

# **PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE**

## **Inquiry into the 2026–27 Budget Estimates**

Melbourne – Monday 18 May 2026

### **MEMBERS**

Sarah Connolly – Chair

John Pesutto – Deputy Chair

Jade Benham

Michael Galea

Mathew Hilakari

Lauren Kathage

Aiv Puglielli

Richard Riordan

Meng Heang Tak



**WITNESSES**

Ingrid Stitt MLC, Minister for Mental Health;

Jenny Atta, Secretary,

Pam Anders, Deputy Secretary, Mental Health and Wellbeing,

Catherine Rooney, Deputy Secretary, Budget, Finance and Investment, and

Kate Matson, Deputy Secretary, System Planning, Department of Health; and

Priscilla Radice, Chief Executive Officer, Victorian Health Building Authority.

**The CHAIR:** Thank you. I declare open this hearing of the Public Accounts and Estimates Committee. I ask that mobile telephones please be turned to silent.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2026–27 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

I advise that all evidence taken by the committee is protected by parliamentary privilege. However, comments repeated outside this hearing may not be protected by this privilege.

All evidence given today is being recorded by Hansard and is broadcast live on the Parliament's website. The broadcast includes automated captioning. Members and witnesses should be aware that all microphones are live during hearings and anything you say may be picked up, even if you say it quietly.

As Chair I expect that committee members will be respectful towards witnesses, the Victorian community joining the hearing via the live stream and other committee members.

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.

I welcome the Minister for Mental Health the Honourable Ingrid Stitt as well as department Secretary and officials from the Department of Health. Minister, I invite you to make an opening statement or presentation of no more than 10 minutes, after which time committee members will ask you questions. Your time starts now.

**Ingrid STITT:** Thank you, Chair, for the opportunity to appear today. I would like to begin by acknowledging the traditional owners of the land on which we are gathered, the Wurundjeri people of the Kulin Nation, and pay my respects to elders past and present and to any Aboriginal or Torres Strait Islander people who are with us today. I would also like to welcome people with lived and living experiences of mental ill health and thank you for working in partnership to achieve system transformation.

Over recent years, we have been building a mental health system that is closer to home, more accessible and more compassionate. This year's budget continues that work, with a focus on maintaining free and accessible services, strengthening frontline and specialist supports and expanding care closer to home. This year's budget includes \$250 million to support Victoria's mental health and wellbeing system, alongside \$94.3 million for alcohol and other drug services and a \$10 million boost to the Mental Health and AOD Capital Renewal Fund.

Importantly, this investment builds on the progress we have made over the past year. Over the past year we have opened new services and continued to reform our mental health and wellbeing and alcohol and other drug systems. We established the Victorian pill-testing service, which has now tested more than 5800 samples across festivals and the fixed site, helping people better understand risk and make safer decisions.

We have added seven new mental health and wellbeing locals to the network that have now supported more than 41,000 Victorians. We have expanded supports for young people by opening new youth prevention and recovery care centres in Heidelberg and Traralgon and upgrading the Frankston YPARC. We are expanding the community forensic youth mental health service to support at-risk youth with early intervention, treatment and

care, and we have established the Parkville Youth Mental Health and Wellbeing Service and moved the service's acute beds into the new state-of-the-art Footscray Hospital.

We have upgraded mental health infrastructure, including major upgrades to 21 Mental Health Intensive Care Areas to improve safety. Victoria's Distress Support Service trial has been launched in Darebin and Shepparton. We have opened two new mental health and AOD emergency department hubs, bringing the total operational hubs to eight across the state. We have funded 15 community-led projects through the Healthy Equal Youth grants program, supporting young LGBTIQ+ Victorians. We have achieved an incredible 33 per cent increase in the public mental health workforce since 2021. We continue to set the direction of reform by releasing the Diverse Communities Mental Health And Wellbeing Framework, *Wellbeing in Victoria* strategy and the *Victorian Alcohol and Other Drugs Strategy*. These are just a few examples of the progress that we have made to improve the mental health system.

This progress is supported by the mental health and wellbeing levy which is expected to raise \$1.2 billion in 2026–27. The levy provides a dedicated and reliable funding stream to support investment in Victoria's mental health system, supplementing the current level and future expected growth of the government's funding commitments, as recommended by the royal commission. Since its introduction in 2021–22 the levy has provided a stable and growing funding source to support long-term reform. The levy has supported the growth of core parts of the system. Our investment in new services and beds has enabled a 21 per cent increase in registered mental health consumers, and it has also enabled 125 per cent growth in the lived and living experience workforce since 2021. We have also seen a significant increase to community mental health and wellbeing service hours, with 1.787 million hours delivered in 2024–25 across all age groups. That is 475,000 more than we delivered in 2020–21, and we are on track to deliver a bigger increase in 2025–26. The levy has also enabled sustained investment in suicide prevention and response activities, and it gives us the certainty to plan ahead and continue delivering long-term reform.

This year we are continuing to strengthen the system's ability to respond when people need more intensive support. We are investing \$154.8 million to expand bed-based mental health care. This includes 40 new specialist forensic mental health beds at Thomas Embling Hospital, following a half-a-billion-dollar infrastructure investment. We are also delivering 10 new hospital-in-the-home beds at Monash Health and continuing existing hospital-in-the-home beds so that more consumers can receive acute care in a familiar environment and close to their support networks. At the same time we are continuing to invest in community-based early intervention care, helping people access support sooner and reducing pressure on more acute parts of the system. This includes \$10 million to continue programs such as the Youth Outreach Recovery Service, group-based parenting programs in regional Victoria and the Be Well in the Ranges program, which supports communities in the Kinglake region who continue to feel the impacts of the Black Saturday bushfires; \$4.9 million to expand the reach of mental health and wellbeing locals to support bushfire-affected communities; and a further \$4.9 million continues mental health and wellbeing hubs in Cowes, Warrnambool, Horsham and Ballarat, as well as the statewide intake hotline and wellbeing support program.

We are also continuing to strengthen key areas of the system. This includes investing \$13.2 million to establish the Nest, delivered by VACCHO to improve social and emotional wellbeing outcomes for Aboriginal children and their families; \$6.5 million in suicide prevention and aftercare support, including for communities that are disproportionately impacted by suicide; \$5.5 million to strengthen crisis response services; and \$3.5 million to support the Mental Health Tribunal. These targeted investments strengthen access, capability and system performance where it matters most.

