

# **PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE**

## **Inquiry into the 2025–26 Budget Estimates**

Melbourne – Thursday 12 June 2025

### **MEMBERS**

Sarah Connolly – Chair

Nicholas McGowan – Deputy Chair

Jade Benham

Michael Galea

Mathew Hilakari

Lauren Kathage

Aiv Puglielli

Meng Heang Tak

Richard Welch



**WITNESSES**

Ingrid Stitt MLC, Minister for Mental Health;

Jenny Atta, Secretary,

Pam Anders, Acting Deputy Secretary, Mental Health and Wellbeing,

Naomi Bromley, Acting Deputy Secretary, Hospitals and Health Services,

Catherine Rooney, Acting Deputy Secretary, Finance and Support, and

Rebecca Van Wollingen, Executive Director, Operations, Safer Care Victoria, Department of Health; and

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

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

I ask that mobile telephones please be turned to silent.

I begin by acknowledging the traditional Aboriginal owners of the land on which we are meeting, the lands of the Wurundjeri people. We pay our respects to them, their elders past, present and emerging, as well as elders from other communities who may be joining us here today.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2025–26 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 of 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 and captioned, even if you say it very quietly.

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 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.

Please note that this hearing today may include reference to the discussion of suicide, which may be distressing. I encourage all those in the room or watching online to practice self-care and consider your own support needs. If you or a loved one needs support, the following services are available to you. If you are in a situation that is harmful or life threatening, contact emergency services immediately on 000. If you are not in immediate danger but you need help, you can call Lifeline on 13 11 14 or Beyond Blue on 1300 224 636. For Aboriginal and Torres Strait Islander people who need support, call Yarning SafeNStrong on 1800 959 563. For LGBTIQ+ people who need support, please call the Rainbow Door on 1800 729 367.

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

**Ingrid STITT:** Thank you, Chair. I will begin by acknowledging the traditional custodians of the lands on which we meet today, the Wurundjeri people of the Kulin nation. I pay my respects to elders, past and present, and to any Aboriginal and Torres Strait Islander people who are with us here today. I would also like to acknowledge people with lived and living experiences of mental illness.

**Visual presentation.**

In 2018 we embarked on a task of reforming our mental health system, reorientating it towards a model of care that focuses on prevention and early intervention. Since then we have almost doubled the government's investment into mental health services, and this year's budget continues that momentum. We are delivering an additional \$544.4 million to support Victoria's mental health and wellbeing system and \$55.2 million for alcohol and drug services. This budget is about strengthening the frontline services Victorians rely on every day, making it easier to get help early and close to home.

Since the royal commission handed down its final report in 2021 we have made significant progress. In the past year we have laid the foundations for the next phase of reform by releasing a number of key documents, including the *Next Phase of Reform* road map and the *Victorian Suicide Prevention and Response Strategy*. This slide outlines some of the key milestones reached over the past year, including the opening of Victoria's first residential eating disorder centre; the launch of Victoria's first mobile pill-testing service, which supported over 1500 young Victorians during the summer festival season; and continuing our statewide action plan to reduce drug harms. Everything we have achieved so far has only been possible through the hard work and dedication of our sector, the workforce and people with lived and living experience.

The introduction of the mental health levy is also crucial to enabling reform of this scale. The levy provides a dedicated funding stream to support increased investment in Victoria's mental health system. Since its introduction in 2022 the levy has supported increased investment in core parts of the system, including new services and beds, the expansion of our workforce and suicide prevention initiatives. The levy will collect an estimated \$1.15 billion in 2025–26, while the budget for mental health expenditure across both mental health, clinical care and community support services is over \$3 billion. The levy has enabled the considerable short-term growth in expenditure you see in this graph and allows us to plan and deliver these long-term reforms.

While we are focused on providing more care to people earlier in their illness, we also know that many people still require care in our acute system. That is why we are investing more than \$300 million to make sure acute care is available when people need it most. This supports the operation of 82 inpatient beds at Western and Northern Health and reduces pressure on our emergency departments.

We are continuing successful programs like Hospital in the Home, because we understand the best place to recover is not always in hospital but in the comfort and familiarity of your own home with the right clinical support around you. Funding is also provided to open three new youth prevention and recovery centres in Geelong, Ballarat and Shepparton in 2026 so that young people in regional Victoria can access early intensive support closer to where they live. We have also opened mental health and AOD hubs across five major hospitals, helping to connect people to the care that they need. This is in addition to the Latrobe hub that opened earlier this year, and we are also delivering two new mental health and wellbeing hubs at the redeveloped hospitals in Frankston and Footscray. These investments are about making sure that every Victorian receives the right care in the right place at the right time.

The budget is also delivering \$48.4 million in early intervention and community-based supports, including Rainbow Door, social inclusion action groups, Koori mental health liaison officers, CARES4Me, perinatal emotional health program, Responder Assist, asylum seeker supports and more. These services are helping Victorians stay well, connected and out of crisis.

Mental health and wellbeing locals are a brand new part of our system and our front door to mental health care for adults. This budget includes \$34.4 million to continue operating the existing 15 sites and will support the establishment of seven new locations across the state. They are designed so people can get support early for free and without a referral, and so far our 15 mental health and wellbeing locals have supported over 21,000 people since their commencement – that is thousands of Victorians who are able to walk in and get support without a referral at no cost. This shows the importance of these local walk-in services for the community.

Supporting the mental health of children and young people continues to be a priority. That is why we are investing \$28.3 million in new and expanded services for children and young people. These include funding to establish the Parkville Youth Mental Health and Wellbeing Service, a specialist service providing intensive care for young people aged between 12 and 25; ongoing support for programs like Youth Outreach Recovery Support, Youth Live4Life and Healthy Equal Youth; forensic mental health supports for young people in the justice system; and group-based parenting programs in regional areas to support parents and families to build

strong and positive relationships with their children who may have emerging mental health and wellbeing challenges.

Tragically, too many Victorians are lost to suicide each year. This budget invests \$7.5 million to continue the support for groups that are disproportionately impacted by suicide, including LGBTIQ+ people and Aboriginal communities. The funding continues programs including Strong Brother Strong Sister and Yarning SafeNStrong, which are Aboriginal community led initiatives; Mind Australia's LGBTIQ+ Aftercare program; the HOPE program; and statewide postvention supports.

