

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the 2022–23 Budget Estimates

Melbourne—Monday, 16 May 2022

MEMBERS

Ms Lizzie Blandthorn—Chair

Mr Danny O’Brien—Deputy Chair

Mr Rodney Barton

Mr Sam Hibbins

Mr Gary Maas

Mrs Beverley McArthur

Mr James Newbury

Ms Pauline Richards

Mr Tim Richardson

Ms Nina Taylor

WITNESSES

Mr James Merlino MP, Minister for Mental Health,

Professor Euan Wallace AM, Secretary,

Ms Beth Gubbins, Acting Deputy Secretary, Health Corporate Services,

Ms Katherine Whetton, Deputy Secretary, Mental Health and Wellbeing,

Mr Chris Hotham, Deputy Secretary, Health Infrastructure, and

Ms Pam Anders, Senior Executive Director, Mental Health and Wellbeing, Department of Health.

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. We pay our respects to them, their elders past, present and emerging as well as elders from other communities who may be with us today.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2022–23 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

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

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.

We welcome Minister Merlino in his capacity as Minister for Mental Health, as well as officers of your department. Minister, we invite you to make an opening statement or presentation. This will be followed by questions from the committee.

Visual presentation.

Mr MERLINO: Terrific. Thank you, Chair and colleagues. I would also like to begin by acknowledging the traditional custodians of the land on which we are gathered and pay my respects to elders past, present and emerging, and thank you again for this opportunity. I will go to the next slide.

When this government established Australia's first and only Royal Commission into Victoria's Mental Health System in February 2019 we knew that our system was not taking care of Victorians the way it should. Given that most of us will experience mental illness or poor mental health at some point in our lives and that each year around one in five of us will experience mental illness, a broken mental health system was simply not good enough. After two years of community engagement, public hearings and hundreds of expert and lived-experience witnesses, the release of the royal commission's final report marked an important turning point for the mental health system and for the mental health and wellbeing of Victorians.

The 2021–22 Victorian state budget delivered a record \$3.8 billion investment to completely rebuild the mental health system from the ground up and ensure that every one of the royal commission's recommendations would be delivered over a 10-year reform journey. Since the record investment from our last budget a range of key reform milestones have already been delivered, including the delivery of the new *Mental Health and Wellbeing Workforce Strategy 2021–24*; new legislation for the Victorian Collaborative Centre for Mental Health and Wellbeing; we completed the statewide expansion of the hospital outreach post-suicidal engagement service from 12 to 21 Victorian locations; completed construction on a new 20-bed youth prevention and recovery care, YPARC, facility in Parkville; determined the first 27 of 60 locations of the new local adult and older adult services, with the first six set to be open from the middle of this year; and appointed chairs to our eight interim

regional bodies to give a stronger voice to local regional communities, and we are now recruiting the remaining members to reflect the rich diversity of our regions.

The 2022–23 Victorian state budget invests a further \$1.3 billion into the mental health and wellbeing of all Victorians. This is a budget that backs up the record \$3.8 billion investment of last year and will help us build upon the foundations that are being laid to deliver the royal commission's recommendations in full, as promised. Over the past two years we have also made significant investment of more than \$252 million to support the mental health of Victorians during the pandemic. This year's budget will mean that a total of \$6 billion has been invested in mental health and wellbeing in the last three budgets, a testament to the way this government is following through with the rebuild of our mental health system. The budget will also mean that work is now underway on more than 90 per cent of the royal commission's recommendations. That is real work with real change, saving and improving the lives of Victorians right now. The foundations of the new system are already being built.

From 2023 onwards we will move into the next stage of scaling up reforms, with workforce being a major component. The centre of this year's mental health budget is our record investment in the mental health workforce. We are building the foundations of our new system, and we simply cannot deliver on the promise of the royal commission unless we address the systemic workforce challenges the mental health sector has faced for far too long. That is why we are delivering \$372 million in this budget to bring us to an incredible total of \$600 million invested into Victoria's mental health workforce since the release of the royal commission's interim and final reports. This significant investment is contributing more than 2500 jobs in the sector. This new investment includes more than 400 mental health nurses, more than 300 psychologists, more than 100 psychiatry registrars and over 600 extra allied clinicians.

Another key feature of this year's budget investment is continuing our investment to provide appropriate hospital-based care for people who need it. A total of \$490 million has been allocated to deliver more mental health beds and specialist facilities in both metro and regional areas across the state. This includes \$143.5 million for 82 new mental health beds in key growth areas at the Northern Hospital and Sunshine Hospital so an additional 1600 Victorians will get access to the care they need closer to home. In regional Victoria we have provided \$163 million to construct 15 more acute beds in Shepparton, as well as \$32 million to continue planning to open a further 49 acute beds across Ballarat and Wangaratta. There is \$62.6 million to implement gender separation and improve the safety of at-risk consumers in at least 33 of Victoria's mental health facilities in intensive care areas.

This budget also includes investments of \$20 million to support people experiencing eating disorders. A spike in this serious health issue during the pandemic has had a disproportionate effect on women and young people. This funding provides uplift to 15 specialist eating disorder beds and funding to Eating Disorders Victoria and the Centre of Excellence in Eating Disorders to continue their vital work.

As you can see on this slide, we are also investing \$54.7 million for 29 beds in five ED mental health AOD hubs; \$10 million for a new mental health and AOD emergency department hub at Latrobe Regional Hospital, Traralgon, and planning for three further hubs in Ballarat, Bendigo and Shepparton; \$54 million for integrated AOD treatment in adult and youth area mental health and wellbeing services and four additional addiction services; and \$123.9 million for the redevelopment of Thomas Embling Hospital stage 2.

The royal commission found that while most people will receive treatment, care and support through community-based services, hospital and residential care services are needed to support Victorians with mental illness who need acute or highly specialised care. Since 2015 we have invested almost \$1.3 billion to build new mental health beds to support people experiencing mental health illness who need immediate treatment and care. By the time our investments are complete the statewide number of beds will increase to 3124, which represents an additional 650 new beds since we came into government.

As you can see from this slide—it might be easier in your own packs rather than reading off the screen—our investments are spread across the state, reaching many Victorian communities, both metropolitan and regional. This long-term investment will help as many as 33 000 more Victorians to access vital mental health services every year. In addition, between 2015 and 2025 we will have upgraded 254 beds, and we are not stopping there. The \$20 million investment in 2021–22 for dedicated capital and service planning is helping us to build a pipeline for continued renewal and growth of Victoria's mental health system.

Another key priority for this year is the establishment of a brand new mental health and wellbeing Act to be passed by Parliament this year. The new Act will put the views, preferences and values of people with lived experience, both consumers and carers, at the forefront of service design and delivery, modernising the legal foundations of our entire mental health system. Funding of \$29.3 million will support implementation of the new mental health and wellbeing Act this year, including an independent review of compulsory treatment criteria.