Delivering all of this depends on a strong and sustainable workforce. This budget builds on our strong growth in the mental health workforce, which has included 25 per cent workforce growth in rural and regional services and strong expansion across disciplines. This year we are investing \$44.9 million in critical training and development, including psychology registrar programs, junior medical officer psychiatry rotations and psychiatry training pathways. This means we can continue to grow the workforce to support the care needs of Victorians.

Alongside mental health we are continuing to strengthen our response to alcohol and other drug use through a health-led approach. This budget includes \$32.3 million to support the sustainability of AOD services and programs across the state. This includes a continued focus on reducing drug harms, including through place-based harm reduction and outreach at the Footscray drop-in hub and a low dose methadone trial. We are also

maintaining critical service delivery, including pharmacotherapy services, take home naloxone and needle and syringe programs, and the First Step program in St Kilda. At the same time we are continuing to reform AOD services and progressing the statewide action plan to reduce drug harms. This investment ensures the system continues to respond across prevention, harm reduction and treatment while supporting a coordinated and practical approach to alcohol and other drug use. Building on our broader approach to treating substance use as a health issue, we are continuing to strengthen how we respond to both public intoxication and drug-related harm. This budget includes \$52 million to maintain the core elements of the public intox response while continuing the transition to a more integrated model. This includes outreach and places of safety across eight regional locations, 24/7 decentralised sobering and respite model in metropolitan Melbourne and the 24/7 intake, referral and dispatch service, which coordinates responses and connects people to care. It also supports the independent monitoring and oversight group to ensure the reform continues to be implemented in a culturally responsive way.

Alongside this, we are investing \$9.6 million to continue the Victorian pill-testing service and surveillance of illicit drugs. The success of the trial has demonstrated the value of this service, which is why it is now being funded to operate for the next two years, ensuring that Victorians continue to have access to timely, evidence-based harm reduction support.

We are continuing to deliver a system that is more accessible, more connected and better able to meet the needs of Victorians. We remain committed to this reform program, and this budget reflects the clear focus on sustaining progress while strengthening the parts of the system that matter most so we can deliver better outcomes for Victorians. Thank you, Chair. I am ready to take questions from the committee.

**The CHAIR:** Thank you very much, Minister. Well, I am glad you are looking forward to the questions, because Ms Benham is going to be first up for 8 minutes.

**Jade BENHAM:** Thank you, Chair. Thank you, Minister. Good afternoon. Good afternoon, officials. The \$52 million in the presentation then around the public intoxication response – how much of that in total has been expended on sobering-up centres, and particularly the Collingwood sobering-up centre?

**Ingrid STITT:** Thank you for your question, Ms Benham. The \$52.3 million is to continue the health-based public intox response in metropolitan Melbourne and in eight regional locations. This is money to continue the program. The key elements of the program I think I have already outlined in my presentation, but it will mean that we will be continuing the outreach service across metropolitan Melbourne –

**Jade BENHAM:** How many regional centres have been opened?

**Ingrid STITT:** There are regional centres that are open in the following locations – if you can just bear with me for one moment, Ms Benham.

**Jade BENHAM:** And while we do that – and this might be a question for the department – how much in total to this point has been expended on sobering-up centres, including and particularly the Collingwood centre?

**Ingrid STITT:** Well, when you say ‘expended’, there are a number of different elements to this program, and –

**Jade BENHAM:** How much have we spent on the sobering-up centres to this point?

**Ingrid STITT:** Well, the funding history is detailed in the budget papers. In 2023–24 the state budget allocated \$83 million to implement that health-based response once the decriminalisation of public intoxication laws took effect.

**Jade BENHAM:** What was the actual cost?

**Ingrid STITT:** The program has been re-funded through the 2026–27 budget output funding to the tune of \$52.3 million, and that is to do a number of different things, which are all very important elements of the program. So you cannot really cherry-pick parts of it.

**Jade BENHAM:** Well, we are not cherrypicking. I just want to know how much has been spent to get the sobering-up centres up and running. Now Collingwood is closing, how much of taxpayers money has gone into that?

**Ingrid STITT:** I need to be very clear about the Collingwood sobering-up service. There will be some detailed planning work that will be undertaken in partnership with Aboriginal-led health organisations and consultancies. What is important to note is that the Collingwood sobering service will not be closing until mid-2027, because that detailed work needs to be undertaken in consultation with our service delivery partners and also VACCHO and Aboriginal-controlled organisations. The reason I raise those issues is because I think it is important to go back to the history of why this service was established in the first place.

**Jade BENHAM:** We understand the history. With respect, for budget estimates, I am trying to understand how much money has been spent on the sobering-up centres, how many people that has helped and how many people have stayed overnight, so we can get an idea on that investment and how effective it has been.

**Ingrid STITT:** I can give you the statistics in relation to the public intoxication response contacts through the service. Outreach services have provided more than 110,000 instances of support. That is delivered through the outreach teams.

**Jade BENHAM:** As we were talking about before – and we did not get to giving an idea of where some sobering-up centres are in the regions – with the regional response, is that all outreach?

**Ingrid STITT:** All outreach – but there are a number of places of safety that are operating across the regions. The list of those regions I can take you to right now. They are Ballarat, Bendigo, East Gippsland, Geelong, Latrobe, Mildura, Shepparton and Swan Hill.

**Jade BENHAM:** Are they beds within the hospital, though?

**Ingrid STITT:** No, they are not. They are places of safety, and they have been established and self-determined by a number of ACCHOs that deliver those services in the regions. They are not an acute service, so they do not provide the same facilities as both the Collingwood and the St Kilda sobering-up centres. They are referred to under the program as ‘places of safety’ and are really about assisting people who are intoxicated in public who the outreach teams have been unable to assist to get home safely – or where they have been unable to connect with family or support networks.

