V E R I F I E D T R A N S C R I P T

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into budget estimates 2007–08

Melbourne — 14 May 2007

Members

Mr G. Barber	Mr G. Rich-Phillips
Mr R. Dalla-Riva	Mr R. Scott
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Witnesses

Ms L. Neville, Minister for Mental Health;

Ms F. Thorn, secretary;

Mr A. Hall, executive director, financial and corporate services; and

Dr R. Vine, executive director, mental health and drugs, Department of Human Services.

The CHAIR — I declare open the Public Accounts and Estimates Committee hearings on the 2007–08 budget estimates for the portfolios of mental health, children and aged care.

On behalf of the committee I welcome Ms Lisa Neville, the Minister for Mental Health, Minister for Children and Minister for Aged Care. I also welcome Ms Fran Thorn, Secretary, Department of Human Services; Mr Alan Hall, executive director, financial and corporate services; and Dr Ruth Vine, executive director, mental health and drugs. I also welcome departmental officers, members of the public, and members of the media.

In accordance with the guidelines for public hearings I remind members of the public that they cannot participate in the committee's proceedings; only officers of the PAEC secretariat may approach PAEC members. Departmental officers, as requested by the minister or her chief of staff, can approach the table during the hearing.

Members of the media are also requested to observe the guidelines for filming or recording proceedings in the Legislative Council Committee Room. I should note that the committee will be looking at the guidelines and trying to make sure that they are consistent, following what happened last week.

All evidence taken by this committee is taken under the provisions of the Parliamentary Committees Act and protected from judicial review. However, any comments made outside the precincts of the hearing are not protected by parliamentary privilege. There is no need for evidence to be sworn. All evidence given today is being recorded. Witnesses who speak at the hearing will be provided with a proof version of the transcript, to be verified and returned within three working days of this hearing, and in accordance with past practice the transcripts and PowerPoint presentation will be placed on the committee's website.

Following the presentation by the minister, committee members will ask questions relating to the budget estimates. Generally the procedure followed will be that related to questions in the Legislative Assembly.

I ask that all mobile telephones be turned off, and I now call on the minister to give a 5 minute presentation on the more complex financial and performance information related to the budget estimates in the portfolio of mental health. Thank you, minister.

Ms NEVILLE — Thank you, Chair, and good afternoon to committee members. I thank you for the opportunity to discuss the state budget in relation to mental health, and I am pleased as Victoria's first mental health minister to have the opportunity to do that and to give PAEC an opportunity to really scrutinise the mental health budget and the drugs budget.

Overheads shown.

Ms NEVILLE — I have some slides which provide, firstly, an outline of the commitments in the mental health and drug and alcohol area that the government has made. I will go briefly around the impact those investments have made to our service system. I will also talk briefly around the priorities and challenges moving forward and the ways in which the 2007–08 budget contributes to meeting these challenges.

Mental health has been a key priority for the government, with significant new investment in our service system as well as reform to ensure we are able to meet the growing demand for services and to ensure an appropriate focus on early intervention and prevention. As part of our recognition of the importance of this as a health and community issue, the government successfully put mental health as a key priority on the national mental health agenda. As part of this, we provided a commitment of $472 million towards implementing the national mental health action plan. This funding is across five years, 2006–11, and funding provided in the 07–08 budget adds to this commitment.

The additional investments that we have made have resulted in significant increases in outputs. For example, the number of clinical beds that are available in Victoria has increased from 1972 in 1999–2000 to 2133 in 05–06, giving us the highest number of beds per capita in Australia and enabling us to treat an additional 9000 people. Our capacity has also grown, enabling us to work with more community clients, which chart 1 illustrates. We have also seen an 18 per cent growth in community contacts and a 30 per cent growth in the psychiatric disability rehabilitation and support services — that is, our system's capacity has expanded to meet growth.

Our investment has also been combined with the development of new service models that enable a greater capacity to meet demand but also deliver more appropriate treatment and care to those living with a mental illness — for example, the development of the prevention and recovery care services, which are step-up, step-down short-term

residential services; also the development of the youth early psychosis program for young people and the conduct disorder service for children; as well as the development of primary health teams supporting GPs. As a result of these investments and new service models, we have seen improvements in service access and effectiveness — for example, reductions in long emergency waits and readmission rates. Most services in Victoria have reported unplanned readmission rates below the target of 14 per cent and, despite increasing demand, there has been a 21 per cent decline in numbers of mental health patients who are waiting 24 hours in the emergency department.

