beds.

I might ask Mr Hotham to just talk about the design. We have released the design; we are going out to tender. These are very, very different facilities than what many members might be aware of that we currently have.

Mr HOTHAM: Thank you, Deputy Premier. Mr Richardson, yes, these are facilities; these are not just beds. These are new state-of-the-art mental health facilities across those four sites. I think in terms of the approach it will change a stigmatised and disconnected service at many health service sites to be something that is integrated, dignified, clinically robust. We have been working with our colleagues at Mental Health Reform Victoria on the co-design aspects of this, working closely with clinicians, with health services and with those who have a lived experience, and all of them have informed effectively a very different model of delivery and of design.

These sites and these facilities will look notably different. They will make use of open space, courtyards, light—amenity is a big factor. There is a strong emphasis on creating spaces that are therapeutic and are the types of spaces that for those with a mental illness can help aid their recovery. So that is in the design at one level. Also the spaces are being thought about from that model of care point of view, particularly in terms of things like escalation and de-escalation for clients as they move through the system—you know, the appropriate spaces, appropriate adaptable facilities there. Equally, there will be the ability to cohort if you like—so picking up very much on the intent of the royal commission as well—thinking about the ability for gender-appropriate spaces, for culturally appropriate spaces, so really avoiding, I guess, too much inappropriate kind of mixing of high-acuity clients. You will see all of that writ large in the new facilities. Then it will come right down to the safety and security aspects of it—which is things like anti-ligature points, it is nurse-on-call systems, it is lines of sight that allow proper management and appropriate management of clients. As you will appreciate, this is certainly a bit of a step change from some of the facilities that are anything but. You know, narrow corridors, dark spaces, lack of amenity, lack of visibility—that is really the antithesis of what we are building here.

So yes, across the four sites that is effectively the model that you will see. And Deputy Premier, it is that dual kind of intent of the royal commission to do it differently and to do it quickly. So in terms of delivery, as you have mentioned, we will be out in market before the end of the year, using a tier 1 builder to deliver and learning the lessons that they can bring in terms of design but also really putting the emphasis on a flexible delivery and a really highly tuned delivery that will allow us to be in construction by the middle of next year.

Mr RICHARDSON: Thank you.

Mr MERLINO: It is a tier 1 builder across the four sites, modular construction so we can get it done as quickly as possible.

The CHAIR: Thank you.

Mr MERLINO: To assist the committee, Chair, we might provide some design and images and what we are going to provide and what the current stock looks like.

The CHAIR: Thank you, Deputy Premier, and I will pass to Ms Bridget Vallence, MP.

Ms VALLENCE: Thank you, Minister. First, very challenging is mental health, and hopefully the numbers are provided to those Victorians experiencing mental health at the conclusion of this. First up, Minister, has the mental health levy being delayed or scrapped?

Mr MERLINO: No, it has not. We have committed to adopt and implement all recommendations of the royal commission, and that is a significant one. We will wait for the final report; we will respond to the final report, but we will respond in a budget sense beyond that. But the short answer to your question is no, and I would love it if the Liberal and National parties commit to adopting all the recommendations as the government has done.

Ms VALLENCE: So, yes, in terms of responding to the royal commission and those, when do you expect to be introducing the mental health levy?

Mr MERLINO: Well, I have got no further—

Ms VALLENCE: For example, next year or—

Mr MERLINO: I have got no further announcements beyond discussing the budget that is before us all today, but we have committed to adopting all the recommendations, implementing all the recommendations. We will wait until the final report, and then we will respond post that.

Ms VALLENCE: I guess, you know, looking at the package and the funding announcements that are included in this budget and the increased expenditure on mental health that has been achieved through the budget without the mental health levy, would you say that it is a fair assessment that if there has been, as you say, a significant package for mental health in this budget without the need for a levy, why do we need the levy?

Mr MERLINO: Is that an argument against the levy?