We are continuing to respond to substance use and addiction with a health-led approach. The budget includes \$55.2 million to expand outreach and harm reduction services through the Aboriginal Metropolitan Ice Partnership and the North Richmond outreach services. We are addressing pharmacotherapy safety gaps and safety risks, bolstering residential rehabilitation treatment capacity and supporting innovative and integrated services, like First Step in St Kilda and community sector jobs. These programs will help people get the health care they need early, safely and free from stigma.

None of this reform is possible without our dedicated and skilled workforce. This budget invests another \$47.1 million in training and development, from the psychology registrar program to junior doctor rotations and specialised psychiatry pathways. A further \$95.1 million is invested in sustaining the overall health workforce and will provide further support for the mental health workforce, including the AOD traineeships and early graduate programs across nursing and allied health. Thanks to our sustained investment since 2021 we have seen a 25 per cent increase in full-time positions in the public mental health services and more than 2500 new roles created. By investing in training and wellbeing, we are not just growing numbers, we are growing a system that is safer and stronger and more sustainable.

We are also investing \$26.6 million to deliver integrated treatment and support services within our area mental health and wellbeing services for people who are managing both a mental ill health issue and substance use, ensuring they are supported in a coordinated, person-centred way. We are also investing \$10.1 million to support young carers and elevate consumer leadership through programs led by the Satellite Foundation and the Victorian Mental Illness Awareness Council, a further \$4.9 million in the Mental Health Tribunal will support its vital role in safeguarding rights and supporting decisions about treatment and care, and \$18.2 million for the Victorian Fixated Threat Assessment Centre, supporting a highly specialised team of police and mental health clinicians supporting people with complex needs.

These targeted investments may not always make the headlines, but they are critical to building a system that is safe, fair, inclusive and responsive for everyone. The Allan Labor government is deeply committed to building a mental health system that Victorians can rely on across their lifetime. These reforms are one of the biggest mental health undertakings in our state's history, and every budget brings us closer to that vision. I want to thank you for your time today, and I look forward to answering any questions that you may have.

**The CHAIR:** Thank you very much, Minister. The first 8 minutes is going to go to Ms Benham.

**Jade BENHAM:** Thank you, Chair. Morning, Minister. Morning, officials. Minister – and this can be provided on notice if needed – would you provide an updated implementation plan for the royal commission's recommendations, including the revised timeframe for implementation and a rationale on why recommendations have been delayed, reversed or scrapped entirely?

**Ingrid STITT:** Thank you for your question. Obviously, implementation of the royal commission's recommendations is a key focus in the mental health portfolio and across my department. I would say from the outset that it is a huge undertaking. It is a very complex and detailed implementation program that we are pursuing but one that is critically important. I think it is fair to say that there is no other jurisdiction in the country that is doing as much reform in the mental health space as we are here in Victoria. It is a bold reform agenda, and this budget alone invests half a billion dollars to progress a number of those really important recommendations. The government has, since 2021, invested over \$6 billion. Many of the foundational reforms were part of the early work of the government. Last year I released the *Next Phase of Reform* report, which will help guide not only the focus of my department and government decision-making but also give the sector that certainty that they were asking for in terms of the phasing and the order in which we do the next –

**Jade BENHAM:** Have you got that plan? In the interests of time, as we have got quite a few questions, I am happy to take it on notice – just the implementation plans, where we are at, how many have been scrapped, delays.

**Ingrid STITT:** Ms Benham, that report, the *Next Phase of Reform* plan, was released publicly in December, so that is already available. I would be happy to provide that to you.

**Jade BENHAM:** That would be great.

**Ingrid STITT:** But it is on the Department of Health website. I can indicate that of the 74 recommendations, bearing in mind that each of those 74 recommendations, or many of them, have got lots of subrecommendations – they are quite complex –

**Jade BENHAM:** That is why we are after a detailed report, just to get a really detailed, broad view of where we are at.

**Ingrid STITT:** Yes. I can report that on the work on that we have either commenced or completed 68 of the 74 recommendations, which is a power of work. I would also just –

**Jade BENHAM:** Do we have a date on when the remaining six will be complete?

**Ingrid STITT:** The royal commission when they handed down their final report indicated that there would be a 10-year reform period of time required to deliver this level of change to the system, and I think that whilst progress has been really strong, there have been a couple of the more complex recommendations that have taken a bit longer than we thought.

**Jade BENHAM:** Again, in the interests of time, these reports have been provided to PAEC every year, so if we can get another copy of that report, that would be fantastic. Minister, I am going to move on from there. Can you please provide an audited report on the expenditure, too, of the mental health surcharge – or the mental health tax – since it was introduced and for the coming budget year?

**Ingrid STITT:** Thank you. Of course the mental health levy has supported a large amount of reform, and it has increased the investment in Victoria's mental health system since it was introduced in 2022. The levy continues to be solely dedicated to mental health services spending, and that is quite –

**Jade BENHAM:** Sorry, Minister. The levy was brought in to solely fund the royal commission's recommendation implementation. True?

**Ingrid STITT:** The mental health levy was a key recommendation of the royal commission.

**Jade BENHAM:** To fund those recommendations.

**Ingrid STITT:** The recommendation was around making sure that we had a mechanism to deliver the kind of significant uplift in investment that would be required to deliver all of the reform that the royal commission called for. What I can indicate is that if you look at budget paper 5, page 19 you will see that the levy will collect more than \$1.1 billion in 2025–26. The levy each year is reported through the normal budget process, but the investment –

**Jade BENHAM:** Minister, given this is budget estimates, I am after a detailed breakdown of that spend, and again, happy to take that on notice.

**Ingrid STITT:** No, I do not need to take it on notice. I can answer that for you now. In addition, under the mental health Act that we introduced in 2022, the chief officer for mental health and wellbeing must submit to me an annual report which details how the proceeds have been spent on delivery of mental health and wellbeing services, and Ms Benham, that report is publicly available each year.

**Jade BENHAM:** Again, it is one of those things that we have been requesting year on year and again requesting a detailed breakdown of that \$1.1 billion spend each year. If we can get a copy of that, that would be great, so we can get a broad scope.

**Ingrid STITT:** I am happy to provide it, but it is already publicly available. It is delivered each year to me by my department, by the chief officer for mental health and wellbeing. I think what is really important here is to note that more than double our mental health investment has been possible since 2017–18 because of the introduction of the levy, and that has meant that we have been able to double the investment compared to immediately prior to the royal commission's report being tabled. This is a good thing for the level of reform that we are seeking to deliver.