**Jade BENHAM:** Is that for the general population or just the Aboriginal population in those centres?

**Ingrid STITT:** It is specifically designed for the Aboriginal population, although I do understand that there have been instances over the last period of those services assisting non-Aboriginal Victorians. But I think that the reason why I want to take you back to first principles on this program is because it was in response to the disproportionate impact, before we decriminalised public intoxication, on Aboriginal Victorians and some very awful and tragic outcomes which were the subject of a coronial inquest. Of course a number of royal commissions over the years have gone to this, and we were one of the last jurisdictions in the country to do what I think was the right thing, and that was to decriminalise public intoxication.

**Jade BENHAM:** Yes – no doubt. We understand the history of it. How many people have the Collingwood centre catered to overnight, then? How many overnight stays have they had?

**Ingrid STITT:** There have been 3000 stays over the period that the sobering services have been in place. It is important to note that we also have a service in St Kilda, which is run by Ngwala, which is a –

**Jade BENHAM:** So that 3000 takes in St Kilda as well?

**Ingrid STITT:** The numbers for Cambridge House between November 2023 and 31 March this year were 2919 sobering stays.

**Jade BENHAM:** Is that part of that 3000 that you quoted the first time?

**Ingrid STITT:** I have got a global figure. I will have to check with my officials whether I have got a particular figure for Ngwala. It is a slightly different model of care at Ngwala, where they have wraparound

supports and an outreach service, but they do also have the capacity to have people stay overnight who are unable to get home safely.

**Jade BENHAM:** Okay. When we talk about the contacts, the different centres and outreaches that have had contacts, what is the definition of a contact? Is it taking them to the centres? Is it a bottle of water?

**Ingrid STITT:** It is an instance of support. That can take a number of different forms. For the vast majority of people, and with the way in which the model of care was designed in the first place, it is focused on trying to assist people to get home safely. A stay in a sobering-up centre was always intended to be the last resort as part of this model of care. So those services will be varied. Some will be –

**The CHAIR:** We will come back to you, Minister. We are going to Mr Galea.

**Michael GALEA:** Thank you, Chair. Good afternoon, Minister, Secretary and officials. Minister, I would like to take you to budget paper 5, page 23, which discusses the mental health and wellbeing levy. It shows an estimate that it will bring in, in the next financial year, \$1.23 billion. Could you please talk to me about how you align this funding, particularly when it comes to its interaction with the royal commission recommendations and the government's enactment of those recommendations? How will this funding be used in the financial year?

**Ingrid STITT:** Thank you, Mr Galea. As members of the committee will be aware, it has been five years now since the Royal Commission into Victoria's Mental Health System published its final report. The royal commission did call for a 10-year reform period, and that was really because of the scale and the complexity of the reforms that were being called for but also, I think, the interdependencies between a number of quite complex reform recommendations. The task of rebuilding a compassionate and person-centred mental health system is not a small one, and I am very pleased to confirm that we have made significant and meaningful progress in this time. I am very proud of the work that particularly our workforce and our services and our partners have provided in delivering such a large number of important reforms.

I can indicate that work is underway on 95 per cent of the recommendations. To break it down by the 74 recommendations that are included in the royal commission's final report, 19 have been delivered in full, 24 have been partially delivered and are in progress, with a further 27 that remain in progress. There are still four recommendations that are part of our phase 3 of the reform plan, which was outlined in a report that I released in late 2024 I believe. The mental health levy has really made this possible, through the implementation of recommendation 8 of the royal commission's interim report, which called for a new approach to mental health investment and to the way in which we fund this significant piece of reform work. The government has implemented this recommendation by legislating the mental health and wellbeing levy. It began on 1 January 2022. It has been legislated, and all revenue raised from the levy will be spent on mental health services, as is required under the legislation, and that is exactly what we have been doing.

The mental health and wellbeing levy has supported a very large increase in investment in Victoria's mental health system since we introduced it, and it will continue to supplement what is still a significant government investment in our services. You will see from the budget papers that we will be collecting more than \$1.2 billion in the 2026–27 financial year, while our investment overall in the mental health portfolio, our output investment for the 2026–27 financial year, is \$3.25 billion. That is more than double our mental health investment in 2017–18, which was the year before we made the commitment to hold a royal commission into the mental health and wellbeing system here in Victoria.

We have been delivering a lot of tangible improvements for Victorians. We have invested \$700 million to support, retain and grow our incredible workforce. As a direct result of that investment we have continued to grow and diversify the workforce while embedding, in many, many parts of the system, lived- and living-experience roles. The lived-experience workforce, by way of example, has grown by 125 per cent, and the broader public mental health workforce has grown by 33 per cent since 2021. Programs such as the Aboriginal social and emotional wellbeing scholarship program are also contributing to a much more culturally diverse, culturally safe and capable workforce across the system.

I am very proud of the fact that there are more Victorians that are now able to access free mental health and wellbeing support earlier in their mental health challenges and also closer to home through our investment in community-based services. There are a number of important examples of that community-based service that we

have been rolling out. There are three children's health and wellbeing locals delivered in partnership with the Commonwealth. We now have a network of 22 mental health locals across 24 locations, which have supported more than 41,000 Victorians so far.

We have also invested in our mental health and wellbeing hubs. We have eight mental health and wellbeing connect centres, which was a key recommendation of the royal commission. They are about supporting families and carers, including young carers, with consumers that they might have caring responsibilities for, recognising the royal commission's findings around how important it is to support families. This investment has also resulted in expanded community mental health services delivered by our area mental health and wellbeing services through targeted investment. I think in my presentation I went to the massive increase in the number of hours that have been delivered across all age groups – 475,000 more hours delivered – and that is increasing access to care outside hospital settings to enable more timely support. I think it is important also to note that with the area mental health services that deliver our community hours, this is a much higher acuity – level 5 under our system – and that is people who ordinarily, if they did not have access to community mental health support, would be ending up in our emergency departments, which is really not the ideal place for them to be supported and treated. So we do take these investments very seriously.

We have also been expanding child and youth services. This budget invests \$13.2 million to establish the Nest, which is for Aboriginal children who require intensive social, emotional and wellbeing supports and their families, because we know that First Nations health outcomes, including mental health outcomes, are disproportionately worse than the general population. And again, this was a key recommendation of the royal commission to fund and build the model of care for the Nest. We have also invested \$141 million to build new youth prevention and recovery centres across the state, and we have services now operating in Heidelberg, Traralgon, Shepparton –

**Michael GALEA:** Thank you.

**The CHAIR:** Thank you, Minister. I am going to Mr Riordan.

**Richard RIORDAN:** Thank you, Minister. Just to finish off on some earlier questioning on the closing of the Collingwood centre, I think you said in 2027. I think you said the number was 300 stays you had at that centre in the last 12 months.