Ms VALLENCE: No, that is a question.

Mr MERLINO: So I think one needs to appreciate the enormity of the task before us. You know, you do not have a royal commission for nothing. We have a fundamentally broken system, acknowledged by not just the Victorian government but the commonwealth government. There is—and you can see this reflected in the interim report of the royal commission and all of the submissions, all of the engagement—a massive gap, and it is colloquially known as the 'missing middle'. So you have got primary care fundamentally by the commonwealth, acute care. You have got this significant group that are experiencing mental illness at too great a level to get that primary intervention but stable enough that they are not being catered for at the very acute end. This is a massive, massive task before us needing significant investment, and that is why the royal commission has already made this significant recommendation. We are not going to pick and choose what we going to adopt and what we are going to reject. This is a broken system, and the response appropriately from the government is to implement all of them.

Ms VALLENCE: Okay. Moving onto a different topic, how many people present at emergency departments with mental health but do not get seen at all? Perhaps this might be something that you add to what you have agreed to take on notice for Mr O'Brien. If you can add, when you are preparing that, those who attend ED and have waited perhaps more than the 8 hours or for a long period of time and then do not actually get seen at all. Is it something that you could add in?

Mr MERLINO: If there is additional information that we can provide, Ms Vallence, we will do so. I know the department has given me a note that we have a response to Mr Riordan's question about data. I am happy to provide that now.

Ms VALLENCE: No, on notice is fine.

The CHAIR: Sorry, Ms Vallence. If the minister has the information here, he can provide it now.

Ms VALLENCE: That was part of Mr Riordan's questions, so—

Mr SYMONDS: Do you mind if I just clarify your question, sorry?

The CHAIR: Sorry, yes.

Mr SYMONDS: Before we take that away on notice I just want to clarify what it is you are after, sorry. Is it the number of clients who were not seen by a clinician inside the emergency department and left without being seen by clinician? Is that what you are after?

Ms VALLENCE: Correct.

Ms RICHARDS: Chair, sorry, if you do not mind, I love following along in the budget papers where we are up to.

Ms VALLENCE: BP3, pages 229 and 230.

Ms RICHARDS: Thank you so much.

The CHAIR: And just to clarify, was that information we had available now in answer to Ms Vallence's question or was that something—

Mr MERLINO: We will take on notice, Chair, the query that Ms Vallence has raised. We have got a response to Mr Riordan's. I am happy to provide that later.

The CHAIR: Okay, thank you.

Ms VALLENCE: So in 2014–15 the mental health clinical care bed days were at 185 000, almost 186 000, and mental health community support services bed days were also at a high of 73 000, almost 74 000. By comparison, last year's actual result represents around a 22 per cent reduction in mental health bed days. Can explain why that is?

Mr MERLINO: I am happy to take that notice, Ms Vallence.

Ms VALLENCE: Thanks. Thank you very much. Because I know—the reason why the question before—

The CHAIR: Sorry to interrupt you, Ms Vallence, but your time has expired, and I will pass the call to Ms Nina Taylor, MLC.

Ms TAYLOR: If I may refer you to budget paper 3, page 63, table 1.13, can you please elaborate on what the government is doing to attract new people to the mental health sector, given how much increased demand there is for mental health workers at present?

Mr MERLINO: Thank you, Ms Taylor, and it is again an important question. In the wake of the devastating pandemic we are proud to have funded the recovery workforce package as part of the Victorian budget 2020–21, which is designed to create hundreds of new jobs across mental health, family violence, health and child protection. The initiative will invest $7.65 million for overall mental health workforce readiness in metropolitan Melbourne and regional Victoria. This funding supports the implementation of the royal commission's recommendations and will increase opportunities for graduating students and jobseekers to pursue a career in the mental health sector. The package includes additional funding for an increase to annual graduate mental health nursing positions to enter the profession as well as to address shortages in regional areas, new postgraduate mental health nursing scholarships that will develop a specialist workforce and provide opportunities for experienced general nurses working part-time to retrain in mental health, additional resources to provide training support and development to the junior nursing workforce, quality and implementation support to initiatives that will increase the number of junior medical officers undertaking mental health rotations and postgraduate mental health nursing positions, collection of workforce data and scoping of an integrated workforce information management system to better understand and predict workforce patterns, and planning for 60 new allied health workforce roles across Melbourne and regional Victoria.