**Jade BENHAM:** Great. Are you able to provide that report to the committee, please? We are just wanting to see where the \$6 billion –

**Ingrid STITT:** I am very happy to, Ms Benham, but –

**Jade BENHAM:** We need much more detail than what are able to get in the 8 minutes that we have got allocated. We want to see where the \$6 billion to implement the royal commission's reforms is being spent. This is budget estimates; this is exactly what it is for.

**Ingrid STITT:** Yes. And I respectfully have been indicating that we do do that each year through that process.

**Jade BENHAM:** But can you send us the report?

**Ingrid STITT:** It is publicly available on the Department of Health website, but I am very happy to provide that to you in addition to that.

**Jade BENHAM:** That would great. Fantastic. Are you across where the mental health tax is being expended? There are suspicions, again, that it is being used to prop up core government services within the Department of Health.

**Ingrid STITT:** I would reject that assertion. As I have indicated, we are expected to collect about \$1.1 billion in the 2025 –

**Jade BENHAM:** But you understand our need for a very detailed breakdown of where the spend is being spent.

**Ingrid STITT:** I am attempting to answer your very specific question, and I want to give you this detail because it is important. \$1.1 billion will be collected in 2025–26, but our total investment in the mental health portfolio this financial year alone is \$3 billion.

**Jade BENHAM:** This is why we do not have time for detail.

**The CHAIR:** Thank you, Minister. Ms Benham, we will be swinging back your way. We are going to Mr Galea.

**Michael GALEA:** Thank you, Chair. Good morning, Minister, Secretary and other officials. Thanks for joining us today. Minister, I would actually also like to ask you about the mental health and wellbeing levy. Budget paper 5, page 19, lists this revenue input to the budget, and I would like to expand on Ms Benham's question – I am not sure if she would take yes for an answer, but you have already answered that question. Minister, could you talk to me in some more detail about what initiatives will be supported through this revenue?

**Ingrid STITT:** Thank you very much, Mr Galea. I hope this might assist Ms Benham's questions as well, because it does give me the opportunity to go into a bit more detail about the importance of the mental health and wellbeing levy. As members of the committee would be aware, the Royal Commission into Victoria's Mental Health System published the interim report of the royal commission's work in November 2019, and the report outlined nine recommendations that provided a starting point for that massive system transformation that we are embarking on. In recommendation 8 of the interim report the royal commission called for a new approach to mental health investment and funding, and the government has implemented this recommendation of the royal commission by legislating a revenue mechanism for the supply and operational funding for the mental health services that Victorians rely on. It is now known as the mental health and wellbeing levy.

The mental health levy began on 1 January in 2022. It is implemented as a payroll tax surcharge on wages paid in Victoria by businesses with national payrolls of more than \$10 million a year. A rate of 0.5 per cent applies for businesses with national payrolls above \$10 million, and businesses with payrolls above \$100 million pay an additional 0.5 per cent. The surcharge rates are paid on the Victorian share of wages above the relevant threshold, and of course this has enabled significant revenue to be dedicated to the reforms that we are pursuing. We are forecast to collect \$1.15 billion in the 2025–26 financial year, and the levy revenue is expected to grow by an average of about 5.9 per cent per year over the forward estimates.

The Victorian government has legislated – and this is important – that all revenue raised from the levy will be spent on mental health services, and that is exactly what we have been doing. As you will see from budget paper 3, pages 143 and 144, our investment in mental health services in 2025–26 is over \$3 billion. This is nearly three times the forecast revenue for the year and it is more than double our mental health investment in 2017–18, the year before the commencement and the establishment of the royal commission. You can see – and I think my slides showed that graph – the significant growth in our ability to invest in mental health services. It is clear that the levy has supported substantial investment in Victoria’s mental health and wellbeing system. An investment of more than half a billion dollars in this budget alone is a very powerful demonstration of our government’s commitment to mental health reform and to the royal commission’s important work.

We have got more than \$300 million that will be invested to ensure expanded access to mental health beds now and new YPARC beds, delivering on a key recommendation of the royal commission to expand access to bed-based services for both adults and young people, and this investment directly relates to recommendations 8 and 35, which recommended the creation of at least one emergency department mental health and AOD hub in each region, and we now have mental health and AOD hubs operating in six locations across the state, with two more due to open at the new Footscray Hospital, which will be really significant, and the expanded Frankston Hospital over the coming year. This funding responds directly to recommendations 11 and 21, which recommend the delivery of a broad range of bed-based services, including Hospital in the Home, and recommend ensuring every region has a youth prevention and recovery centre for young people aged 16 to 25. We will have new YPARC services opening in Geelong, Shepparton and Ballarat in 2026, and this budget will acquit that recommendation and add to the new services that will open later this year in Traralgon and Heidelberg. So as you can see, we have also got refurbished services online for Bendigo, Dandenong and Frankston, and they are now complete and operational. I think that is a really important part of our royal commission reform and investment to make sure that young people, particularly in regional Victoria, do not have to travel all the way to Melbourne to receive care. They can do that now in their local communities in a home-like environment.

There is the \$34.4 million to continue to expand our network of mental health and wellbeing locals, which progresses delivery on recommendations 3 and 5 from the royal commission, which recommend adult local mental health and wellbeing services in a variety of settings, and that delivers multidisciplinary, holistic and integrated treatment and care and support through a range of delivery models of care, including site-based care such as centres or clinics. It includes telehealth, digital technologies and visits to people’s homes and other places, including targeted assertive outreach. There are a range of early intervention programs that we are investing in also, and that includes programs that support our incredibly diverse community across Victoria, with funding to the tune of \$27.2 million in this budget, and that directly responds to recommendation 34, which made recommendations around working in partnership and improving accessibility for mental health services for our diverse communities. There are a number of other examples that I could go to, including investing \$10.1 million to support young carers, and that responds directly to recommendation 32. As I mentioned in my presentation, we are also supporting people disproportionately impacted by suicide. We also have \$10 million to boost the Mental Health Capital Renewal Fund. These are all direct responses and investments against the royal commission’s work.

**Michael GALEA:** Thank you, Minister.

**The CHAIR:** Thank you very much, Minister. We are going to Mr Welch.

**Richard WELCH:** Thank you, Chair. Thank you, Minister. Minister, just quickly, back on the expenditure by recommendation of the royal commission, is there a report that breaks down expenditure by recommendation?