**Ingrid STITT:** Three thousand was the figure, Mr Riordan.

**Richard RIORDAN:** Three thousand. That is a lot of people. Where are you envisaging they will be after 2027?

**Ingrid STITT:** I think it is important to note that most of the elements of the model of care will continue beyond 2027. We have continued funding for the 24/7 response line, which is the line that is operated by VAHS, which then triages the outreach teams to go and support people who are found in public places intoxicated –

**Richard RIORDAN:** So do you envisage still housing those 3000 people?

**Ingrid STITT:** If you can just let me explain the way that it will roll out and the work that we will do this year to ensure that there are still supports in place for people who need the support. I think I gave the figures to Ms Benham that the vast majority of people, of the 110,000, were supported – through our outreach teams and through that intake line and also through referrals directly from our emergency services responders to the outreach teams and to the VAHS referral line – to get home safely, and that is the intention of this program. For the 3000 stays –

**Richard RIORDAN:** Just to clarify that point, because I have got other questions I have got to get to, you have sort of been avoiding the issue a little bit on whether you are going to provide overnight accommodation for people. Is that a commitment from the government that the new model will have that overnight component?

**Ingrid STITT:** We will still have the Ngwala overnight sobering centre available in St Kilda, which has capacity –

**Richard RIORDAN:** So Collingwood will not be providing that service?

**Ingrid STITT:** Collingwood will not be providing an overnight sobering centre operation beyond mid-2027. Between now and then, as I think I said to Ms Benham on her questions, we will be working closely with the service providers and also our partners at VACCHO and a number of the Aboriginal community controlled organisations, together with the service provider for this service, which is Cohealth, to work on what the other referral pathways are, and we will be seeking to leverage off other existing community supports that are already in place across the system. I do not want to pre-empt the work that that group will undertake with my department between now and mid-2027.

**Richard RIORDAN:** Minister, I want to move to regional mental health services. I just make the observation that, as a regional MP that has no mental health or alcohol services within cooee of my electorate, it worries me greatly that you are suggesting that 3000 people in the last year used a service that will no longer exist. I can tell you anecdotally, from a regional point of view, that is a disaster waiting to happen. But moving on –

**Ingrid STITT:** That is a figure for metropolitan Melbourne, Mr Riordan. It is important to note that there were still a number of –

**Richard RIORDAN:** Absolutely. I fully accept that. I am happy to host you walking around the quiet and cold streets over the next few months in my own town. I can show you where people with mental health and alcohol conditions now reside as there are simply no services and we have not funded the local hospital to support them. What is the average wait time for regional Victorians to access public psychiatry services?

**Ingrid STITT:** That question depends on the level of acuity being experienced by an individual consumer. There are obviously tertiary services available right across the state, but for less acute cases there are a number of regional mental health locals that are operational, and we have been in a position to open an additional seven, a number of which are in regional Victoria. If I can give you a little bit of a flavour, in your own Barwon South West region, Mr Riordan, we have nine adult hospital-in-the-home beds at Barwon Health; 16 new acute inpatient mental health beds at Barwon Health and the McKellar Mental Health and Wellbeing Centre; mental health and wellbeing locals in Greater Geelong and Queenscliff; forensic community mental health services in Barwon; forensic clinical specialist positions in the south-west; infant, child and youth group based parenting support in –

**Richard RIORDAN:** Can you just tell us what the average wait time is to access those services? Because for the people in my electorate to get to those services you have named it is at least an hour on a non-existent train, and it is certainly not something they can afford by taxi or any other way. They are of little use to me for my electorate. For my city colleagues, Barwon South West is a very big region, and people requiring those services would not be able to access them. I am sure that the department records wait times. Do you have a figure for average wait times? If not, if you can provide them on notice to the committee, that would be useful.

**Ingrid STITT:** I think that the way that you are framing the question deserves a little bit of scrutiny, because I have taken you through the significant increases in the workforce across regional Victoria of 25 per cent –

**Richard RIORDAN:** Do you have an average wait time?

**Ingrid STITT:** It depends on the individual consumer, the individual service. We do, as a department, through the budget –

**Richard RIORDAN:** Just one average wait time.

*Members interjecting.*

**The CHAIR:** Excuse me, Mr Riordan and members who are interjecting, this is a serious issue.

**Richard RIORDAN:** I know, it is very serious.

**The CHAIR:** Mr Riordan, afford the minister the opportunity to answer your question. She is answering it, and she is answering it to the best of her ability. The minister for proceed.

**Ingrid STITT:** Thank you, Chair. Mr Riordan, what I am seeking to explain is that it is not a simple answer because it is a very complex system. The individual consumer may go to different entry points in the system.

What I can say is that we have significantly increased the services available, in particular in regional Victoria, where previously there were not enough services for people to get the right treatment in the right place at the right time, previous to the royal commission. Our investments are making a difference. We have delivered over 230 acute beds across the state since the royal commission handed down its final report. I think I have just tried to give you a little bit of a snapshot, a little bit in protest to your assertion that you do not have any services in your particular part of the state. I have given you a number of examples of where we have indeed stood up additional services.

**Richard RIORDAN:** Can you tell us how many mental health and wellbeing locals are yet to roll out? How many are yet to come?

**Ingrid STITT:** I am very proud of the fact that we now have 22 locals across 24 locations, and a large number of them are in regional Victoria. We are obviously continuing the planning work on the next rollout of locals.

**Richard RIORDAN:** And how many in that?

**Ingrid STITT:** That work, as you would be aware, we were –

**The CHAIR:** Thank you, Minister. We will be coming back through this way. Ms Kathage.

**Lauren KATHAGE:** Thank you, Chair, Minister and officials. Minister, you were explaining to my colleague about the levy that has supported an increase in community-based mental health services to give access to more mental health services closer to home. I can see on page 71 of the ‘Department Performance Statement’ that the ‘Percentage of community cases newly opened’ is higher than the target, and there is a footnote there that says that the 2025–26 expected outcome is higher than the target, reflecting the expansion of community mental health and therefore more access for people more easily. Are you able to provide some more detail about the increased access to community-based services and how that then supports consumers to receive mental health care?