Chart 2 illustrates where we have increased demand in the system but where we have successfully put in new practices and triage practices in EDs, combined with new beds, and the benefits to patients who had previously been waiting long term in an emergency department now moving through more quickly. This has been at Southern Health.

Of course, there are a number of priorities and challenges moving forward. We are in the process at the moment of developing a whole-of-government mental health strategy to address the needs of Victorians with a mental health issue. Some of our priority areas which form part of that strategy include our focus on strengthening our prevention/primary intervention effort. We also know that intervening earlier delivers better outcomes and enables, particularly for young people and children, the opportunity to turn their lives around.

Other priorities include the delivery of more beds, both in acute and community, enhancing our emergency responses and ensuring our workforce capacity, both in terms of retention but also in terms of skill development of our workers, particularly in relation to drug and alcohol capacity.

The budget contributes to meeting this challenge in a number of ways: by building new and improved facilities and expanding and improving our mental health system. It strengthens our early intervention capacity, supports our emergency departments to respond to mental health presentations, improves access to new inpatient and PARC facilities and of course provides additional support to carers of people with a mental illness. The $26.6 million in capital works forms part of the LFS3 commitments to provide $120.5 million over four years to build new and improved mental health facilities. It consists of 25 beds at the Northern Hospital, three new PARC facilities which equates to 40 places at Deer Park, Preston and Broadmeadows, as well as enabling preliminary works to commence redevelopment of the veterans' mental health facility at the Heidelberg repat.

The budget also provides 42.2 million to expand and improve services, enabling the statewide rollout of the very successful Youth Early Psychosis program, the opening of acute beds at Maroondah and also a 20-bed PARC facility. It provides mental health services at the Craigieburn day health service, increases our capacity in the psychiatric disability rehabilitation services sector and also provides a one-off $7.5 million to assist the non-government sector in building and amenity works.

We will move on quickly to drugs. The drugs budget positions the drug and alcohol sector to tackle emerging issues such as ice and alcohol, and recognises that the drug treatment system is facing new challenges where poly-drug use is the norm. It reflects a range of new commitments including the development of the Victorian amphetamines strategy particularly to tackle the emerging drug issue of ice. It provides money for a campaign to raise awareness around cannabis and amphetamines targeted at young people. It also contains a new four year whole-of-government focus on prevention and strengthening our capacity to respond to risk and protective factors. It also sees the development of the Victorian alcohol action plan, as well as a new drug sector blueprint to improve the robustness of our sector.

The DHS budget for 2007–08 is $116.8 million — $19 million for prevention and $97.8 million for treatment. This includes $35.6 million for the Victorian Drug Strategy and also contains recurrent funding for previously one-off funding provided through the Drug Rehabilitation and Research Fund — programs such as Mirabel and parent support programs.

Just briefly, this slide indicates where the Victorian Drug Strategy priority funding is going in terms of treatment, local drug hotspots, family support programs and the capacity to boost prevention. This is part of a whole of government $201.3 million drug strategy which includes the Department of Justice and the Department of Education. This just gives an overview of the mental health and drugs budget. I will hand back to you, Chair, and I am happy to take questions on the mental health and drugs budget.

The CHAIR — Thank you, Minister, for that presentation. I might note that we started about 5 minutes late so we will allow about 40 minutes for questions. I want to start off — and perhaps you will want to take this

over the whole of your three portfolio areas — in terms of your portfolio spend. How is it going to impact on productivity, particularly any new initiatives you might have in terms of improving productivity in Victoria?

Ms NEVILLE — Sorry, Chair, you wanted to me to talk across the three portfolios?

The CHAIR — You might as well; it will save me asking the question three times.

Ms NEVILLE — So this is just in relation to the productivity question?

The CHAIR — Across the board.

Ms NEVILLE — I will, firstly, just broadly talk about mental health and drugs. In terms of contribution to productivity, the budget has an emphasis on prevention and diversion, so avoiding higher downstream costs in both mental health and in drug treatment services. There are particular programs that contribute to that, things like the Youth Early Psychosis program which is all about reducing disability in the longer term; reducing the use of tertiary mental health services and other services like police; prevention and recovery care services similarly, ensuring more appropriate targeting of treatment which again reduces readmission rates into hospitals, again reducing the downstream costs.