A core aspect of this reform is creating a system centred around community-based services that are responsive to people's varying levels of need. To make this happen the state budget also invests in a range of diverse initiatives, including \$4 million for Aboriginal social and emotional wellbeing, building on last year's record investment of \$116 million in dedicated supports; \$12 million for mental health and wellbeing supports for families whose children or young people are accessing acute care in regional Victoria; \$21 million to support suicide prevention and response initiatives; \$9.1 million to deliver the first 10 social inclusion action groups; a further \$5 million towards the establishment of the Victorian Collaborative Centre for Mental Health and Wellbeing; and more than \$65 million to deliver contemporary information architecture.

Finally, I would like to briefly discuss the way the pandemic has impacted our reform effort and our broader health system as a whole. When we accepted all the recommendations of the royal commission we knew it was going to require a massive effort. Reform of this magnitude was never going to be easy. It would have required the absolute dedication of our mental health sector in the best of circumstances, let alone against the backdrop of a pandemic. Health services, as we know, have been stretched to their limits by this challenge, but they have been nothing short of exceptional. They have maintained their commitment to these reforms, ensuring we can get on with the critical job at hand, prioritising the most urgent initiatives and laying the foundations for system-wide change. Unsurprisingly, the impacts of the pandemic, including bed availability, staff furloughing and increasing demand for services and support have shown in our performance data. While the performance of the mental health system is not yet where we need it to be, and has not been for decades, it does indicate the real stress and demand experienced over the past two years. We expect the additional investments made in the 2022–23 state budget will target known pressure points and help the system deliver on our ambitious reform agenda, with improvements to key performance indicators due over the coming years. Thank you, Chair.

The CHAIR: Thank you. Deputy Chair.

Mr D O'BRIEN: Thank you, Chair. Welcome again, Minister. Speaking of those known pressure points, can you tell me how many Victorians are currently on the waitlist to see a psychiatrist or a psychologist?

Mr MERLINO: Thank you, Mr O'Brien. Mr O'Brien, we do not have that exact data on hand, but I am happy to take that on notice, and if we can provide that information, we will.

Mr D O'BRIEN: Okay. Included in that then perhaps could you, Minister, provide a breakdown of the wait time by number of weeks or months by specialty?

Mr MERLINO: Again, if there is further information we can provide, we will, Mr O'Brien.

Mr D O'BRIEN: Thank you. You referred to the investment in strengthening and supporting the mental health and wellbeing workforce, which is on—

Mr MERLINO: Mr O'Brien, sorry to interrupt your question. The Deputy Secretary just reminded me that some of this data is commonwealth data. Again, we will take the request away and work out what we can provide, what is available to us.

Mr D O'BRIEN: Sure. You mentioned—BP3, page 65—the investment in strengthening and supporting the mental health and wellbeing workforce. Workforce is a very, very big issue of course. How many additional psychiatry training positions will this funding provide?

Mr MERLINO: Thank you very much, Mr O'Brien, for your question. As I indicated to Mr Barton before—or it might have been Mr Hibbins—the issue of workforce is central. And as I said at the outset, if we do not get workforce right, we simply will not be able to deliver the promise of the reform over the next decade. So what this—

Mr D O'BRIEN: The question is specifically about psychiatry training.

Mr MERLINO: Yes. More than 100 psychiatry registrars.

Mr D O'BRIEN: That is registrars. What about the basic training positions?

Mr MERLINO: We have got 125, Mr O'Brien. That will increase to 575 by 2025.

Mr D O'BRIEN: Sorry—from 125 to 575?

Mr MERLINO: Yes.

Mr D O'BRIEN: By 2025?

Mr MERLINO: Correct.

Mr D O'BRIEN: Okay. Thank you. Could you tell me how many specialty child and adolescent psychiatry training positions will be funded from 1 July this year?

Mr MERLINO: We do not have that data on hand, Mr O'Brien, but again I am happy to provide that information.

Mr D O'BRIEN: Okay. Likewise, specialty addiction psychiatry training positions?

Mr MERLINO: Yes. I am happy to go into the detail as you have requested, Mr O'Brien, and see if we can provide that for you.

Mr D O'BRIEN: If you are putting the money in the budget, surely you have got a number of positions funded.

Mr MERLINO: Yes. So in terms of medical and psychiatry workforces, this budget invests \$139 million for more than 100 new psychiatrists, as we laid out. It also funds a supporting training package that continues the Victorian psychiatry training partnership and training for international psychiatry trainees, plus training for specialist certification, like in addiction, in psychiatry.

This budget also invests to support growth of the psychiatry workforce by funding foundational mental health training for Victoria's future medical workforce, giving them the opportunity through their rotations to engage in psychiatry and make an early decision that that is the path that they would like to go through. So there are a number of ways that we are supporting the pipeline of our psychiatry workforce.

Mr D O'BRIEN: Can I just clarify, then? Going back to my earlier question, I was asking specifically about additional psychiatric training positions, not just rotations. When you said 125 up to 575, were they rotations or actually additional psychiatric traineeships?

Mr MERLINO: I might ask the Secretary to respond to that, Mr O'Brien.

Prof. WALLACE: These are the intern, the early PGY1 and 2, rotations. So you might remember in the previous budget there was funding for those positions, 125, and those are growing. And it is part of the pipeline, so the registrar positions, the 100-plus psychiatric registrar positions the minister referred to, are the next phase. So as you come out of PGY1 and 2, which are those compulsory rotations for new Victorian medical graduates, then you go into a so-called specialist training program, which is the registrar positions. Obviously there is a step down, and the idea behind the royal commission's recommendations about those mandatory intern rotations was to give all new medical graduates exposure to psychiatry, hoping that a decent number would stick and go into the 100 registrar posts.

Mr D O'BRIEN: Right. So what I am talking about: on Friday at the Pandemic Declaration Accountability and Oversight Committee the Royal Australian and New Zealand College of Psychiatrists indicated that there were roughly 80 first-year training positions—I assume those are the ones you are talking about—but that last year there were about 30 people who were completely qualified but could not get a position. Will there be more than 30 positions available under the funding in this year's budget?

Prof. WALLACE: Obviously I was not at the oversight committee, but as I understand how you have related it, the 80 are the training positions and then the 30 it sounds like the college alluded to are people who have completed a fellowship and are waiting for consultant jobs. So what is in—

Mr D O'BRIEN: No, it is the first-year training positions.

Prof. WALLACE: The 30 or the 80?

Mr D O'BRIEN: Well, no. Thirty missed out.