**Ingrid STITT:** Thank you, Ms Kathage. It is really good to get this question from you, because I think that this is probably one of the biggest changes in terms of access to support and goes a little bit to what Mr Riordan was just asking me about. We have had the opportunity to significantly increase the number of community hours available. They do play an incredibly important role in the services and the support that are therefore available to people.

To assist the committee, I might provide a bit of background and context on the different levels of mental health, something which I was about to go into in a bit more detail with Mr Riordan. The Royal Commission into Victoria’s Mental Health System, in their final report, recommended that a redesigned six-level mental health and wellbeing system, where the intensity of support increases with each level, be implemented. Importantly, this framework aims to provide community-based care and to reduce reliance on our acute hospital services.

Level 1 comprises informal supports – that is from family members, friends, supporters and peer-led support groups, as well as community-level networks. Level 2 includes non-mental health, social and community services, so that is a broad range of government and community services that are outside of the core mental health system, and that can include things such as housing, employment and social support services. Level 3 is primary and secondary mental health services; general practitioners fall into this category. We know that GPs do play a central role at this level, providing mental health consultations with their patients, along with other primary care services like community health services, psychologists and other allied health practitioners. Paediatricians, maternal and child health nurses and alcohol and other drug support providers are all in that level 3 support.

Level 4 is the new part of the system, what is commonly referred to as the missing middle, and that is where our mental health and wellbeing locals fit. They are a community-based, free service providing treatment and support without the need for a referral. As I indicated in my presentation, we now have 22 locals operating across the state in 24 locations. Level 5 comprises care delivered by our area mental health and wellbeing services, and these services provide those tertiary-level, high-intensity and complex support responses for people who have serious mental illnesses. They operate with multidisciplinary teams, and this is through

community mental health. Level 6 includes statewide and highly specialised services for people whose needs cannot be met through either local or area-based services, and we have a number of those statewide services that operate.

The particular performance measure that you have raised relates to community mental health services delivered by our area mental health and wellbeing services, a level 5 service. This service supports people whose needs are really far too acute to be supported through a GP or a mental health local, which I think probably demonstrates what I was getting at earlier about the complexity of the system. Because of the fact that people are going to be presenting at different times of their mental illness or at different levels of crisis, it is important that our system is built to be able to respond to that appropriately. By addressing mental health needs earlier in that community-based setting, we are preventing mental ill-health escalating into crisis and hospitalisation. Obviously it is not the best place for people to end up in acute mental health distress in a busy emergency department. We are doing other work which is addressing how we triage people who do still present to our emergency departments, but the community-based approach really gives us the ability to have that step-down option to prevent readmissions to hospital. That is why we have targeted growth in this area as one of the really effective ways that we can address that demand.

Clinical care provided through these services includes comprehensive mental health assessments, treatment planning, medication management and monitoring, psychological therapies, family therapy and individual therapy. The treating team in these services is led by a consultant psychiatrist, supported by a multidisciplinary team that is made up of psychologists, social workers, occupational therapists, mental health nurses, in some cases speech pathologists, and also lived-experience consumer and carer peer workers. It really is a different way, I guess, of making sure that we are providing that wraparound support for people who have got a serious mental health illness but are going to be much better off being treated in the community.

Since the royal commission we have substantially expanded community mental health services, with 1.787 million hours delivered in 2024–25 – that is an increase of 47,500 hours. We are on track to deliver a bigger increase in the 2025–26 financial year, providing more care to more people closer to home. There are a few really excellent examples that demonstrate this work, including Bayside Health and Peninsula Care Group – they have established a dedicated infant, child and youth community-based mental health service for people between the ages of zero and 25, and that has really strengthened their local service capacity to provide care closer to home for children and young people in that region. Another good example is the Royal Children’s Hospital – they have refocused their community-based mental health services for infants zero to 11 years, and similarly strengthened access to specialist services.

**The CHAIR:** Thank you, Minister. We are going back to Ms Benham.

**Jade BENHAM:** Thank you, Chair. Minister, I want to talk about the Mildura alcohol and other drugs rehab centre, for obvious reasons. There have been some stakeholder concerns over the delays to this project. What has caused the delay?

**Ingrid STITT:** I do not know that we would agree that it should be described as a delay, Ms Benham. The construction has commenced. There has been a lot of planning work that has gone into this service.

**Jade BENHAM:** The original date for completion was in 2026, though, wasn’t it?

**Ingrid STITT:** This is a project that is on track to be delivered on time and on budget.

**Jade BENHAM:** \$5 million has been spent thus far and shovels have only just gone into the ground, as you have said. What does that \$5 million equate to?

**Ingrid STITT:** There has obviously been some important planning work that has gone into finding the location. As you are aware, there has been some consultation locally around the service. There has also been some work done on the model of care with a number of important partners and stakeholders, including the local ACCO and health service, so we know that this is a service that is needed. You would be, I am sure, very –

**Jade BENHAM:** Hence the concerns with the delay.

**Ingrid STITT:** supportive of the fact that this service is needed, because people who want to engage in rehabilitation treatment have had to travel hundreds of kilometres to get a residential place in other parts of the state. So we are proud to support this project.

**Jade BENHAM:** What was the original date for opening?

**Ingrid STITT:** I have got my officials here from VHBA. I am sure you can go to the history of this project if you –

**Jade BENHAM:** Really quickly, yes. The original opening date.

**Priscilla RADICE:** The very original construction completion date was June 2025, separate from the opening date. The delays were around the consultation and the design but also the number of sites that were investigated across the region to ensure that operationally it was the right site and working through the acquisition of that site.

**Jade BENHAM:** That site, again, has been a concern for some of the community. Has it been documented as to the rationale for why that site was picked? Is that something you could supply to the committee?

**Priscilla RADICE:** The rationale is always about the operations and the service need for the community and is worked through, and the site selection process is run through a very independent land selection process, which is done through – let me just determine the name of the department – the land selection committee. Then the Victorian government has a whole process to ensure that that is appropriate. It is in consideration to where the service need is most, and the operational, and which land is actually available and how you choose that land against budget as well.