Specifically in relation to children there are a number of particular issues. As we know, one of the biggest deterrents for women entering the workforce is access to child care. Our budget provides a number of ways in which we can at a state level, given we do not have responsibility, try and improve access to child care — for example, through the provision of children's centres, trying to bring together integrated services right across the state. We have 20 new ones advised to be built over the next four years. Similarly in the area of children we know that if we invest early in children, the better the outcomes for those children, the better the opportunities for them to be productive adults and contribute to our economy and also, obviously, to our community. This budget has a very strong emphasis on early years investment, on access to child care, on early childhood health services, on access to kindergarten programs and the important transition year into school.

Similarly, obviously, in relation to aged care, perhaps one of the biggest issues confronting the Australian and the Victorian economy in the future is the ageing of our population. When I get to my presentation around aged care we can have a look at the ways in which the government is looking at encouraging the participation of older people, not only back into the workforce but also more broadly into our community.

Mr WELLS — Minister, in the house the Premier stated that mental health is a worldwide problem, and it is growing. He also stated that it is a growing problem in Victoria. You said late last year that mental illness directly affects about one in five people in their lifetime, but touches many more of us. I refer you to budget press releases put out by DHS and Labor's election commitments which show that only $35.7 million of Labor's election pledge of $128.7 million is contained in this budget and its forward estimates. If mental illness is indeed a growing problem touching many Victorian families, why is it that you are delivering less than 30 per cent of your election promises in this budget?

Ms NEVILLE — Thank you for your question; it is an important one. As I indicated in the presentation, we committed as part of our commitment to the national mental health strategy $472 million over a five-year period from 2006 to 2011. This budget commences the delivery of our LFS commitments, and in fact goes beyond those commitments. Those LFS commitments are a four-year program. In terms of capital we are delivering around a quarter of our capital commitments of $120.5 million. As I said, the budget overall — the mental health budget — the $68.8 million is on top of the $472 million we provided in last year's budget. In fact since coming power we have increased investment in mental health from $453.2 million to $819.1 million — an 81 per cent funding increase. I think this indicates the high priority we place on continuing to expand and improve our mental health services.

The investments that we have made have injected new resources into supporting mental health reform processes, as well as increased access to both community and bed-based mental health services. This budget invests a further $8.4 million in this year in recurrent funding and, as I mentioned previously, this is delivering on and enabling us to roll out our youth early psychosis program right across the state, strengthening our early intervention capacity. It also realises our commitment that was made through LFS3 to roll out in our hospital emergency departments better mental health teams to support people with a mental illness who are in our emergency departments. This will enable us to roll that our across all our major emergency departments. It also opens new beds at the Maroondah

Hospital and new PARC facilities. It realises our commitment to carers of people with a mental illness by providing that funding.

It also very importantly provides additional capital funding. One of the key issues in relation to meeting demand and improving our capacity is to actually be able to provide additional acute and community-based beds. If you look at where we have had huge successes in responding to demand, say, in our emergency departments, it has been a combination of both reforming the system as well as investing in new capital requirements. That is why this budget has such a strong focus and in fact over the next four years we have such a strong focus on improving our capital capacity. It is, as I said, absolutely appropriate to do so in order to enable us to provide appropriate care when it is required by people suffering from a mental illness.

Mr WELLS — Minister, I just want to follow up: one of the biggest ticket items in the election promises was the 73 mental health beds in the Dandenong Hospital, but there was no funding allocated to that in this budget. When do you expect that to kick in seeing it was your no. 1, or the largest allocation of beds?

Ms NEVILLE — As I said, overall over a four-year period we have committed $120.5 million to build new beds — acute and community beds; PARC facilities. This budget delivers on the first component of that four-year commitment which is the 25 beds at the Northern Hospital as well as opening and building of new PARC facilities. Obviously the decisions in relation to what capital is funded depends on the planning stages of different projects and also issues around prioritising those concerns. But this is a four-year project. It will inject an enormous amount of new beds. I should also point out that I have spoken a little bit about the new beds we put into the system that were opened as at the end of last year. This year alone, in 07-08, we will also have another about 90-plus beds coming on stream. So we have invested substantially in new acute and community beds, and it is actually paying dividends in terms of being able to meet increasing demand for mental health services.