Prof. WALLACE: Oh, 30 missed out. So that is this additional 100. So the 100-plus psychiatric registrar positions that are in this year's budget for funding are that next-stage step of the pipeline to create new specialist training positions in psychiatry, as opposed to the general exposure of those intern rotations that were the first phase.

Mr D O'BRIEN: Okay. Minister, the Australian Association of Psychologists also gave evidence to the other committee, the pandemic committee. They said they had written to you six times requesting funding for provisional psychologists which would have immediately unlocked that workforce for tens of thousands of appointments for people needing mental health support. What did you say to them in response?

Mr MERLINO: Thanks for the question, Mr O'Brien. This budget is investing \$55.7 million in training more than 300 psychology registrars in public health settings, and that is in line with our mental health and wellbeing workforce strategy, which sets out the plan for the next four years to deliver increased supply of key mental health workers.

Mr D O'BRIEN: But did you respond?

Mr MERLINO: I am coming to the AAPI proposal. We always appreciate our workforce stakeholders engaging with us on new ways to increase access to skilled mental health workers, and in fact during the development of the mental health and wellbeing workforce strategy released in December last year we heard from over 350 individuals and organisations.

Unfortunately most of the items raised by AAPI referred to federal priorities. That does not mean we cannot take it up at a national level. But for things such as the creation of Medicare rebates, the state government has no role in developing those settings, nor in implementing Productivity Committee recommendations—also an issue for the feds. We encourage AAPI to engage directly with the commonwealth to seek support for their proposals, which certainly have merit. So that is—

Mr D O'BRIEN: The question was about specific—

The CHAIR: Thank you, Mr O'Brien. Your time has expired. I was allowing the minister to complete the answer for you. Mr Maas.

Mr MAAS: Thank you, Chair, thank you, Minister, and thank you, department officials, for your attendance this afternoon. Minister, if I could take you to the topic of mental health infrastructure, and particularly I would like to refer to BP3, pages 66 to 67. That table there highlights the government's investment into mental health infrastructure. Would you be able to summarise for us the total investment that has been made in this budget and the main purpose of each initiative there?

Mr MERLINO: Thank you, Mr Maas, for your question. The 2022–23 state budget invests more than \$400 million to plan and deliver improved mental health facilities, continuing to deliver on the government's commitment to implement all the recommendations of the royal commission. This builds on the \$230 million invested in mental health infrastructure from 2015–16 up to the royal commission, and then post the royal commission and including this budget we have invested a further \$1.41 billion for mental health infrastructure, in total resulting in over \$1.64 billion invested in mental health infrastructure over the life of the government.

The investment in this latest budget is for a range of initiatives and continues to deliver on our major mental health infrastructure agenda. It includes \$195.8 million for additional acute mental health beds and \$123.9 million for stage 2 redevelopment at Thomas Embling Hospital, inclusive of \$11 million reprioritised from stage 1. As members of the committee will recall, we delivered \$349.6 million for the stage 1 expansion

and redevelopment of Thomas Embling Hospital in the last budget, which will deliver an additional 82 beds. This latest investment will include construction of a new expanded gatehouse and sally port, secure logistics entrance for the campus, additional car parking infrastructure and refurbishments.

There is \$61.1 million in upgrades to improve safety, including gender-based safety, in at least 33 mental health intensive care areas in acute hospitals across the state—27 in metropolitan Melbourne and six in regional Victoria. The upgrades will be designed in partnership with people with a lived experience of mental illness and health services, and they may include providing consumer-controlled lockable bedroom doors, dedicated ensuites in single bedrooms, dedicated corridors with consumer-controlled access and dedicated lounge, dining and outdoor spaces.

There is \$10 million for a new round of grants for the Mental Health and Alcohol and Other Drugs Facilities Renewal Fund. This builds on \$20 million committed to the mental health and alcohol and other drugs facilities renewal program in the 2021–22 state budget, with more than \$50 million invested over the last six years. The fund provides grants to health services for renewal, reconfiguration and refurbishment of acute and community-based mental health facilities. There is \$10 million as part of the 2022–23 Victorian budget to plan and deliver more mental health and alcohol and other drugs emergency department hubs across regional Victoria. The royal commission noted mental health and AOD hubs are essential to meet the needs of people attending emergency departments for mental health and/or other drug-related treatment. These hubs are fundamental to the success of the royal commission's broader reforms for crisis and emergency responses for people with mental illness.

There is \$5 million for service and capital planning to continue the critical path for establishing the collaborative centre. This purpose-built facility will be the first of its kind in Australia that will house administrative offices to coordinate and commission statewide specialist mental health services; deliver multidisciplinary, evidence-informed, clinical and non-clinical treatment, care and support services; provide education to the mental health workforce; support academic service leadership throughout the state; facilitate and disseminate interdisciplinary research; and host the Statewide Trauma Service.

Mr MAAS: That is quite a thorough summary. Thank you very much. If I could move you now to our mental health beds investment, particularly acute mental health beds, I am interested in how much investment has gone into putting that together in the budget and if you could explain that in more detail. Thanks.

Mr MERLINO: Thanks, Mr Maas. It is important to step out the investment in mental health beds and what it does mean. In the latest budget we are planning, building or bringing online 191 new beds. This includes planning and building 109 new beds, with 15 new and 20 refurbished acute mental health inpatient beds as part of our \$163.8 million to construct a contemporary and integrated 35-bed acute and community mental health facility at Goulburn Valley Health in Shepparton; four new mental health beds as part of the new \$6.5 million emergency department at Latrobe Regional Hospital; 25 new mental health beds through our investment to deliver the new Melton hospital; planning for 49 beds with a \$32 million investment for planning and detailed design for two expanded acute mental health facilities at Northeast Health Wangaratta, 16 new beds, and Ballarat Base Hospital, 33 new beds—this also includes land acquisition funding for the Ballarat facility; and planning for a further 16 new beds as part of our mental health and alcohol and other drugs emergency department hubs initiative for even more beds at Bendigo, Ballarat and Shepparton. A further 82 new beds are being brought online through operational funding, with 52 beds coming online at Sunshine Hospital and 30 beds coming online at Northern Hospital.

In terms of the royal commission's recommendations all these investments are made in order to acquit interim report recommendation 2, which required government to fund 170 additional public beds and the final report recommendation 11.3, which required government to fund at least 100 more beds by 2026. All up with the investments made since the release of the interim report we are on track to deliver 270 new acute beds, which is to say nothing of the work we are doing for subacute beds, such as building the five new YPARCs around the state. In fact we should also consider other massive investments in the broader health system that the Minister for Health is delivering, such as the new Footscray build, which will deliver another 50 acute mental health beds out in the west where we are seeing huge population growth.

Going forward, we will complete the first statewide capital plan by the end of this year, with eight regional service and capital plans to flow from that initial work following input from the interim regional bodies shortly to be established. This generates a medium- to long-term approach with respect to the bed pipeline.