**Ingrid STITT:** I have already, in answer to one of Ms Benham's questions, Mr Welch, indicated that each year I receive a report from my department, which does give that detailed breakdown of –

**Richard WELCH:** By recommendation?

**Ingrid STITT:** Yes, against the royal commission's report.

**Richard WELCH:** And you say that is publicly available.

**Ingrid STITT:** It is publicly available, and what I would say is that –

**Richard WELCH:** I have just been told it is apparently not, or we have not been able to find it.

**The CHAIR:** Mr Welch, even the Chair has seen previous copies.

**Richard WELCH:** Yes. Moving on, then. Minister, the mental health workforce strategy in 2021–24 committed to growing the workforce by 2500 by 2024. Has that target been achieved?

**Ingrid STITT:** Thank you. That is a really important question, and it is a critical part of the work that we are driving, because without the investment and increased workforce, both in terms of raw numbers and skills, we are not able to deliver on the reforms that we are pursuing.

**Richard WELCH:** But has it been achieved?

**Ingrid STITT:** The first strategy was delivered in December 2021, and supported –

**Richard WELCH:** No, Minister, I just need to know whether it has been achieved or not. That is all I need to know.

**Ingrid STITT:** Well, what I was about to say, Mr Welch, is that \$600 million has been invested to date –

**Richard WELCH:** No, I am not asking for funding figures. I am simply asking whether the 2500 target was achieved. That is all I want to know.

**Ingrid STITT:** Through the commitments that we have made, the investments that the government has pursued and our dedicated investment and action, we have increased our workforce by 25 per cent in the mental health public sector –

**Richard WELCH:** But did you achieve –

**Ingrid STITT:** between 2021 and 2024. That includes roles across nursing, lived experience –

**Richard WELCH:** Minister, with respect, I am not asking for a detailed breakdown. I am simply asking: did you achieve the 2500 figure?

**Ingrid STITT:** It is more than 2100 FTE of additional staff that we have put on. But we have commissioned 2500, and some of the programs are still rolling through and there will be additional recruitment in this financial year.

**Richard WELCH:** Do you have a report that breaks down those numbers by discipline?

**Ingrid STITT:** I can provide that to you. We have had more than 1200 mental health nurses recruited, over 900 extra allied health clinicians –

**Richard WELCH:** That is the 2100.

**Ingrid STITT:** more than 300 psychologists –

**Richard WELCH:** That does not reconcile.

**Ingrid STITT:** more than 100 lived experience roles, and more than 90 psychiatry registrars that have been delivered.

**Richard WELCH:** Is that the total figure or the net figure?

**Ingrid STITT:** This is the increase since the initial investment. Between 2020–21 through to 2024, there has been a \$600 million investment in a range of –

**Richard WELCH:** Yes, but I am just worried about the numbers, because that does not reconcile to the 2100 figure you have just provided. Maybe you can clarify that at another time.

**Ingrid STITT:** Well, I am happy to clarify it now. The 2100 is an EFT figure. The figures that I am giving you – we have delivered 1200 nurses, 900 allied health clinicians, 300 psychologists, 100 lived experience roles and 90 psychiatry registrars.

**Richard WELCH:** But that is a gross number, not a net number.

**Ingrid STITT:** I beg your pardon?

**Richard WELCH:** That is a gross number, not a net number.

**Ingrid STITT:** These are workforce numbers. I have just gone through the breakdown by occupation, which you just asked me for. At any stretch and on any reading of these outcomes, this is an outstanding uplift in –

**Richard WELCH:** But you did not meet your own target.

**Ingrid STITT:** It is a 25 per cent increase in the workforce, in a circumstance –

**Richard WELCH:** Minister, this is my time. What is the current vacancy rate?

**Ingrid STITT:** I am pleased to indicate that we have one of the lowest vacancy rates in the country when it comes to mental health.

**Richard WELCH:** What is it?

**Ingrid STITT:** It is around 13 per cent at the moment.

**Richard WELCH:** Thank you, Minister.

**Ingrid STITT:** But, of course, those figures can fluctuate across different –

**Richard WELCH:** Thank you, Minister. I am happy with that answer, thank you. How has any change in workforce numbers been distributed between metro and rural or regional areas?

**Ingrid STITT:** We have had a number of important attraction and retention programs specifically for regional Victoria. That has been important in the context of making sure that when we are opening new beds, when we are investing in new services in regional Victoria, we are able to provide the workforce so that those services can be operationalised.

**Richard WELCH:** How is that reflected in the numbers, please?

**Ingrid STITT:** There has been a very strong growth in regional recruitment. We have got to be really careful when we target our initiatives. Our workforce –

**Richard WELCH:** No, Minister, the question was on the numbers. I am simply interested in the numbers, please.

**The CHAIR:** Mr Welch, please. I am going to say this once: please afford the minister the opportunity to respond. She is responding to your question. The context is actually important to the inquiry before us. Minister, proceed.

**Ingrid STITT:** Thank you. What I was trying to explain is that of course regional employment, retention and attraction are incredibly important, and I can give you examples of where we have been able to have program –

**Richard WELCH:** Thank you, Minister. I am not asking for examples and I am not asking for explanations, I am simply asking for the numbers.

**Ingrid STITT:** Well, you have asked me for the numbers. I have them here, and I am more than happy to take you through them.

**Richard WELCH:** The numbers?

**Ingrid STITT:** Yes. The first intake funded 33 roles at mental health and wellbeing locals across Greater Geelong, Queenscliff, Bendigo and Echuca, Whittlesea, Frankston and Latrobe. A number of those programs are about making sure that our locals, which are our front door to the mental health and wellbeing system, and those services that are located in regional Victoria have the attraction programs to get the staff that they need. There is also –

**Richard WELCH:** How many do they need?

**Ingrid STITT:** Well, each new service that the government delivers – and we have been delivering a lot, so 15 existing locals, seven more being funded in this particular budget – we make sure that as part of the commissioning of those services workforce is a key part of those contractual arrangements with the service providers. For public mental health services and our area mental health services, each health service – as you would understand, similar to the broader health network – is responsible for employment, recruitment and retention, with very strong support, both in terms of investment and other tailored programs. We support those health services and those area mental health services to be able to get the staff that they need. In regional Victoria, for example, post pandemic we have done really well in terms of getting those key psychology and psychiatry roles that are needed in the regions.