Mr WELLS — Sure. When do you think the Dandenong one will start?

Ms NEVILLE — As I said, it is a four-year program, and this year's program is around 26.6 million.

The CHAIR — It will be some time over the next four years.

Ms MUNT — Minister, can I refer you to page 14 of budget paper 3 under the heading of 'Mental health and drug and alcohol services'. You touched briefly in your presentation on a stronger investment in prevention and particularly mentioned ice. It seems to me that ice is an emerging threat; it is a new threat that we are seeing. I have had anecdotal evidence that this is arising as a threat. Could you please outline what you plan to do to tackle this emerging threat, and in particular in relation to ice?

Ms NEVILLE — The government is certainly concerned about the illegal use of amphetamines including crystal amphetamines — ice. The most recent data that we have got from 2004 suggests about 3.2 per cent of Australians and 2.8 per cent of Victorians had used amphetamines in the previous 12 months. Now, we are below the national average but we are still concerned to ensure this does not get a foothold in our community. I am particularly concerned, though, that of the data we have available, 1 in 10 young people aged between 16 and 24 have reported using methamphetamines in the past 12 months. That is why in February this year the Premier and I launched a package of responses which constituted what we called a pre-emptive strike against ice. The intention behind this was to ensure that this was not able to get a serious foothold here in Victoria. As I said, our figures are below the national average, but we are concerned to keep that there.

The package contained a number of components. We established a new amphetamines task force that I chair, and this will provide expert advice and develop a long-term strategy to tackle ice and amphetamines in Victoria. This strategy has been developed in consultation with the alcohol and drugs sector. Users and families will also be important components of developing the framework for a comprehensive and coordinated statewide response to amphetamine use. We have also committed money — as I indicated in my presentation, $1 million — to a statewide public awareness campaign targeted at young people between the ages of 16 and 25.

This will be focused around amphetamines and cannabis but also highlighting the particular mental health risks associated with the use of these drugs. The other components of the package to tackle ice use include the preparation of effective treatment guidelines, which I was pleased to launch back in March of this year; new police powers and new laws to crack down on amphetamine dealers and manufacturers. We have also provided an extra four years of funding to our local drug hot spots, which I also mentioned in that presentation.

However, we know that there is more that we can do, particularly to assist families who are worried about the potential risk for their children. This was in fact one of the earliest results that came out of the task force — during its consultation the task force felt that we needed to strengthen our support for families.

In response to this feedback, today I am very pleased to advise the committee of some further funding in our next steps in the war on ice. This funding comprises $100 000 to provide parents of teenagers in Victoria with an information brochure outlining the risk of ice and where to get help; $30 000 to train staff and volunteers of the Family Drug Helpline and the drug information line with up-to-date information about ice; and also $100 000 to train alcohol and drug workers in the use of clinical guidelines for the treatment of methamphetamine addiction — which we launched back in March.

We know that this funding will make a difference, and of course all of these actions come on top of solid progress that we have made in the banning of the sale of ice pipes, which led to 925 pipes being seized earlier this year. We also introduced a random saliva test to detect drivers travelling under the influence of methamphetamines and cannabis. Together we believe these actions will work pre-emptively to ensure that this highly addictive and dangerous drug does not get a foothold here in Victoria.

Ms MUNT — Minister, I would just like to thank you for making that announcement and putting those measures in place; they are very welcome.

The CHAIR — Thank you, Minister. We do not get too many announcements in front of our committee. They are normally done in the context of the budget itself.

Dr SYKES — Minister, my interest is in the budget priorities from a mental health perspective, and I should say The Nationals very much welcome the establishment of a mental health minister and look forward to working with you. I guess our interest is in what statistics and what rationale underpin the allocation of funding in the country and the city.

From my country perspective, I am aware of a number of issues that you may be able to help quantify. I understand for example that young male suicide rates are very high in country Victoria compared with the city. I am very aware that the current drought — not the recent drought, but the current drought — is still causing massive mental health issues, and in the last three days — over the weekend — I had a number of phone calls from people who are clearly at the end of their mental, as well as their financial, tether. Minister, I gave you that CD. Have you had the opportunity to listen to it?