Mr MAAS: Excellent. Thank you very much.

The CHAIR: Thank you, Mr Maas. Mr Barton.

Mr BARTON: Thank you, Chair. Minister, if I can draw your attention to budget paper 3, page 55. *Victoria's Mental Health and Wellbeing Workforce Strategy 2021–2024* indicates that 27 per cent of the surveyed workforce intend to leave the sector in the next 12 months, cease work for a period of time or retire or were unsure of their plans. Pre pandemic there was already a 20 per cent vacancy rate across the mental health services. Right now, I have been informed by those in the industry, many of these services are experiencing a 30 per cent vacancy rate. Clearly we are struggling to provide workplace conditions that encourage staff retention in this sector. Minister, what is in the budget to retain those experienced and specialist mental health professionals?

Mr MERLINO: Thanks, Mr Barton, for your question, and again an important one. It just reiterates that workforce is not just about increasing supply; it is retaining and supporting your existing workforce. So you are absolutely right to identify that. As you say, the 2021 workforce census revealed there were 1470 vacancies in public specialist mental health services—approximately 15 per cent of all FTE in public mental health services. Vacancies were most pronounced for lived experience workers—23 per cent of FTE—which is a new, emerging workforce.

Investment to address these vacancies and meet new demand has already shown dividends, with the first 358 positions funded alongside the release of *Victoria's Mental Health and Wellbeing Workforce Strategy 2021–2024* commencing this year. The next phase of positions will commence in services from January 2023 across nursing, psychiatry and allied health workforces. In addition, previous investment since 2021 of \$242 million is delivering over 580 new roles across lived experience, nursing and allied health workforces. This budget invests an additional \$4.9 million in a national and international advertising campaign to attract new workers to the sector. So as the globe is opening up again and we have the ability to get skilled workers from overseas, we will be engaging with a number of jurisdictions that we have in the past, whether that is the United Kingdom, New Zealand, Canada or Ireland.

Funding also provides more supports and opportunities for mental health workers across their careers, including senior career positions and opportunities for advanced and specialist training. These investments will aid in the retention of our existing workforce. Funding of \$40.7 million was provided in 2021–22 to build system readiness to expand the lived experience workforce. This work is critical to upscaling and upsizing the workforce and needs to progress further before additional funding can be well targeted.

So in a nutshell, Mr Barton, it is how we can fund additional pipeline whilst keeping as much as we can our existing workforce. At the Mental Health Victoria conference post the budget I said that you have got the usual engagement with central agencies, DTF and DPC and others, as you are putting together the budget, and a bit of toing and froing—questions raised, answers: you know, where are your priorities? We put a moat around the workforce because we knew that if we could not deliver this funding then we were not going to get this reform.

We also are supporting the existing workforce's safety and wellbeing, and that is important to attract and retain as well. I can go to that if you like, Mr Barton.

Mr BARTON: Yes, please.

Mr MERLINO: So the physical safety and emotional wellbeing of the workforce is a key priority. Workforce wellbeing is important to encourage entry into the sector and support retention. Programs funded in this budget have a strong focus on providing appropriate provisions to new recruits, including the funding of professional educators and supported training pathways. Additional funding for clinical supervision training will also provide proven wellbeing improvements to educators so they have the skills and supports to nurture the coming generation. This builds on previous investment to provide worker wellbeing grants. These grants are supported services to make wellbeing improvements for the workforce, including improvements to staff break rooms, sensory equipment and additional mentoring and support. And as per the royal commission's recommendation, the mental health workforce safety and wellbeing committee is being established. This committee will identify, monitor and provide recommended responses to existing and emerging physical safety and wellbeing.

Maybe the only one other thing I would quickly add: in terms of engaging with the existing workforce, they need to see the government responding to the royal commission. That is why momentum is so important and that in the first few budgets for this 10-year reform we get that investment right, so our workforce on the ground can see that it is not going to be a royal commission just gathering dust on the shelf, it is actually delivering change on the ground.

Mr BARTON: That is what we wanted—we wanted the workforce to hear what you had to say there. But that is great.

I note this budget has discontinued the \$25 million alcohol and other drugs COVID-19 workforce initiative. This initiative provided an additional 100 full-time alcohol and other drug—AOD—treatment workers across Victoria as well as training and upskilling. It has been cut at a time when demand for alcohol and drug treatment is soaring. Minister, do you accept that through discontinuing the funding of these additional 100 full-time workers under this initiative more Victorians that are in dire need of drug and alcohol treatment will not receive the treatment they need and will likely relapse?

Mr MERLINO: Thanks, Mr Barton, for your question, and again it is an important one. I have only got 17 seconds—thank you. AOD policy does not sit with the Minister for Mental Health's portfolio but rests with the Minister for Health. But I can provide some insight, and if we do not have the time now, I am happy to follow up with you. There was some COVID-specific funding that has lapsed, but there is a \$54.4 million investment in terms of that integration between mental health and AOD. But I am happy to take that on notice and provide some further information to Mr Barton.

The CHAIR: Thank you. Ms Richards.

Ms RICHARDS: Thank you, Minister, and thanks again to the officials for being with us this afternoon. I am most grateful for your time. I would just like to perhaps continue on from the questions that Mr Maas was asking about the mental health beds. Using the same reference—budget paper 3, page 66—and the discussion about mental health beds, perhaps you could help in assisting the committee by outlining how many acute mental health beds existed prior to Labor coming to government and then parse that change over time for us.

Mr MERLINO: Thank you, Ms Richards, for the question. There is a lot of engagement between my office and the mental health division around what that journey has been that we have been undertaking, and it is really important to get these numbers clear and recorded through this committee. So every year we have funded both the infrastructure and operational funding to deliver new beds and bring them online. Since 2015 the government has invested almost \$1.3 billion to build new mental health beds to support people experiencing mental illness who need immediate treatment and care. The Royal Commission into Victoria's Mental Health System made it clear that any new bed-based services should be contemporary and co-designed with people with lived experience, so that is exactly what we have been doing. We continue to work closely with a diverse range of voices, including people with lived experience of mental illness, their carers and families, service providers and workers to build safe healing spaces that will ensure people are supported through their recovery.

The government has been investing in an improved and expanded mental health system since we were first elected in 2014. At that point when we first came into government there were 2467 mental health beds in the system. We have done a lot of work to plan, invest and then deliver beds since coming to government. We are now seeing this bed number really ramp up as those infrastructure projects we have funded in the past start to come online. Through our investment the number of beds now has already increased to 2609 beds currently in the system—so we started at 2467; we are now at 2609—and through our unprecedented investment in acute mental health beds this figure is set to increase to 3124 when delivery of our projects is complete. So that is more than 650 new mental health beds being rolled out as part of our government's investment in mental health. This includes regional acute mental health beds, youth facilities and dedicated treatment hubs within emergency departments. This long-term investment will help as many as 33 000 more Victorians access vital mental health services every year.