**Jade BENHAM:** Yes. That is fair enough. Another concern was that a local construction company was not awarded the tender, which has caused quite a bit of angst. Can you explain why it might have gone to a Ballarat company?

**Priscilla RADICE:** Yes. AW Nicholson has a very strong track record in these types of health builds, and they are specialist builds. We did make sure that the tender process was open to locals, and we really looked to try and achieve that, but we also need to run an appropriate probity-based tender process and award against the right methodology, program and budget and the right experience. Clearly I was not involved directly with that tender process, but we do have a very strong due diligence and a lot of oversight over the evaluation criteria and how that is awarded. We do know that that builder does intend to work to try and create opportunities for local people.

**Jade BENHAM:** Given that the timeline has blown out, has the cost then also increased?

**Priscilla RADICE:** No. We are on budget for that project.

**Jade BENHAM:** This might be a question for the Secretary. Ms Atta, does the department collect data on public access mental health services such as psychiatry?

**Jenny ATTA:** I am sorry, Ms Benham, just to clarify: access to –

**Jade BENHAM:** Do you collect the data with regard to wait times to access public mental health services such as psychiatry?

**Jenny ATTA:** No, in the sense that there is not a wait time for psychiatry. I think as the minister went to, the service is multifaceted. There are a whole range of different service responses. There is no single wait time that is collected by health services or reported to the department.

**Jade BENHAM:** So then how do you measure whether the services are successful if you do not know how long people are having to wait to access mental health services? Because a lot of the time it is critical that access is very, very swift. If the data is not collected, how then do you measure success?

**Jenny ATTA:** Different levels of data are collected. Ms Anders might want to supplement, but at the health service level, there would be monitoring of that. Services are funded, many of them by activity, so we are able

to monitor how many people services are seeing. There are a range of different metrics. Pam, is there anything you would add?

**Pam ANDERS:** As the Secretary has pointed out, we do publish a range of metrics. We do measure the efficiency and access via emergency departments and how long consumers wait to be triaged and assessed. We do measure contacts. We also publish annually in the mental health annual report or the chief officer for mental health and wellbeing annual report where the referrals are coming from, so where consumers come from and the reasons why they present.

**Jade BENHAM:** Yes. Is it something that can be collated so we can get an idea, statewide or region by region, of what the –

**Ingrid STITT:** Ms Benham, we provide an enormous amount of data publicly regularly, not only through the budget process –

**Jade BENHAM:** And yet no-one can answer the question, though.

**Ingrid STITT:** but also through the quarterly data disclosures that we make. We also look closely at things like occupancy rates of particular services.

**Jade BENHAM:** Are you able to provide those on notice to the committee?

**Ingrid STITT:** Well, they are already publicly available, is the point I am making.

**Jade BENHAM:** Okay, yes, but for the purpose of this hearing and the collating of this report, are you able to provide that data to the committee, please?

**Ingrid STITT:** Well, we will be happy to provide you with the links to the data that is already all publicly available, and that covers all of the issues that you have been asking about, including –

**Jade BENHAM:** So if that data is available, why can no-one answer what the wait time would be for an individual in the metro area or the regions to see a psychiatrist?

**Ingrid STITT:** I am not sure if you were in the room, Ms Benham, when I was going through with Ms Kathage the six different levels of service that are provided across the state as part of our –

**Jade BENHAM:** And over that, there would be an average.

**Ingrid STITT:** Well, no, it is not the right way to cut that data. Be assured there is a lot of publicly available data now, and I would urge you to have a look at it.

**Jade BENHAM:** Can you provide the breakdown on each level of those services?

**The CHAIR:** Thank you, Ms Benham. We are going to go to Mr Tak.

**Meng Heang TAK:** Thank you, Chair, Minister and officials. I refer to budget paper 3 on page 47, which outlines the \$44.9 million investment into programs to support mental health workers. Minister, could you please take the committee through how these investments are supporting the growth of the mental health workforce?

**Ingrid STITT:** Thank you, Mr Tak. I would be happy to do that. I just want to acknowledge at the outset the incredible work that our workforce does right across the public mental health system in Victoria. They really are the backbone of the system. Sometimes that work can be incredibly challenging, but I am very proud of the roles that they play right across the system. The government is proud to back the workforce, and this year's budget continues that strong support. We have invested this year a total additional amount of \$44.9 million over four years, and it will support some of the critical programs to ensure the development of our medical and psychology workforce of the future. I think this is incredibly important, particularly when you are talking about timely access to services across the state.

Firstly, it includes support to continue the very successful junior medical officers program, or JMOs. This program increases exposure to a mental health rotation for our junior medical officers with the aim of

increasing interest in mental health as a speciality and psychiatry in particular. An additional benefit is that if we are exposing our junior doctors to mental health rotations, it also increases the overall mental health capacity of our junior medical workforce. This program has been highly successful. The survey of junior medical officers who have participated in the program showed that 94 per cent of our JMOs had improved skills, capacity and a much better understanding of mental health care after their rotation, and this early exposure is resulting in more doctors choosing psychiatry as a discipline. In 2019 there were a total of 101 applications for the psychiatry fellowship program in Victoria, and this has more than doubled, with approximately 230 doctors applying for first-year training positions for the 2025 training year, which is a fantastic uplift in interest in this discipline.

We are also growing and enhancing the psychiatry training pipeline through our continuation of the psychiatry training and support program, and this program supports psychiatry registrars to complete their five-year training program in a public health service. It is a program that is highly valued by our health services, and it really enhances the training pipeline and the increased supply of those specialities.

Investment in this year's budget will also support the continuation of the psychology registrar program. This program is focused on early supports for new psychologists, and it has contributed towards positive learning and a working environment that is much better for both participants and existing staff. There are some positive early signs. Ongoing experiences of entering the mental health workforce are critical, not just to attract new entrants, but also to improve the chances of people wanting to stay in the sector long term for a career in public mental health. We know that it is important that these programs are supporting psychiatrists and psychologists to develop their knowledge, skills and confidence in our mental health settings so that more of them are choosing public mental health as a career.