**Richard WELCH:** Thank you, Minister.

**The CHAIR:** Thank you, Mr Welch. We are going to Ms Kathage.

**Lauren KATHAGE:** Thank you very much, Chair. Welcome, Minister. Thank you for accompanying us on our last day – and officials. In your presentation you spoke about – and just now in fact – the continued delivery of mental health and wellbeing locals and the establishment of additional locations. I have to say, having our Whittlesea mental health and wellbeing local, which you came to the opening of, has been absolutely fantastic – I cannot overstate it. The staff there really are bringing help closer to home. We have had them attend out-of-hours family violence roundtables, and the staff have proactively spoken to community groups that are there. It is fantastic to have them at the other end of the line when we have distressed constituents or anything. When I speak to new parents, it is fantastic to have it there. Thank you very much, Minister, for that. It has made a big difference to my community. Can you please provide an update on how, across the state, the mental health and wellbeing locals are supporting communities and what the new funding that is in this budget will be used for?

**Ingrid STITT:** Thank you, Ms Kathage. I am really thrilled that I was able to join you at Whittlesea, because it is a great example of how we can make a real difference for local communities. This was one of the royal commission's key recommendations – to establish new and older adult local mental health and wellbeing services to support what the royal commission described as the 'missing middle' of the mental health system. So those are people who might have mental health challenges that are too complex for them to deal with via their GP or their primary health provider, but they are not complex enough to be in the acute care system in our public mental health services. The 'missing middle' was one of the critical things that the royal commission pulled out. As you know, we have already delivered 15 new mental health and wellbeing locals, and they are operating across the state in metropolitan, regional and rural locations. I am really pleased that we are able to announce that we will be expanding to deliver another seven locations as part of this budget.

The first six local services commenced their operation in October 2022, and they are broadly right across the state, which is I think really important, particularly for people who are not close to other mental health and wellbeing services. We have got Benalla, Wangaratta and Mansfield, and they are delivered by Wellways in partnership with ACSO and Albury Wodonga Health; Latrobe, delivered by Neami National in partnership with Drummond Street and Uniting Vic.Tas; Frankston, which is delivered by Wellways in partnership with Mentis Assist and Peninsula Health; Greater Geelong and Queenscliff, which is delivered by Barwon Health in

partnership with Wellways, ermha365 and the Wathaurong Aboriginal Co-operative; Brimbank, in my local area, where the service is being delivered by Cohealth in partnership with Clarity Health Care and University of Melbourne; and Whittlesea, in your patch, delivered by Neami National in partnership with Drummond Street, Uniting Vic.Tas and VAHS. I would say that one of the key models with the locals is that strong partnership with not only their local health service but also organisations that are providing that kind of very grassroots support for people in their community. All of these original six are offering a range of clinical and wellbeing services, including face-to-face walk-ins, phone, telehealth, outreach and group sessions.

We opened the second tranche in December 2023 – another nine. They are located in Orbost and Bairnsdale, servicing that far East Gippsland community, delivered by Wellways Australia in partnership with Gippsland Lakes Complete Health and Latrobe Regional Health; we have got Bendigo and Echuca, servicing Greater Bendigo, Loddon and Campaspe, delivered by Mind Australia in partnership with Bendigo & District Aboriginal Co-operative, Bendigo Health, Echuca Regional Health, the Salvos and Thorne Harbour Health; Dandenong, delivered by Mind Australia in partnership with Monash Health, Foundation House and Thorne Harbour Health; Shepparton, and that is being delivered by Wellways in partnership with APMHA Healthcare and Goulburn Valley Health; Melton, which is delivered by Mind Australia in partnership with IPC Health, Mid West, Thorne Harbour Health and Western Health; Mildura, which I had the opportunity to visit, which is fantastic, right up in the corner of the state in Ms Benham's electorate, where there is a local now which is doing fabulous work; and Lilydale, servicing the Yarra Ranges, delivered by Wellways in partnership with Eastern Health, Inspiro and Oonah Belonging Place.

What I can report is that already the first 15 have supported over 21,000 Victorians to access free mental health care close to home. They do not need a Medicare card; they do not need a GP referral. It is really just a fabulous way in which people can get that immediate support they need when they are requiring mental health and wellbeing support, and it is also about intervening early in somebody's mental health journey and making sure that they do not leave their situation untreated and end up in our emergency departments or in an acute bed in a mental health area service.

We are really excited that we will be able to provide funding in this budget to an additional seven new locations. I know that many of you will be eager to know where they are, and I am doing some work with my department now on making sure that these locations are a good spread geographically but also are targeting the areas of most need. I will say that part of that work involves working closely with the Commonwealth, because it is great to have a partner in Canberra who are equally committed to making sure that we have those front-door-to-the-mental-health-system services available, and they made a number of important announcements during the recent federal election campaign. I want to make sure that where we locate the next seven is complementary to and not duplicative of where the Commonwealth are investing. That is important work that we are undertaking now within my department, and we will be able to announce the next seven locations in due course. I think that the evaluations and the anecdotal feedback that we get from both members of Parliament but also the community are really strongly in support of these new services.

**Lauren KATHAGE:** Thank you, Minister.

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

**Jade BENHAM:** Thank you, Chair. Minister, could you please provide a breakdown of the number of mental health beds by type and location and a total breakdown by category?

**Ingrid STITT:** Thank you for that question. I can give you a breakdown of the additional beds that have been delivered in direct response to the royal commission recommendations. It is over 170. We have 52 beds in Sunshine; 30 additional beds at the Northern; 22 new mental health beds at Royal Melbourne; 35 new beds as part of the specialist women's mental health service, known as Wren, the first publicly funded female-dedicated mental health beds in the state, which is terrific; and 16 beds at Barwon Health McKellar Centre. We also have a range of different Hospital in the Home beds, which are technically categorised as beds under the system. We are building, as you would know –

**Jade BENHAM:** Sorry, can I just go back to Hospital in the Home. How are they serviced?

**Ingrid STITT:** They are multidisciplinary teams that work out of the area mental health service. Not everybody is suited to a Hospital in the Home position, but they are clinical decisions that are made by the mental health and wellbeing teams within each area mental health service.

**Jade BENHAM:** Right. Thank you. Can we get that list and the detail and the numbers provided to the committee on notice, please, in the interests of time. Mr McGowan has got some questions.

**Ingrid STITT:** Okay. I have taken you through the beds that are being delivered as part of this budget and the royal commission work. Obviously there are vastly more beds than that available right across the mental health system, the acute system.

**Jade BENHAM:** Are they available now?

**Ingrid STITT:** We can take that on notice and see what we might be able to provide.

**Jade BENHAM:** Thanks, Minister. I will pass on to Mr McGowan.

**Ingrid STITT:** I think the important point I want to get across is that we are increasing the number of beds, not only the ones I have just gone through, but there are a number of other important services that will open as part of our budget investment this year, before the end of the 2025–26 financial year.