In addition, between 2015 and 2025 we will have upgraded 254 beds to improve safety and amenity for both consumers and our mental health workforce. To give you some examples, prior to the royal commission the government funded the expansion of a broad range of bed-based services, including the first ED hubs: 35 new beds across Sunshine, St Vincent's, Monash, Royal Melbourne and Frankston hospitals and university; Monash

Children's Hospital Early in Life Mental Health Services, 28 new beds; the Parkville YPARC, 20 new beds; forensic mental health beds at Thomas Embling, 20 additional beds; a statewide family admissions centre, 12 new beds; and the Grampians Prevention and Recovery Care unit in Ballarat, 12 beds. Post the royal commission an example of what we are delivering includes 144 acute mental health beds, \$492 million in 2021: 120 across four sites—McKellar campus, North Geelong; Northern Hospital in Epping; Sunshine Hospital at St Albans; and Royal Melbourne Hospital—and 24 hospital-in-the-home beds, \$4.9 million output in 2021, for more Victorians to access specialist mental health care in their own homes with their support networks around them. This investment exceeds the 135 beds recommended by the royal commission's interim report by nine.

Our prevention and recovery care units, \$141 million, will support Victoria's young people. The 2021–22 budget invested \$141 million to build five new 10-bed youth PARC units across the state—four in the rural-regional areas of Barwon South, Gippsland, Grampians and Hume, and one in Melbourne's north-east metropolitan region, in Heidelberg—refurbish three existing units to create a more homelike environment and enable provision of a new model of care in Frankston, Dandenong and Bendigo. YPARC units provide short-term recovery-focused care in a residential facility for people who are either leaving acute mental health care as their risk profile has improved or who would benefit from 24-hour support to avoid a hospital admission.

Additional acute mental health beds in Warrnambool, 2021–21 budget, \$10.9 million—five new beds to provide much-needed additional capacity—will improve access to acute mental health services for Victorians in the south-west region and provide contemporary and high-quality treatment and care to improve recovery outcomes for consumers. The investment will increase local access to acute mental health services in Victoria's south-west, deliver safe and more contemporary mental health care and improve the recovery of consumers. The Warrnambool acute mental health beds project is on track and well into planning. These beds are expected to be delivered by June 2024. And 35 new private beds in public hospitals, delivering specialist mental health beds for women—that is at Albert Road and at Shepparton. The bottom line is—to your question—we started with 2467, we are now at 2609 and with all of this investment we will get 3124.

Ms RICHARDS: That is terrific. There are some interesting other elements to explore, but I think with less than 40 seconds I will leave that to some of my colleagues. Thanks, Minister.

Mr MERLINO: Terrific. Thank you.

The CHAIR: Thanks, Ms Richards. Mr Newbury.

Mr NEWBURY: Thank you. Professor Wallace, can I return to the alcohol funding cut that was referred to just slightly earlier. Has the department provided any advice to the minister in his capacity as mental health minister in relation to that cut and the impact that will have?

Prof. WALLACE: As the minister said, the alcohol and drugs portfolio was held by Minister Foley.

Mr NEWBURY: So he owns the cut?

Prof. WALLACE: Well, no. The cut is—there is an 11 per cent decrease in funding.

Mr NEWBURY: It is a cut; I am glad you used the word.

Prof. WALLACE: Part of it is lapsing, which was a COVID-specific AOD response.

Mr NEWBURY: But we know that mental health issues are not—

The CHAIR: Mr Newbury, could you allow Professor Wallace the opportunity to answer the question, please.

Prof. WALLACE: The rest, as the minister said, is about investment in integrated mental health and AOD services. As you know, one of the core recommendations from the royal commission was that integrated mental health and AOD facilities should not be the exception but expected for all of our services. And in the 2022–23 budget, this current budget, the change in funding is a reflection of two things: one, lapse in the COVID-response AOD, which is no longer required given where we are in terms of COVID; and the second is a deferment in some of the work around public drunkenness, which will be deferred until next year.

Mr NEWBURY: On that very point, can I ask your view on the former Australian of the Year who says that in terms of mental health the sting is in the tail—that is, that mental health issues are not contingent on the lockdown occurring but can take 18 months, two years, to run through.

Prof. WALLACE: I agree with Pat McGorry. I think in 2020 the government invested \$240-odd million in response particularly to young people and to Aboriginal and other vulnerable communities, and they have continued to build on those investments, as the minister said in his introduction. I think some of the response we are seeing in mental health presentations; so we have seen a fall in mental health presentations in our emergency departments over recent times. I think some of that reflects the early investments for all the reasons you have said. The sting is in the tail—unless you are attuned to what the risks for mental health burdens of some of the responses are, invest in them early and try and pre-empt them, and I think we are reaping some of those benefits. This is far from over, as you have said and as Pat McGorry and others have commented. I think it reflects on the record investments that the minister has gone to already in both the last budget and this budget in mental health.

Mr NEWBURY: Yes. I was not in any way having a go at this minister. Minister, can I ask your view on the Victorian Alcohol and Drug Association's comments of 12 days ago:

... VAADA ... is alarmed with the overall cut ... in service funding to 2021–22 ... budget figures for alcohol and other drug treatment and prevention. This will negatively impact treatment and prevention services which support people experiencing substance dependence ...

and therefore obviously associated mental health issues.

Mr MERLINO: Thanks, Mr Newbury, for your question. I would go back to my previous comments and the Secretary's. In regard to AOD, there are some COVID-specific programs as well as deferred funding in regard to the public drunkenness reform. What I can inform you and the committee—and my message to VAADA—is the budget provides \$54.4 million over four years and \$25 million ongoing to deliver integrated treatment care and supports people with co-occurring mental illness and substance use or addiction issues. This funding will enable all 22 local and older adult and 13 youth area mental health services to deliver integrated AOD treatments across bed-based and community services by the end of 2022. So whilst alcohol and drugs policy does not sit with me—it sits with the Minister for Health—I can provide nonetheless some insight on how the royal commission's work intersects with this important part of the sector. I am advised that some funding, as I said, is due to lapse, coming from time-limited COVID. Importantly, however, there are some other key investments in both last year's and this year's budget which will grow the AOD sector and better integrate it into the mental health and wellbeing system being built off the blueprint of the royal commission. Recommendations 35 and 36 of the final report concern better integration of care, and I am pleased to report that \$50.4 million and \$25 million ongoing has been invested in this budget, as I said, to cover support across all of those 22 adult and older adult areas as well as the 13 youth areas of mental health. So overall, Mr Newbury, this is a positive story about integration of care, which was the critical thing identified in the royal commission.