I am also very proud that these investments are supporting the growth and development of our mental health workforce right now across the state. Between 2021 and 2025 our psychology workforce in mental health and wellbeing services has grown by 44 per cent, which is a terrific uplift, and over 75 per cent of psychology registrars reported an increased desire to work in public mental health, with more than 730 trainees in 2025, compared to 512 in 2020. So we are seeing a real uptick in interest, and for the benefit of the committee, this growth is not just limited to Melbourne. Our investments have led to a 52 per cent reduction in psychiatry registrar vacancies in rural and regional areas of the state. That is very important. So the enthusiasm for the program does not seem to be abating. There was a 93 per cent increase in psychiatry training applications between 2022 and 2025, again demonstrating that these targeted investments are working.

It builds on the significant investments that our government have made since 2020–21 of \$700 million to grow, retain and develop our mental health workforce here in Victoria. This historic investment has delivered overall a 33 per cent increase in full-time workers in public mental health services, which is more than 2800 FTEs delivered into the system, something that I think everybody should be enormously proud of across the sector for that incredible hard work and commitment.

I think it is also worth highlighting that this increase has not been limited to one particular cohort. If I can highlight the growth in a number of the key disciplines, we have had 125 per cent growth in lived and living experience workers. We have had a 20 per cent increase in the number of mental health nurses across the public system. We have had a 34 per cent increase in occupational therapists. I think this just goes to demonstrate how important this investment has been and how these targeted programs really make a difference to not just those new workers coming into the system but, of course, to the existing workforce to get that additional boost to resources.

Of course alongside investments to build our workforce supply there has also been significant work to support retention, including through building skills and capabilities and ensuring the wellbeing of mental health and wellbeing workers. We have also invested to help grow the capabilities of the Victorian mental health workforce through implementing *Our workforce, our future*, which is the mental health and wellbeing workforce capability framework.

**Meng Heang TAK:** Thanks.

**The CHAIR:** Thank you, Mr Tak. We are going to Mr Puglielli.

**Aiv PUGLIELLI:** Thank you, Chair. Good afternoon. To start us off, Minister, the Mental Health and Wellbeing Commission I understand had over 50 FTE staff in early 2025. Can you update the committee how many FTE that commission has as of today?

**Ingrid STITT:** Thank you for that question. Of course the Mental Health and Wellbeing Commission do play a critical role in the system. As you know there have been some recent legislative changes that have adjusted the structure of the commission, and I think that those changes have resulted in a much clearer, more accountable leadership structure within the Mental Health and Wellbeing Commission. They play a number of important roles in the system, including introducing and enhancing complaint systems in the new Mental Health and Wellbeing Commission since the new Act came into force. But they also have a strong function in holding the system to account, protecting the rights of consumers and of course also holding the government to account when it comes to our progress against the royal commission report. Their operational budget is obviously available through public disclosure of their operations through their annual report.

**Aiv PUGLIELLI:** Yes, just the FTE number would be great. Thank you.

**Ingrid STITT:** Mr Puglielli, I might need to just check with my officials whether we have that to hand or whether we need to take that on notice. We will take that on notice, if that is okay.

**Aiv PUGLIELLI:** Thank you. Minister, in PAEC's report into the 2023–24 financial and performance outcomes, this committee recommended reporting of progress of royal commission recommendations at the subrecommendation level. The MHWC did this work for their last annual report, and I also understand they have a detailed report that they promised to publish this financial year. Is the minister or the department aware as to why they have not yet done so?

**Ingrid STITT:** Well, that is a matter for the Mental Health and Wellbeing Commission. I am not going to speak for them. I am mindful that they are an independent statutory entity, and it would not be right for me to speak for them. I think that is something that needs to be put directly to them. But I can indicate to you that I have in the course of the hearing today gone through quite a bit of the significant progress that we have made, and the current status of the delivery on each of the 74 recommendations is publicly available on the Department of Health website. That is a department-led report. You will be able to access that on the website, and what it will indicate to you is that work is underway on 95 per cent of the recommendations and of the 74 –

**Aiv PUGLIELLI:** As this is on public record, I might go to another question, if that is okay. As you have said, it is on public record already. That report that I referred to, Minister – does the department have a copy of that?

**Ingrid STITT:** It is on the website.

**Aiv PUGLIELLI:** No, the report from the Mental Health and Wellbeing Commission that I referred to, which is yet to be released – does the department have a copy of that report?

**Ingrid STITT:** To the best of my knowledge, and as I have been briefed, there has not been a report provided at this time.

**Aiv PUGLIELLI:** Does the department have anything to add?

**Pam ANDERS:** We have had discussions with the commission about the work that they are doing and their assessment, and we have provided information to the commission to assist with their finalisation of that report.

**Aiv PUGLIELLI:** So the report is not finalised at this stage?

**Pam ANDERS:** It is not my understanding, but as the minister said, that is the commission's report.

**Aiv PUGLIELLI:** Yes, correct.

**Pam ANDERS:** They have sought advice from the department around particular progress, and we have provided that back to them.

**Aiv PUGLIELLI:** Okay. Thank you. I might move on to the Nest, which was referred to in the opening slides. Minister, my understanding is that to fully fund the Nest, VACCHO requested \$54.878 million of state funding over four years, yet on the slides it is highlighted as \$13.2 million budgeted over the estimates. Why is it this amount?

**Ingrid STITT:** Well, Mr Puglielli, there is always a process for the development of business cases through the budget process, much of which is a cabinet-in-confidence process. But what I will say about the Nest is that it is an incredibly important initiative, and I am proud that we have provided funding for that service to be developed and delivered.

I do want to add that the Department of Health has been one of the first departments to provide VACCHO and Aboriginal-controlled health organisations the ability to be able to hold the pen on their own budget bids and provide those budget bids directly to government in a self-determined way. I am proud that we have worked closely with those organisations, including VACCHO and the Balit Durn Durn Centre, to make sure that we have funding available in this year's budget for this important initiative, which I know that VACCHO and the Balit Durn Durn Centre have put a lot of work into. It is certainly something that I am very committed to continuing to work with them on delivering.

**Aiv PUGLIELLI:** Thank you. I will move on to budget paper 4, page 55, 'Additional acute mental health beds in regional Victoria'. Can the committee get an update on how many operational specialised inpatient mental health beds there are currently operating in the state?