**Jade BENHAM:** Thank you.

**Nick McGOWAN:** Minister, welcome this morning – and secretaries. I just want to pick up: you were talking about the locals. How will you deliver the locals, given that in this budget there does not seem to be any capital funding? Is it proposed that these new locals will be part of existing structures or buildings? I am talking about the seven, of course.

**Ingrid STITT:** We will be commissioning the locals, as you would expect, through an appropriate procurement process within my department. The way the first 15 have been rolled out has been a consortium model. We have not provided new builds for these services, but we have provided support for tenancy and refurbishments of particular premises that they may already be in or that they might indicate are appropriate for the service to be delivered. This is not a capital program.

**Nick McGOWAN:** Do you have anticipated budget for those fit-outs and lease arrangements for the seven?

**Ingrid STITT:** That is included in the budget that we have for the seven additional locations. I mean, as you would appreciate –

**Nick McGOWAN:** Can you tell me what component of that budget, though? That is what I am trying to get to.

**Ingrid STITT:** Pardon?

**Nick McGOWAN:** It might be the way I am explaining it. I am trying to understand what component of the budget will be spent on fit-out and essentially the bricks and mortar, so to speak – notwithstanding it might not be ours; it could be a lease agreement of some sort.

**Ingrid STITT:** That will be variable depending on where we determine those seven locations to be. As you can appreciate, there are different markets and different scenarios depending on where the location is. For some locations it is quite difficult to find suitable premises, so it might be slightly more expensive. But because we have done 15 of these –

**Nick McGOWAN:** Is it broken down in the budget though, in terms of proportion of that budget you have put aside for this purpose?

**Ingrid STITT:** Yes. Within that budget envelope there is provision for property and premises.

**Nick McGOWAN:** Can you share that provision with us – how much that is?

**Ingrid STITT:** What I am trying to explain to you, Mr McGowan, is that until we know the locations we do not have the precise dollar amount. But having done 15 of these we are very confident that we understand what the scope of the budget requirements is, which is why we have arrived at the figure that is in the budget papers.

**Nick McGOWAN:** So that figure in the budget papers, that is the scope? That is not for any recurrent expenditure or workforce, that is purely for the establishment – is that right?

**Ingrid STITT:** There is \$34.4 million. That includes delivering on the existing 15 and the seven new locations.

**Nick McGOWAN:** Can you provide a breakdown for us, because I cannot disaggregate that from the 15 and the seven. I am trying to understand what is what, and clearly without it no-one can produce a picture.

**Ingrid STITT:** Until we start the process of identifying the locations and the particular positioning –

**Nick McGOWAN:** I understand that. We know what the 15 are though.

**Ingrid STITT:** it is difficult to give you a very detailed breakdown at this point –

**Nick McGOWAN:** Not very detailed, just any breakdown.

**Ingrid STITT:** but if you are still on PAEC next year –

**Nick McGOWAN:** If I am still here.

**Mathew HILAKARI:** Of course you will be. We could not lose you.

**Ingrid STITT:** that would be the time to quiz me on how the program has operated, but the envelope is –

**Nick McGOWAN:** Can you break down at least for us the differential between the 15 versus the seven, because obviously you know the 15 already – what proportion of that \$34.4 million relates to the 15?

**Ingrid STITT:** I think I can probably –

**Nick McGOWAN:** Secretary, perhaps.

**Ingrid STITT:** get that detail for you now, but if you want to go to your next question, we might be able to come back to it.

**Nick McGOWAN:** That would be very good, and if I run out of time, please take it on notice.

**Ingrid STITT:** Yes.

**Nick McGOWAN:** I have to get in a very selfish plug here for Ringwood. I know there were some 20 that were never delivered, including my beloved Ringwood. Please tell me you have got good news, Minister.

**Ingrid STITT:** Well –

**Nick McGOWAN:** Just say yes, Minister – just say yes.

**Ingrid STITT:** I know that you love this program, so that is the first thing to acknowledge and thank you for – that you are very supportive –

**Nick McGOWAN:** I would love it in Ringwood.

**Ingrid STITT:** of our locals, because they do provide that front door missing middle in the system.

**Nick McGOWAN:** That is all I am after, a front door, Minister.

**Ingrid STITT:** I am not in a position today to indicate where the seven will be, because –

**Nick McGOWAN:** That was my next question.

**Ingrid STITT:** as I was telling Ms Kathage, we have got a bit of work to do.

**Nick McGOWAN:** Ms Kathage has one; I am jealous. I just want one.

**Jade BENHAM:** I have one, too.

**Nick McGOWAN:** Everyone has one except me, Minister. I am starting to think there is a pattern.

**Ingrid STITT:** Well, we have got important work to do to make sure that our investments are complementary to the announcements that the Commonwealth government have made in respect to the important mental health services that they have announced, so we want to make sure that we are not duplicating and having services bumping into one another. That is why we want to take that time to get the next seven locations confirmed based on the needs in the community, the geographic spread, and taking account of other services being provided –

**Nick McGOWAN:** You will forgive me if I have to move on, but I am going to take that as a yes – that might be some liberty. Minister, can you provide a breakdown of the number of mental health beds by type and location?

**Jade BENHAM:** I have already done that.

**Nick McGOWAN:** Ms Benham has already done that. I apologise; I was in the bathroom. Can you provide any recent data –

**The CHAIR:** Thank you, Mr McGowan. Mr Tak.

**Meng Heang TAK:** Thank you, Chair, Minister. I refer to budget paper 3, page 55, which details the investment in new youth prevention and recovery care beds. Minister, please explain how these new beds will help young Victorians experiencing mental health challenges, and in particular young people in regional Victoria.

**Ingrid STITT:** Thank you. It is a great question. I am very committed to making sure that we continue to really double down on our efforts to increase the level of support available to young Victorians. We know that young Victorians, unfortunately, will experience mental ill health, and we know about 75 per cent of diagnosable mental health illnesses emerge before the age of 25, so it is critically important that our systems are designed around that early intervention. It is why the government has committed to improving mental health outcomes for children and young people, providing them with that support.

The mental health prevention and recovery care – or PARC – services are subacute mental health services operating in community settings. The prevention and recovery care services treat people who are experiencing a severe and acute mental health episode, and they provide a mix of clinical and psychosocial supports. They are short term, and they are residential treatment services with a recovery focus. PARC services supplement the crisis interventions in Victoria and the community-based ambulatory clinical care, with the aim of enabling much better outcomes and access to mental health services and stronger care for consumers. The centres are voluntary, so they are a referral-based service, and there are a number of PARC service models, including our youth PARC services for consumers aged between 16 and 25.