Ms NEVILLE — I haven't yet, sorry. But I have got it with me.

Dr SYKES — For the benefit of the other members of PAEC, it is a CD written by a fellow — Jim Carlisle, and it is headed *I Just Want Five Minutes of your Time*. What he is asking for is people to listen to him and understand the mental trauma that he is going through. Jim is lucky because he can put his words to music and get the message out there, but what he does is represent — he is the tip of the iceberg in terms of the problem that is out there. In spite of some of the initiatives that are on the table, the current needs far exceed the ability to service them.

There is a mental health first aid program which is going well — I think 'coaching the coaches'. If you have got any more money, it would be very much appreciated if you could further support that. I know that you made some money available recently in Shepparton for an early psychosis service, but of the 95 new acute beds that you put in place — basically Melbourne-based, with some in Geelong — I am unaware of any of them being in country Victoria. I guess my question to you is: the need out there is overwhelming at the moment; what is in the budget to help address this need in country Victoria?

Ms NEVILLE — There is a range of issues. We could talk for a long time on that. Firstly, I was in Shepparton last week talking about the issue of suicide, and certainly one of the high-risk groups are young males in rural communities; no doubt the highest there is in terms of suicide.

About 500 Victorians take their lives every year. For that, for males we estimate there are around 30 to 50 suicide attempts; for females it is around 150 to 300 attempts. Of course for every one of those suicides there is a long effect to families and to communities, which is where the Coach the Coach program was initiated. In that community we had seen, out of the 12 Goulburn Valley football league clubs, eight clubs had lost someone to

suicide. It is a very high rate for males. Some of those community programs, like that, and those community responses are very important.

I would like to talk about mental health and wellbeing as everyone's business. It is not just government's business; it is community business. Particularly in relation to early intervention and prevention, we all need to be party to that. We all need to be looking for the signs, we all need to be able to look at the risk factors, particularly for young people, whether it is in our schools or whether it is in our football clubs. Obviously our sporting clubs provide a real opportunity to be able to pick that up.

That is where the Mental Health First Aid program, which has been rolled out through those sorts of programs — there is a similar one in Geelong — and also through our drought-affected communities will be so important because it enables in places where people, particularly young people, congregate, professionals will be able to actually look for risk signs and actually ensure that those young people are better supported.

In relation more broadly to the issue of the budget and its support for rural communities, clearly this government has, right across the board, a very strong commitment to delivering for all communities in terms of its service provision, regardless of where they live. That is no different in relation to services that support people who live with a mental illness.

Out of our overall mental health budget, about 26 per cent of the budget is allocated to rural Victoria, which equates similarly to the population spread. But rural areas have benefited. In fact the Youth Early Psychosis program that you talked about was rolled out across rural areas before it was rolled out across metropolitan areas. That was partly in response to the fact that we wanted to really enhance being aware of the risk in rural communities around suicide and really enhance our capacities in rural and regional Victoria to identify young people who are at risk of developing a mental illness or who are at the early stages of psychosis, to be able to get those services on the ground as quickly as possible. I am pleased to say it is now rolled out and operating right across rural and regional Victoria with huge success.

We have also put a huge emphasis on the delivery of some of our community care beds — I should call them prevention and recovery services. It is an incredibly important initiative. I talked about it being a 'step up, step down' system, so it operates not only to ensure that people who are in our acute system, in an acute bed, who are actually recovering but not quite well enough to go home actually get the support they need before they go home but also to be able to be used where the community has identified it being a risk of an acute episode actually getting some additional support, preventing an admission into hospital.

It is not just good in terms of savings in relation to acute beds and meeting that demand but actually provides much more appropriate treatment and care to people at particular times in the spectrum of their mental illness. For example, the first PARC service actually opened in Shepparton, so it was opened in a regional community in Victoria. We have also got some to commence later this year in Bairnsdale, in Bendigo and in Geelong as well. So we have prioritised the delivery of those PARC services in rural and regional Victoria.

We think that a combination of some of our early intervention programs combined with these new beds will actually enable better quality of services in those rural and regional communities as well as a greater capacity to respond to what is a growing demand in our community for these services.