**Ingrid STITT:** The total number of beds across the state – I can talk about the delivery of additional beds, which I have already indicated is over 230 that have been delivered based on the royal commission's recommendations. Obviously across the system we have significantly more beds available than that, and those

**Aiv PUGLIELLI:** It is that particular figure, though, that I am chasing, Minister. Can we get that figure?

**Ingrid STITT:** What I want to indicate to you, though, is that for a variety of different reasons there can be slight fluctuations in the total number – very small fluctuations. That can be based on whether there is a capital project going on to upgrade the amenity and safety of a particular ward, or it might be that there might be some very complex consumers that are in a particular unit that means –

**Aiv PUGLIELLI:** I definitely appreciate that, but as of today, what is the number?

**Ingrid STITT:** I am going to be careful here, Mr Puglielli, because there are a number of different categories of beds – acute, subacute. There is a range of different –

**Aiv PUGLIELLI:** Specialised inpatient would be great.

**Ingrid STITT:** Well, we do not categorise them in that way –

**Aiv PUGLIELLI:** Can you give me the total?

**Ingrid STITT:** but the total number –

**The CHAIR:** Apologies, Mr Puglielli.

**Richard Riordan** interjected.

**The CHAIR:** Excuse me, Mr Riordan. We are going to Mr Hilakari.

**Mathew HILAKARI:** Thank you, Minister, and thank you, officials, for your time this afternoon. I might take us to pill testing, Minister. You mentioned \$9.6 million in your presentation this afternoon. I am hoping you could tell the committee how this investment is intended to reduce harm throughout our community and support Victorians.

**Ingrid STITT:** Thank you, Mr Hilakari. Our government has taken a very deliberate approach to reducing drug harms. I know that there is quite a contrast between how particular parties and government and opposition

view these issues, but our government, I want to be really clear, has taken a deliberate approach to reduce drug harms by treating alcohol and drug issues through the health lens. I think that drugs and the use of drugs is an absolute reality in our society – not just our society but across the world – and we know that one in six Victorians have used an illicit substance in the past 12 months, and right now potent synthetic drugs are making drug use an even riskier proposition, so it is important in that context that Victorians feel that they can access confidential information about their intended drug use without judgement, and further, that there is the opportunity to have open, health-focused conversations on how to reduce drug harm and to help Victorians make safer, more informed decisions. That is really at the heart of our pill-testing service and our approach to how we can detect life-threatening substances and to reduce potential harm by giving people information they need to make informed decisions. I know that you and I have both been to and had the opportunity to talk to the pill-testing service about the work that they do, and it is incredibly important. It is reducing risk, it is saving lives and it is also promoting safer choices.

In 2024 we announced a trial, an 18-month implementation trial, to test the different models of delivery for an important health service. But we were always very clear that it was not an efficacy trial. We always intended that this would be a permanent feature of our drug and alcohol landscape and services. This trial has been successful to date, and this year's budget provides \$9.6 million over two years to support the continued operation of pill testing in Victoria to improve our early warning and identification of harmful substances. Funding provided in this year's budget will also ensure that we have got the fixed site and that there are mobile drug checking services continuing to be available across the festival period in Victoria.

The trial obviously has been delivered by a very experienced consortium led by Youth Support and Advocacy Service, or YSAS – many committee members would be familiar with their great work – in partnership with the Loop Australia and Harm Reduction Victoria. The drug checking technology that is available is state of the art, and it is able to test the make-up of most pills, capsules, powders, crystals or liquids and identify harmful chemicals that can lead to death. We know that the illicit drug market is becoming more volatile, and we are seeing more dangerous synthetic opioids entering the illicit drug market. We have also had, embedded in the pill-testing service, peer workers and technical experts. They present during testing to provide that personalised and confidential health information to help people make better, safer and more informed decisions.

During the trial period we have been able to be out at 10 music festivals across the state. We were at Beyond the Valley, Hardmission, Pitch music festival, Ultra music festival, the Warehouse Project, Spilt Milk, Dangerous Goods 6XXL, Victoria's Pride Street Party, Pitch music festival and Shadows of Wonderland. They were very popular. There was a significant uptake at those events, with more than 2400 samples tested and over 1300 harm reduction conversations with people who accessed the service. I think one of the more powerful statistics that comes out of this is that for more than half of all people who accessed the mobile services it was their first time speaking to a health professional about their drug use. Thirty-three per cent of users of the mobile testing have been aged 25 years or younger, with 41 per cent under the age of 30.

And then of course the fixed site opened in Fitzroy in August 2025, and it has been providing a regular access point for drug checking. Their operational hours are Thursdays from 10 am to 4 pm and Fridays and Saturdays from 1 pm to 7 pm. They have also opened up on additional days ahead of major events and public holidays. We have seen a really strong uptake at the fixed site. Between August 2025 and March 2026 there have been more than 3470 samples tested and 1680 harm reduction conversations. Again, I think that demonstrates the demand for this service, and it is improving our public health surveillance as well.

**Mathew HILAKARI:** Minister, that is an incredible stat, the 50 per cent first time having a discussion with a health professional, and it shows the value of the service, because good information means people can make great decisions.

**Ingrid STITT:** That is right.

**Mathew HILAKARI:** We certainly discussed at Hardmission down in Werribee synthetic substances and making sure that the public could be better aware of them. How are those notifications occurring, and what is happening in that regard?

**Ingrid STITT:** One of the main benefits of the pill-testing service has been the early warning that it provides in real time. Prior to that we were relying on once things had kind of gone wrong and people were

presenting at emergency departments and finding out through them being treated what substances they had taken. And there was also a process where discarded drug paraphernalia was being collected and tested as a bit of a snapshot of what was going on out there. This has been really important, because I think we cannot forget that we have seen, sadly, 42 Victorians tragically dying from overdoses in 2023 alone through taking those synthetic opioids. And this is, I suppose, a tragic demonstration of the critical nature of getting it right.

**The CHAIR:** Thank you, Minister and Mr Hilakari. Minister and officials, thank you very much for appearing before the committee this afternoon. The committee will follow up on any questions taken on notice in writing, and responses are required within five working days of the committee's request. The committee will now take a short break before beginning its consideration of the portfolio for ageing at 2:30 pm. I declare this hearing adjourned.

**Witnesses withdrew.**