Specifically on the question of recruitment into the mental health sector of new staff, this funding will support the recruitment of 80 additional graduate mental health nurses in 2021 and cert IV training for nurse educators who are charged with supporting the graduate nurse positions. These mental health nurses are to be recruited directly through area mental health services around Victoria. In the next few weeks these health services will have the opportunity to apply for additional graduate nurse positions commencing in January 2021. We will be encouraging applications from mental health services to create graduate positions in community mental health nursing. The selection process will include people with lived experience as part of the selection panels to ensure that we have the right people employed in the right places. Thanks.

Ms TAYLOR: Thank you. Thinking about lived experience voices, how will lived experience voices be incorporated into the workforce planning in mental health?

Mr MERLINO: Thanks, Ms Taylor. A key recommendation from the interim report was to drive development of supports and structures designed to enhance and expand consumer and family carer lived experience workforces in the mental health system. The government takes very seriously the input of people with a lived experience of mental illness, and we are proud to continue our support of the Lived Experience Advisory Group through the department as well as through the co-chair of our ministerial advisory committee, being Maggie Toko, senior lived experience advocate.

The recovery workforce package provides $16 million over three years for the training and employment pathways for Victorians with lived experience to work in the mental health sector, including ongoing training and mentorship. Funding is supporting the implementation of the royal commission's recommendations and will provide for 42 lived experience peer work supervisors over two years, 30 cadetships, coaching and other assistance to support workforce participation for people with lived experience of mental illness as peer support workers. We look forward to these initiatives bringing more diverse and experienced voices into the mental health workforce and leveraging the wisdom of those who have experienced mental illness and recovery to support more Victorians in their mental health journeys.

Ms TAYLOR: With such an experienced and trusted general nursing workforce at our fingertips, what else can we do to bring some of this health expertise into mental health?

Mr MERLINO: Thank you. The recovery workforce package will provide $3.1 million for transition training places for experienced general nurses, supported by nurse educators, to retrain in mental health while they continue to be employed by their health service. This program attracts nurses with deep expertise in physical health domains often related to the chronic diseases that disproportionately affect mental health consumers. Nurses experienced in general health are particularly valuable in youth and forensic mental health settings and in emergency department settings, where there are high levels of mental and physical comorbidities.

We know that every year the interest for mental health nurse roles outweighs the training opportunities, so to get the best out of the workforce we are also paying full-fee scholarships for courses in mental health nursing. This initiative is an attractive path for registered nurses to transition to working in mental health or to return to the workforce altogether. This again is about getting in front as best we can prior to the final report of the royal commission, because there is no doubt workforce will be a critical element of that final report, so get the work done now so we start getting that momentum—whether it is graduates, whether it is retraining, but getting more people into the mental health area of our health system.

Ms TAYLOR: Great. I might have time just for one more. What is being done to address existing vacancies in mental health nursing across the state, noting the even greater challenge of recruitment in rural and regional areas?

The CHAIR: I am sorry, Ms Taylor. You just got the question out in time, but we are out of time for answers and we are out of time for consideration of this portfolio.

We thank you, Minister, and your officials very much for appearing before the committee today in this capacity. The committee will follow up on any questions taken on notice in writing, and responses will be required within 10 working days of the committee's request. We have discussed some difficult issues today, so for the benefit of those viewing, the Lifeline number is 13 11 14 and the Beyond Blue number is 1300 224 636.

I declare this hearing adjourned. Thank you.

Witnesses withdrew.