Mr PAKULA — Minister, when you go to budget paper 3, page 89 talks about client contact targets for drug treatment, and page 77 talks about clients targets for mental health, but it does not talk about specific groups. I am just wondering whether there are services that look after clients that have both drug problems and mental health problems and, if there are, could you detail to the committee what they are?

Ms NEVILLE — That is a very important question because what we do know at the moment is of these new people entering the mental health service, 50 per cent have an alcohol and drug problem, and the government has recognised this in the appointment of a Minister for Mental Health who also has responsibility for drug services and treatment programs in Victoria. At that level we are trying to provide leadership in terms of how we can better respond to people in our community who have both a mental health problem and a drug and alcohol problem.

We have committed over the last five years more than $30 million for dual diagnosis service enhancements, which is really what you are talking about. It is our capacity to work with people who have both problems, and these are aimed at improving access to services as well as outcomes for people experiencing both a mental health problem

and an alcohol and drug problem. We certainly recognise that people who experience these dual problems are at increased risk of a whole range of poor outcomes — physical illness, social isolation and self-harm, and suicide is also one of the outcomes if you do not respond to these issues.

The interactive nature of mental illness and alcohol and drug use requires that people with such difficulties have timely access to appropriate treatment and care, regardless of whether they seek help through the mental health service system or whether they seek help through the drug services system. There is basically no wrong-door approach.

We produced a policy document in relation to dual diagnosis called the key to actions and priorities for service development. This provides guidance for service leaders and managers responsible for ensuring that dual diagnosis treatment and care becomes basically part of the core business within both mental health and alcohol and drug services.

As I said, we have the new mental health and drugs division and we are working through that now to see how we can provide leadership in growing collaborative relationships that do exist but need to be strengthened between mental health and drug and alcohol agencies.

Some of the initiatives that we have funded are dual diagnosis teams that are working across both mental health and alcohol and other drugs services across the state. Dual diagnosis positions have also been established within mental health mobile support and treatment teams and within our youth residential rehabilitation services. We have expanded psychiatric input and the education and training capacity of the dual diagnosis teams to a statewide education and training unit. We also have dual diagnosis clinical guidelines for the alcohol and drug treatment sector, currently under development, which recognises dual diagnosis as a service priority area. Dual diagnosis policy directions and service redevelopments are focused on ensuring effective treatment is core business for both mental health and alcohol and other drug services, and I am confident that we are moving strongly in the right direction in this area.

Mr BARBER — I would like to ask about PDRSS if that is all right. Back in 2005 the Auditor-General said that the proportion of mental health patients being readmitted within 28 days was 17 per cent and increasing. His note was that that suggested that the community supports were inadequate. In this year's budget you have given PDRSS an increase of about 3.1 per cent, taking into account inflation and obviously growing population. That is said by those agencies to be a real decrease — they put it at about 6.5 per cent — and Psychiatric Disability Services of Victoria called the budget announcement 'a lost opportunity'. Given that it is so obviously penny wise and pound foolish to be treating people in the hospital system if they can be supported to stay in the community, why did you give a real decrease of funding to that program?

Ms NEVILLE — As I indicated earlier, the government as part of our national mental health strategy, committed $472 million, which commenced in 2006, to 2011. That 472 million goes across a range of areas in terms of delivering on the capacity to expand our service system including growth funding that was provided to the PDRSS service system.

I suppose the mental health system needed additional funding across a number of areas. It needed to increase its core capacity in beds both in terms of acute and community beds. It needed to be able to improve the way it responded to emergencies through our emergency departments. It also needed to improve its capacity in handling the mental health services, so our CAT teams, our CAMs, our adult mental health service teams, and it also needed to improve our capacity in terms of rehabilitation programs which is really what the PDRSS system delivers. All of that is required in terms of the continuum of care for people who live with and suffer from mental illness in our community.