Mr NEWBURY: Thank you, Minister. If I can pick up just finally on something that the Deputy Chair was talking about. He was talking about the association of psychologists' testimony from last week. They are seeking funding from the state. I know that the answer went to the federal—but the state. Can I start by asking: did you respond to any of the six letters to you? So they wrote to you six times asking for money. Did you reply?

Mr MERLINO: Thank you, Mr Newbury. I know, speaking to my office, we have been searching for that correspondence. I will take this on notice because I have requested a search for that correspondence. I can tell you at this committee that almost all of the issues that they have raised are federal responsibilities—not without merit—and I encourage them to engage with the federal government. Indeed at a national level states and territories can as well, but most of the issues are federally related. In terms of the correspondence, if there is further information I can provide to you, I will.

Mr NEWBURY: Thank you. I do not know if you are like me, but if I had an instance of six non-responses, I would certainly have a discussion with my office about it.

Mr MERLINO: Yes. As I have said, we are searching through any correspondence sent to my office or to the mental health division.

Mr NEWBURY: And in the last 10 seconds, I do want to place on record—

The CHAIR: Sorry, Mr Newbury. Your time has expired.

Mr NEWBURY: I did not even get a chance. I was going to give you a thankyou.

The CHAIR: I will pass to Ms Taylor.

Mr D O'BRIEN: You will get extra time for a thankyou.

Mr NEWBURY: I was actually going to give him a thankyou, but anyway.

The CHAIR: Ms Taylor.

Ms TAYLOR: There has been a bit of discussion today, and I think there is more to unpack on the issue of the mental health workforce. So if I could refer you to budget paper 3, page 65, under the heading 'Strengthening and supporting the mental health and wellbeing workforce', referring to a record investment of \$372 million provided to continue building the pipeline of workers required to deliver Victoria's mental health reform agenda in line with the mental health and wellbeing workforce strategy, could you please outline a little more about how this investment delivers on the strategy and supports ongoing implementation of royal commission priorities?

Mr MERLINO: Thank you very much for the question. Strengthening the mental health workforce is absolutely critical to every aspect of the mental health reform funded in this package and through last year's record \$3.8 billion budget. Addressing workforce pressures remains a top priority for me and the department, as I said, because there can be no rebuilt mental health system without significant investment in the compassionate professionals who deliver it.

There is much we must do to ensure we plan for the mental health workforce of the future. A specific recommendation of the royal commission goes to this very issue: recommendation 57, 'Workforce strategy, planning and structural reform'. Subsection 3 of this recommendation states the royal commission recommends that the Victorian government:

develop, implement and maintain a Workforce Strategy and Implementation Plan and, by the end of 2021, enable the Department of Health to:

- a. conduct ongoing workforce data collection, analysis and planning;
- b. establish a dedicated workforce planning and strategy function; and
- c. encourage collaborative engagement and partnerships with relevant workforce stakeholders in implementing recommendations.

I am pleased to report that we did deliver on this recommendation in full, and it was released in December last year with an initial investment for urgent initiatives—going to Mr Barton's point—of \$41 million supporting a further 358 FTE mental health workers in the system. The strategy gave us short-, medium- and long-term priorities to attract, retain and support staff across all necessary disciplines. It outlined an overarching demand of 2500 more mental health staff required over the next four years of reform to properly deliver on the promise of the royal commission.

A very brief recap on our previous investments to get us to this point: between last budget's \$206 million package, which generated 580 FTE positions, and the December workforce strategy investment of \$41 million, which added 358 FTE, we funded nearly 1000 more mental health workers entering the system in last year alone. Last year's budget package tackled several urgent priorities, including a record expansion of the lived experience workforce, with a dedicated \$41 million package to develop this new field of practice, drawing on insight from the royal commission on how to better incorporate lived experience practitioners into multidisciplinary teams across services. With this latest budget investment we will be in a position to grow the mental health workforce by over 2500 more professionals over the first four years of reform, precisely as recommended by the strategy. This incorporates last year's 1000 new FTE and adds more than 1500 from the investments in this budget.

We are also funding initiatives which will help grow and expand the mental health workforce as a whole, including \$4.9 million for a national and international advertising and recruiting campaign. Now that the

borders are reopening, we have a prime opportunity, as I mentioned before, to recruit skilled workers from key markets such as the UK, New Zealand and Canada. There is \$4.7 million to pilot an innovative new earn and learn program, supporting 50 new workers directly entering into the community mental health system to start on-the-job training whilst also completing certificate-level training to become fully qualified to work in the mental health and wellbeing sector.

I am conscious that the needs of Victorians are diverse and varied, which is why we are investing \$3.6 million into initiatives to upskill our services to better provide safe and responsive care to our CALD and our LGBTIQ+ communities.

Ms TAYLOR: Thank you. If we could stay on the same page of budget paper 3—and noting there was a discussion earlier on this psychiatry pipeline, perhaps some further clarity would be helpful here—can you please elaborate on how these investments will address pressures across the system and support the expansion of our mental health services?

Mr MERLINO: Absolutely. The expansion of the medical workforce is a complex space, and training psychiatrists takes time, which is why it is so important that the last two budgets have invested significantly in the pipeline of psychiatrists. Last year's budget and the December workforce strategy invested heavily, as we have mentioned before, in the junior medical officer—JMO—program, which was a key interim report recommendation of the royal commission, ensuring that all our trainee junior doctors access a psychiatry rotation as part of their training and they access it early. This year's budget commits another \$22.4 million to that initiative. The JMO psychiatry program represents the first step in a process to recruit many hundreds more psychiatrists over the next decade, with the next steps being psychiatry registrar positions and specialist training programs. I am pleased to report that this budget invests \$139 million for a comprehensive package to recruit and retain psychiatrists into the system over the next four years. A quarter of the package is an investment in more than 100 new psychiatry registrars, the next level up, as the Secretary pointed out, from the JMO. The universal access to psychiatry as a JMO will increase interest and literacy in psychiatry as a medical discipline. And by adding well over 100 more psychiatry registrar positions statewide, we can ensure that every junior doctor who wants to specialise in mental health will be fully supported to do so. This registrar investment actually does double duty. It is quite good because these positions work directly with patients in our health services, so the uplift to these positions means more medical staff in all of our services, so as they are doing this rotation there are more staff in all of our services to better support Victorians.

The \$139 million package also funds the Victorian psychiatry training partnership and training for international psychiatry trainees, ensuring they pass their certification exams and increasing the pool of internationally trained psychiatrists we can draw from. We are also investing in the director of training program to provide supports to the incoming crop of psychiatry registrars.

Ms TAYLOR: Thank you.

The CHAIR: Thank you, Minister. Mrs McArthur.