Recommendation 21.2.a of the royal commission into the mental health system recommended that every region has a youth prevention and recovery centre for young people aged 16 to 25, and we are well on the way to delivering this recommendation, which I am really excited about because, as I think I mentioned earlier, of how important it is for young people in regional Victoria to be able to get that critical care in their own community. To deliver on the recommendation we have invested \$141 million to build five new 10-bed youth PARC units across the state in Geelong, Traralgon, Ballarat, Shepparton and Heidelberg, and we are upgrading three existing units in Frankston, Dandenong and Bendigo. At the YPARC centres young people receive around-the-clock treatment and care. It is a very supportive and calm environment that gives them a chance to focus on their recovery and wellbeing, so the facilities are delivered in a very home-like environment. They are fantastic. The young people receive tailored one-on-one support based on their needs, and they also take part in group activities with other young people.

One of the important features of the model is that it is not a closed residential service. Young people are able to continue to attend school or attend work while they are a resident at one of these facilities. So it is really about keeping them working through their challenges but also keeping them connected with things like work and school and their networks.

Based on all of that, the three refurbishment projects are already underway. For Frankston, stage 1 of the project was completed in April last year. They are getting refurbished bathrooms, bedrooms and better outdoor areas. We have now moved on to the second stage at Frankston and they are getting upgrades to their kitchen facilities, activity room and interview rooms. Dandenong stage 1 is completed, and we have also now completed the second stage with improvements to the living areas, the interview facilities and the bedrooms. The upgrades to the Bendigo YPARC are now also complete. The centre has got refurbished bedrooms, bigger and better admin areas and new activity rooms. In relation to our new YPARCs, construction is due to be completed soon on the Traralgon and Heidelberg builds, which is very exciting.

The 2024–25 budget invested \$16 million over four years to open each of those 10-bed facilities in 2025–26, so I am looking forward to those services being up and running very soon. Once they are operational they will add an additional 20 YPARC beds to our existing network of YPARCs, including Frankston, Dandenong, Bendigo and the 20-bed Parkville YPARC, which opened in April 2022. That was following an \$11.9 million investment in the 2018–19 budget.

Construction – we have done the sod turn at Geelong. There is construction underway at both Shepparton and Ballarat, and those works are estimated to be completed in the 2025–26 financial year. Importantly this budget, the 2025–26 budget, includes funding to operationalise these 30 beds, so once the build is completed we will also be able to commission those services to be up and running from July 2026.

Once all the new YPARCs are operational they will more than double the capacity across the state. We will have 100 of these beds available, the majority of which are going to be in regional Victoria, which is really terrific. It is just one of the examples – we can get into the nitty-gritty about the royal commission recommendations, but this is the result of the investment and the hard work of so many people right across the mental health and wellbeing system. We can see a significant uplift in the support available, particularly for our young people who might be in crisis and need help. They can actually get that help. This is a powerful demonstration of what you can do and how you can change the system for the better. It is all about giving Victorians the support that they need in their own local communities, and I am really thrilled that the YPARCs program is going to see some real benefits this budget.

**Meng Heang TAK:** Thank you, Minister.

**The CHAIR:** Thank you, Minister. Mr Puglielli.

**Aiv PUGLIELLI:** Thank you, Chair. Good morning. Starting on budget paper 3, page 50, the output initiatives: Minister, can you confirm, is there an expected 40 per cent reduction in staff and loss of three commissioners from the Mental Health and Wellbeing Commission?

**Ingrid STITT:** Thank you for that question. Obviously the Mental Health and Wellbeing Commission is an important entity, and it has a key focus on the governance and the performance of the system, and it also has a very important function around complaints handling. In terms of the focus for the 2025–26 budget, the very strong focus for the mental health portfolio in this financial year is the frontline services that Victorians rely on, including some of those community programs and acute services that we have been talking about this morning. We want to make sure that we are focused on priority groups, including those most vulnerable to suicide, and support for children and young people and people with acute mental health supports. As a result of that focus we have had to make responsible decisions around the scale and scope of our mental health governance and oversight bodies, and that includes the Mental Health and Wellbeing Commission, so the funding for the commission has been adjusted to reflect that renewed focus. But they still have very important safeguarding responsibilities and work to do, and we will be working closely with the Mental Health and Wellbeing Commission, particularly, I must say, on making sure that the complaints function that the commission has is robust and that consumers are getting the support and the timely feedback that they need when they are calling on the assistance of the commission when it comes to complaints about any part of the system. The government



introduced explicit changes to the *Mental Health and Wellbeing Act* to give the commission these expanded powers, and it will –

**Aiv PUGLIELLI:** Sorry to interrupt – I would like to ask you about that adjustment, though, that you mentioned. That 40 per cent reduction in staff and those three commissioner roles going – is that expected as part of that adjustment?

**Ingrid STITT:** We are in the process of working closely with the Mental Health and Wellbeing Commission. My department has been engaging directly with the commissioners and the CEO of the commission about what the funding changes will mean for their operation. They are conversations that are going to be continuing for a number of weeks to come, but it will not reduce scrutiny and the powers that the commission have.

**Aiv PUGLIELLI:** Right.

**Ingrid STITT:** But I am not shying away from the fact that there is a very strong focus in this budget on frontline services for Victorians right across the mental health and wellbeing system. We have, as a result of that focus, needed to pay close attention to where our investments are and what our governance arrangements are right across the system. The Mental Health and Wellbeing Commission play a critical role, and that will continue, but there will be ongoing conversations with the commission about what their priorities are. It is probably important for you to note that each year I do work with the commission around indicating what my priorities are for their work, and that process will occur again after this particular budget outcome.

**Aiv PUGLIELLI:** Okay. Looking at this budget and that adjustment you are speaking about, how much funding have they lost as part of that adjustment?

**Ingrid STITT:** I would point you to the budget papers that you have just pointed me to; it is all accounted for in the budget papers. What I will say is that it is important that with all of the entities across the portfolio they are focused on the priorities of not only the government – that is important of course – but, most importantly, consumers. That is why I think that, going forward, with the work of the commission there needs to be a very strong focus on complaints handling and support for consumers to navigate the system. Of course they will continue to scrutinise the government's performance when it comes to reforming the mental health and wellbeing system, and that is an important function for them.