Across both the commitments that we made last year as part of the national mental health strategy, but also combined with this budget, that is what we are doing right across the board. So it is not either-or; it is about building capacity all of those areas. So, for example, this year we delivering on our capital. A big part of what we committed during the election was the capital redevelopments, because our acute system, our inpatient system, is running at very high-capacity. It is 99, 100 per cent our beds, all the time. We needed to continue to build up capacity. We needed to continue to support people in the emergency department, because that is where appropriately people in crisis respond, and we needed to focus more attention on early intervention and prevention which in the longer term is what is going to keep people well and out of needing an acute system. So that is what

this budget has contributed to that, contributed to opening more beds. It has also contributed some growth within the PDRSS system and last year's budget as part of our national mental health system contributed significant investment in the area. I am confident we are meeting the whole range of reform areas we need to; we are investing in all of those areas. This money that we are providing is in addition, as I said, to the 472 million commitment that we made and will continue to try and meet all of those responses and we know we need to because that is the continuing care that people with mental illness require.

Mr SCOTT — Minister, I want to raise an issue which has been touched upon both in your presentation and a number of your answers, but to provide some more detail. On page 77 in budget paper 3 there is a reference to admission from emergency departments. What new initiatives will the government undertake to enable services to better manage mental health presentations at hospital emergency departments? I would like some specifics details — it has been touched on in a broad sense — but some details on that in this budget.

Ms NEVILLE — Basically about 5 per cent of presentations to emergency departments are people who have a mental illness, and certainly there has been a growth in demand within the emergency department for services from people who have a mental illness, but that growth is basically consistent with overall growth within demand for emergency department services. But we certainly know that to we need to improve outcomes for people with mental illness who present to our emergency department. We need to be able to respond better, and there has been a very strong focus over the last two years by the government in improving those waiting times.

This budget has provided $8.36 million to expand and improve mental health services generally. It includes the $2 million or what would be $8.3 million over four years to ensure that we have specialist mental health teams located at all our major emergency departments across the state. This is to ensure they can provide better care for clients and better manage the overall growth in emergency department presentations. The allocation in the current funding builds on what was $1.75 million allocated in 06–07 to expand those teams in our emergency departments.

This enabled hospitals to work towards a 24-hour, 7-day-a-week mental coverage in emergency departments or augment their existing services. This new funding will ensure that all emergency departments in major hospitals can access specialised mental health support. The strengthened emergency department response is one of a number of strategies that we have put in place to better manage demand for our acute services and divert demand from the acute sector where that is appropriate.

Other initiatives include the development and establishment of mental health services which provide counselling, referrals and intensive treatment for people in Melbourne's north and particularly the Craigieburn Health Service, which is one of our new day hospitals. The development, as I have talked about, around the prevention and recovery care beds, which again both move people through, enable people to be discharged from their acute bed when required that they not be quite well enough to go home and similarly to prevent people actually needing an acute hospital bed. This has enabled a greater throughput in our emergency departments as well.

The funding boost for emergency departments forms part of a package of initiatives that will expand early intervention and prevention capacity for young people and provide greater capacity in bed and community services. As I said earlier, we have increased funding overall to mental health by about 81 per cent and this has been significant. A large part that has been about trying to better manage and provide better emergency responses to people who are having a significant mental illness crisis. Some of them are important strategies we have put in place. It is not just about beds, but it has also been about practice opportunities, and I talked a little bit about what is happening in the Southern Health area where we have improved triage, we have used our mental health teams combined with new beds to actually enable a huge improvement in the waiting times for people in our emergency departments. I think all these initiatives will ensure that people get the appropriate care at the right time, and we know what is important for people who present to an emergency department is that they are seen as quickly as possible in terms of improving their outcomes and that is where the trend is going here in Victoria.

Mr DALLA-RIVA — Minister, I refer you to page 77 of budget paper 3 in respect of mental health clinical care, and in particular the line item 'Pre-admission community care'. I note that the revised target from 06-07 to 07-08 is from 65 per cent to 60, and if you turn the page in terms of footnote (d), which is relevant to that performance measure, it explains that the reductions is — and I quote:

> The target for 2007-08 has been reduced because ongoing demand growth will make it difficult to maintain existing performance.

I find that quite unusual. Given the situation, why has Labor, in fact you as minister, only pledged half the $20 million for PARC facilities you promised in the election, with only three funded out of the six promised. In drawing your answer to that particular point, whilst I understand your comments earlier in relation to the PARCs affiliated with Maroondah Hospital, Frankston and the Monash Medical Centre will be funded with the four-year rollout, I draw reference to what will the government do differently to ensure all six PARCs get up and running in an acceptable time frame after receiving funding when you take in contrast the Alfred PARC which is still not operational three years after being funded.