Mrs McARTHUR: Thank you, Chair. Thank you, Minister. Last week at the Pandemic Declaration Accountability and Oversight Committee public hearing the Victorian Alcohol and Drug Association gave evidence that the demand for mental health and alcohol and drug support services is continuing to increase following the harms of our now basically third year of lockdowns and restrictions. So in your view, are the government's lockdowns and restrictions still having an impact on Victorians and creating a staggering increase in demand for Victoria's mental health system?

Mr MERLINO: Thanks, Mrs McArthur, for your question. As I mentioned to this committee when it was engaging in terms of the pandemic response, at all stages through the pandemic, particularly at those points where based on public health advice we needed to go through a period of lockdown and remote learning for students, at each of those points when we were introducing restrictions of course there is an impact in terms of the broader economy. There is an impact on society. There is an impact on mental health. All of those impacts, Mrs McArthur, were understood, and it is important as we respond to the public health emergency of a global pandemic—saving lives, protecting communities, ensuring our health system does not implode under the pressure—that we are also providing support for the pressures that inevitably flow, whether that is more than \$250 million of additional COVID-related mental health supports, whether that is the \$13 billion of business

support throughout our communities. In terms of impacts, as the Secretary has indicated, some indicators are now below or at a level where we were pre pandemic in terms of 2019—so, mental health related ED presentations are now just below 2019 levels. Other indicators, whether it is young people's presentations—so zero to 17 presentations—to EDs or eating disorders, we are below where we were last year but we are still above where we were pre pandemic. That is why the investments that we are outlining today—through this budget, through the previous budget, through the \$250 million of COVID-specific related interventions—are about what we need to do to support Victorian communities, and that is exactly what we are doing. The \$20 million of direct further support in terms of eating disorders and the rollout, Mrs McArthur, of over \$22 million for our community mental health hubs are responding to the pressures of the pandemic and providing the care and support Victorians need at that time.

Mrs McARTHUR: Well, Minister—and perhaps the Secretary would like to comment—you have cut the 'Keeping Victorians connected and supported' mental health and wellbeing coronavirus response package, and that is going to affect vital organisations like PANDA, the care coordination and wellbeing support service, Eating Disorders Victoria, Anxiety Recovery Centre Victoria, Orygen Moderated Online Social Therapy, Asylum Seeker Resource Centre, Lifeline online, Beyond Blue, Kids Helpline et cetera. Given you are cutting funding to these services, how are Victorians going to have their mental health accounted for, given that they are still recovering from all your lockdowns and restrictions?

Mr MERLINO: Thanks, Mrs McArthur, for your question. I am struggling with the question, because we are outlining for the committee a \$1.3 billion boost to mental health in Victoria off the back of the first budget of \$3.8 billion. This is an investment at a level that this state has never seen and dwarfs the commonwealth and every other state and territory. So whilst there might be some COVID-specific—

Mrs McARTHUR: That might be because the lockdowns were so serious here.

Mr MERLINO: Mrs McArthur, we are responding to the royal commission as well as the pandemic. There may well be some COVID-specific programs that have come to an end because that particular need is no longer required, but we are outlining to this committee \$1.3 billion in initiatives in just this budget. Delivering this budget, the workforce strategy and last year's budget—all post the royal commission—is delivering over 2500 additional mental health workers. We have already identified 27 of the 60 local adult and older adult services. This is to target the missing middle. We will have six up and running by the middle of this year, complementing the COVID rollout of those community hubs. So I vigorously disagree with your contention in the question that there have been cuts. There has been a massive increase in mental health funding—funding, can I say, that the Liberal Party have committed to cut by repealing the legislation.

Mrs McARTHUR: Well, thank you, Minister. VMIAC gave evidence at the pandemic committee hearing last week that they had been given no advance notice that funding for their vital check-in program would be cut in this budget. What do you say to that?

Mr MERLINO: Thank you very much, Mrs McArthur, for your question. Again, this was \$465 000 that was provided as short-term funding for time-limited pandemic response. VMIAC created the check-in program, but in terms of their base funding it has gone from \$680 000 to \$2.23 million ongoing. So, yes, for a COVID-specific program, but overall there is a significant increase in funding for VMIAC, and they play a critical role in mental health reform.

The CHAIR: Thanks, Minister. Mr Richardson.

Mr RICHARDSON: Thank you, Chair. Thank you, Deputy Premier and department officials, for joining us today. I note that the coalition did not deny that they were going to repeal the Act or cut funding, which was bizarre. It just went straight through like a tumbleweed—just straight through. It is extraordinary—did not challenge it.

Mr D O'BRIEN: Well, I only caught the end of it, but we just had an argument over whether we backflipped. Did we backflip or not?

Mr MERLINO: You backflipped on the backflip, Mr O'Brien.

Mr D O'BRIEN: Well, it is just ridiculous, Minister, to suggest that—

The CHAIR: Order!

Mr RICHARDSON: There is a pulse. There we are. We have got them up about this afternoon. Going to the mental health nurse and allied health investments—

Mr D O'BRIEN: We normally go to sleep when you guys start asking the minister's questions for him.

The CHAIR: Mr O'Brien!

Mr RICHARDSON: under the same heading on page 65 that you were going through with Ms Taylor, Deputy Premier, the description refers to:

... priority actions to boost workforce supply and capability including new allied health and nursing graduate and transition positions ...

For the committee's benefit I am wondering if you could provide an overview of what this investment provides to increase the pipeline of mental health nurses and allied health professionals to address the pressures we are seeing in the sector.

Mr MERLINO: Thanks, Mr Richardson. Mental health nurses and allied health professionals across a range of specific disciplines have long been the backbone of our mental health sector. There is always going to be a need for more nurses, occupational therapists, social workers and psychologists, so I am pleased that this landmark workforce package also delivers an expansion of the pipeline for these key workforces with a \$69.3 million graduate program package.

The budget will grow the mental health nurse workforce by more than 400 positions, including 150 more enrolled nurses, 165 more registered nurse graduates and supporting 100 experienced nurses to transition from other practice areas into mental health. This builds on previous investment for the mental health nursing program in last year's budget, which included \$18.6 million for the 2022 graduate mental health nurse program and \$5.05 million for postgraduate scholarships. Overall this represents an increase of over 900 mental health nurses since the royal commission's reports, acquitting in large part the recommendations to expand the current workforce as a priority action.

I am pleased to say that the recent budget investment will also significantly boost the number of allied health clinicians available across the sector. The 2022–23 budget investment will train new allied health mental health clinicians, including 300 to 400 psychologists trained in a registrar program, as mentioned previously; 555 new allied health graduates across a range of disciplines; and 60 experienced allied health clinicians, who will be trained up in the mental health system so they can enter at a more senior level to support graduates and new clinicians. The budget will also support allied health clinicians to undertake advanced training through the postgraduate scholarship program launched in 2022, which has received a further \$4.6 million in this budget.