**Aiv PUGLIELLI:** Okay. Just on that, I have a follow-up just on that point. A part of the function has been the oversight of royal commission recommendations. Are you removing the ability for that independent authority to oversee those functions?

**Ingrid STITT:** No. The funding changes do not mean any reduction in scrutiny. I mean, there are important changes that I have already indicated our government made. We changed the Act to ensure that the commission had that role. That is not changing. They will still have an important role with the oversight of the reform delivery by government, and they will critique the government, as they regularly do, against our efforts to implement the royal commission recommendations. That is not changing.

**Aiv PUGLIELLI:** Okay. I appreciate that. On those criticisms, recently the commission criticised government for not providing data it had requested to enable it to report on progress on the royal commission recommendations. Why wasn't that data provided?

**Ingrid STITT:** I think I have taken the committee, this morning, through the various ways in which we are held accountable and how we do provide important information to not only the entities across the portfolio but the public of Victoria. Each year there is a report that the chief mental health officer provides me as minister. That is publicly available. The department work very closely and respond to any request from any of our entities, including the mental health commission, on details that they need to do their work. That is a constant process. There are, from time to time, specific requests around particular issues to do with the reform that we are undertaking, but there is regular and annual reporting that occurs. I certainly believe that the commission are not backwards about coming forwards with their views about the government's performance but also the performance of the system in its various parts.

**Aiv PUGLIELLI:** Thank you.

**The CHAIR:** Thank you, Mr Puglielli. Mr Hilakari.

**Mathew HILAKARI:** Thank you, Minister, and thank you, officials, for attending this morning. Minister, I might take you to alcohol and other drugs, if that is okay. The reference is page 53 of budget paper 3 and the section entitled 'Alcohol and other drug community support services'. Minister, I am just hoping you can take us through how the budget is supporting people who are experiencing addiction in a way which does not stigmatise people who are suffering these addictions.

**Ingrid STITT:** Thank you, Mr Hilakari. I am proud that the approach that we take in relation to this policy area is one where we are prepared to support innovative approaches to address and reduce AOD harm, whether that is at home or whether that is in a community setting or a more acute level of support. You would be aware that we are home to one of only two safe injecting facilities in the country. As part of our health-led response to public intoxication, we know that we are doing things from a health-led, harm-minimisation framework, and they are just two examples of where we have been able to take I think both a brave and an innovative approach to supporting people who have AOD issues.

The context of all of this is that there is an increasingly volatile and unpredictable illicit drug market, and this work has never been more important. We are seeing dangerous new synthetic opioids enter the illicit drug market, for example, which means that we have to be nimble about our response to reduce harm. Each year our investment supports Victoria's publicly funded AOD system. That is a very broad spectrum of community-based and residential treatment options, which are provided by a very skilled and dedicated workforce who are committed to delivering that excellent care to those who need it. Each year Victoria's AOD treatment and support system helps around 40,000 Victorians who are seeking to address their alcohol or other drug use, and this year is no different. We have got an additional investment of \$55.2 million, and we are continuing our government's support for Victorians to access appropriate health-led care.

Funding in this year's budget continues our support for critical rehab beds right across the state. There are now over 650 rehabilitation, alcohol and drug rehab and withdrawal beds for adults, young people and Aboriginal Victorians across the state. This is more than double the number of beds that were available in 2015, so it is a significant uplift. We are continuing to invest in these new beds. We have got design work underway on a new AOD rehabilitation facility in Mildura. The new residential rehab facility will ensure that people are able to get that alcohol and drug treatment support in their own community. At the moment, if you have an AOD issue in Mildura, you have to travel a very long distance to get care, so this will enable members in that community –

**Mathew HILAKARI:** It has been a real hallmark of this government, increasing the beds for AOD treatment. Fantastic.

**Ingrid STITT:** Yes, thank you, and this is another important addition to that effort. Mildura is quite a long way away from the nearest rehabilitation service, so that is an important project.

A key part of our investment this year is to continue funding for important outreach and housing support for people, particularly in North Richmond, who use drugs. There is often a lot of focus on the medically supervised injecting room, and rightly so, but this is an incredibly important facility. It has saved more than 63 lives, and it has managed more than 10,000 overdoses since it began operating. But our work is not just about that facility; we are working right across the precinct. Funding in this year's budget will support that continued outreach work in the area, providing important wraparound care and connection to housing and other really important services for those very vulnerable members of the community.

The 2025–26 budget also supports the successful Aboriginal Metropolitan Ice Partnership. That program provides much-needed culturally responsive support, clinical AOD services and a lot of holistic wraparound supports for Aboriginal people and their families across Victoria. It is delivered through partnerships between our Aboriginal controlled community health organisations and mainstream AOD providers, and the program supports about 400 participants annually.

We are also delivering life-changing pharmacotherapy supports to about 15,000 Victorians, and that support continues access right across metropolitan and regional Victoria. Of course the funding in this year's budget is part of a much wider program of work that our government has been leading through our statewide action plan to reduce drug harm and to minimise drug harms, overdoses and to save lives. As you would be aware, we are extensively trialling pill testing, which so far has been a very successful program.

**Mathew HILAKARI:** We saw the site down in Werribee together –

**Ingrid STITT:** Yes, we were.

**Mathew HILAKARI:** or the set-up. They were doing some really terrific work.

**Ingrid STITT:** We may have been the oldest people there, Mr Hilakari.

**Mathew HILAKARI:** By some years.

**Ingrid STITT:** It is a very important trial and it has already been out at five festivals over the last summer. More than 1500 young people have accessed the service at one of those five events. Some of the statistics that are coming out of the program are really powerful. For more than 60 per cent of those who used the service, it was the first time they had ever had a conversation with a health professional about their drug use. More than 30 per cent of them said that they would consume a smaller amount of drugs as a result of going to the pill-testing service and speaking to the health and harm reduction workers there. The trial will see another five events established in Melbourne next summer, and of course we will be soon delivering a fixed site in Melbourne close to public transport and close to ‘nightlife’. The pill-testing program –

**Mathew HILAKARI:** Why did you have to put that into quotation marks, Minister?

**Ingrid STITT:** I think one of the really important benefits is the surveillance benefits that have come out of that program as well.

**Mathew HILAKARI:** Yes, fantastic.

**The CHAIR:** Thank you very much, Mr Hilakari. Minister and officials, thank you very much for appearing before the committee today. 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 10 am. I declare this hearing adjourned.

**Witnesses withdrew.**