Ms NEVILLE — As I indicated during my presentation, Victoria has been able to achieve the highest number of beds per capita in our investment in both community and acute mental health beds. We have seen an increase from 1972 beds to 2133 beds in the period from 1999-2000 to 2005-06. In addition to that I also mention that in the 07-08 period we had an additional around 90 — in fact if you take into account the additional beds in the Thomas Embling it is about 108 new beds that will come online over the next 12 months.

This budget has allocated $26.6 million for capital development for bed-based services in this financial year and is part of the $120.5 million commitment that we made in the OEFTI campaign for a four-year program of capital development in this state.

In this budget we will deliver new beds at the Northern Hospital but also 40 new PARC beds — Deer Park, Preston and Broadmeadows. These services are the first stage of our rollout of $120.5 million. But, as I indicated, there are new PARC services that will be coming on line in the 07–08 period, and all up a total of just over 90 beds will be coming on line.

In addition to that, we have also provided additional money to open old beds, so we have got five additional beds that will be opening at Maroondah. We have also invested in mental health services at the Craigieburn health service. Those five additional beds at the Maroondah Hospital are the first stage of the development, and overall an additional 20 will come on line in about 09. We are also opening new aged mental health beds at the McKellar Centre, and also there will be 10 new beds available for vulnerable women in North Melbourne through the Regina Coeli community crisis support centre.

Mr DALLA-RIVA — So all those — —

The CHAIR — You need conclude this quickly — —

Mr DALLA-RIVA — We had 45 minutes, Chair, we are still not in the 45, but that is all right. Given you have got all those things coming on board, would you have not have expected the performance measure to be slightly higher than the 60? I commend you for having an admission in the budget paper that you are not going to achieve it — probably the first that I have seen — but it also makes me worry that, whilst you are talking about a lot of beds to take the capacity for growth, you still do not have enough for the coming year to meet the demand.

I guess that is what I am trying to get at. While I am hearing what you are saying, is there anything in the short-term prospects to actually maintain at least the performance measure that it was in this current financial year?

Ms NEVILLE — Certainly a range of our services — for example, youth early psychosis services is exactly that. It is trying to intervene as early as possible. One of the areas that we know requires additional reform in Victoria — and, as you know, the Victorian government had the Boston Consulting Group do a report on performance and areas for future reform for the mental health system in Victoria.

One of the key areas that it focused on was the need to invest in early intervention and prevention services. Our investment in things like the Youth Early Psychosis program will hopefully assist, I suppose in a sense, before you even get to that point. What we are trying to do is keep people as well as possible prior to their entering into hospitals. What this indicates is that this is somebody who has received assistance within, I think, the seven days prior to their being admitted to a hospital.

What we are actually wanting to see is a continuum of care that is much earlier than that. That is where a lot of our emphasis is on, and certainly in this budget the Youth Early Psychosis program is something that we believed needed to be rolled out right across the state in order to achieve better outcomes, which will not necessarily show up in the those figures, but it is actually stopping people getting to that particular — —

Mr DALLA-RIVA — Chair, just one — —

The CHAIR — We are really 5 minutes over time.

Mr DALLA-RIVA — The Minister is actually out a million dollars, and I think it is important just in the context — page 268; I just want to get clarification on budget paper 3. In relation to continuing the commitment in 2007–08, you have said $26.6 million in capital works to build new and improved mental health facilities, 25 beds at Northern Hospital and the 40 new PARC places. On the budget paper the only calculation I can get to is 25.6 on TEI. So I just want to put on notice — —

Ms NEVILLE — Sorry, what figure did you say — —

Mr DALLA-RIVA — Page 268 — you have got mental health, Northern Hospital 16 million TEI and PARCs 9.6, which in my calculation — unless mathematics has changed — is 25.6, and in your presentation and what you just said before, it is 26.6.

Ms NEVILLE — It is actually the $1.5 million to commence the preliminary works for the veterans mental health system.

Mr DALLA-RIVA — It still does not balance. Maybe you can take that on notice.

The CHAIR — That can be taken on notice. I thank Dr Ruth Vine for her attendance.

Witnesses withdrew.