There is funding for a clinical supervision program which will provide at least 100 clinicians with a program that builds their skills as educators and supervisors, which will in turn improve the experience of new recruits going into services, who will be better supported by seniors. Overall the mental health nursing and allied health graduate program will bring hundreds of enthusiastic new nurses and allied health professionals into our growing system. This sort of rapid growth requires structures to support the new graduates, which is why the budget also delivers on 53 educators to ensure there are mid-level and senior staff available to train and support our new recruits.

Mr RICHARDSON: Exploring a bit further, Deputy Premier, the description of those postgraduate scholarships and clinical supervision training programs aimed at improving that retention of senior allied health and nursing practitioners, obviously there is much to be done in attracting new graduates, and we talked a little bit about that through the levels of experience in the workforce. But what will be the additional investments provided to attract and retain more senior staff across the sector?

Mr MERLINO: Thanks, Mr Richardson. This is a very important question, and yes, it is absolutely necessary to ensure that investment growth is not aimed exclusively at the graduate and entry-level roles but that there is an ecosystem of support to ensure success for every new worker who enters the system. The \$372 million package contains several investments to supplement the large growth in graduates by providing educator roles, clinical supervision training and postgraduate scholarship opportunities. This will ensure we are

also developing the skills and knowledge of our dedicated mental health professionals across the board, which in turn leads to better patient and consumer outcomes. Elements of the package which support this approach include \$16.6 million for a special transition program, which will train 100 experienced nurses and 60 experienced allied health clinicians in mental health skills over two years, bringing more senior staff over into the mental health system who have a strong grasp of the general system; \$4.6 million for allied health and alcohol and other drug postgraduate scholarships, helping up to 70 clinicians to undertake advanced learning every year; \$4.7 million towards implementing Victoria's mental health and wellbeing capability framework; and \$1.6 million for a clinical supervision training program for 100 experienced mental health nurses and allied health clinicians every year.

There are also embedded educator roles across all our graduate and entry-level programs to ensure that there are enough mid-level and senior staff available to train and mentor. For example, the nursing and allied mental health graduate program contributes 53 educators, and the psychology registrar program adds a further 21 psychology educators in the system.

Mr RICHARDSON: I just want to take you now to topics of better mental health and community support and care and go to budget paper 3, page 64, and in particular to the initiative titled 'Strengthening community-based services'. Deputy Premier, are you able for the committee's benefit to provide an explanation of how this package will immediately address the increased demand due to eating disorders in Victoria and the services that support people going through those challenges, particularly younger Victorians, who seem to be disproportionately affected?

Mr MERLINO: Thank you for the question. The package you are referring to is a record \$20 million specifically for eating disorders. It is something that was not addressed directly in the royal commission recommendations but is incredibly important and an emerging issue here in Victoria but also nationally and internationally. We know young people have been under immense pressure over recent years, not just as a result of the pandemic but from the impact on mental health and wellbeing associated with social media, climate change, housing affordability and economic insecurity, to name a few. There has in fact been a steady increase over a 10-year period of all age presentations to all health services. However, the largest cohort using the eating disorder services is predominantly young females. The royal commission interim report noted an 11 per cent annual increase in the number of reported eating disorders from 2008 to 2017–18, the largest increase of all disorders. I am happy to provide some further information to the committee.

Mr RICHARDSON: Thank you.

The CHAIR: Thank you. Mr Hibbins.

Mr HIBBINS: Thank you, Chair. Thank you, ministerial team, for appearing this evening. I want to ask about the mental health of migrant and multicultural communities and just whether there is any funding specifically within this budget to support those communities and specifically any funding for mental health services that actually directly targets those communities.

Mr MERLINO: Thank you, Mr Hibbins, for that important question. I can advise the committee that \$5.7 million has been allocated in the 2022–23 budget to continue and expand services to asylum seekers and newly arrived and at-risk refugees. The royal commission also called for a new system in which responsiveness to the needs of diverse communities is core business. To address this the final report emphasised the need to improve mainstream mental health services so that they are safe, responsive and inclusive. That is why funding of \$372 million has been dedicated in the budget, as I said, to support and reform the mental health and wellbeing workforce. This includes funding to improve mental health and wellbeing services' capabilities in providing appropriate treatment, care and support to culturally and linguistically diverse Victorians. This aims to reduce barriers to accessing care and improve outcomes for culturally and linguistically diverse communities, and it builds on the \$26.2 million in the 2021–22 state budget to improve the accessibility and responsiveness of the mental health system for our CALD communities.

Mr HIBBINS: Just in terms of that answer, does that go directly to workforce and training up workforce so they are able to address communities in culturally appropriate ways?

Mr MERLINO: There is the \$5.7 million directly to expand services to asylum seekers and newly arrived and at-risk refugee communities. Both in my capacity as mental health and education minister we are engaging

with Foundation House, for example, in supports that we can provide there. And then there is the allocation in terms of workforce development and again a focus on engaging and supporting culturally and linguistically.

If I can go on, Mr Hibbins, the key projects being delivered as part of the investment—that is, the \$26 million that was funded in last year's budget—are the establishment of a diverse communities working group to ensure the active engagement of Victoria's diverse communities in the design and implementation of the new mental health and wellbeing system; the development of the diverse communities mental health and wellbeing framework and blueprint for action, which will acknowledge the factors that affect the mental health and wellbeing of diverse communities; and the rollout of the diverse communities mental health and wellbeing grants program, which will support and promote the mental health and wellbeing of culturally and linguistically diverse communities as well as LGBTIQ+ Victorians and people with a disability.

As we are rolling out this 10-year reform it is about getting the architecture right and having that engagement on co-design. So the diverse communities working group is part of that. It is about dealing with immediate pressures, and that is the direct support around continuing and expanding asylum seeker-refugee services. And then it is the workforce reform and making sure as part of that it is responsive to our CALD communities.

Mr HIBBINS: Okay. So in terms of the architecture being developed, when can then the wider multicultural communities expect to see the implementation and the funding to flow to support those reforms?

Mr MERLINO: They can see the immediate investment on the ground—and I am not sure if Katherine or Pam want to expand on the support to asylum seekers and newly arrived at-risk refugees. They will see that improvement on the ground, as they have throughout the pandemic, Mr Hibbins. So the engagement with Paris Aristotle and others is about what further support they need, because of increased demand. And then there is the system reform, which we will see the benefits of through the life of this 10-year reform. I do not know if any of the deputy secretaries want to add.

Ms WHETTON: It is really recognising that as some of the most vulnerable communities, refugees and asylum seekers are some of the least likely to seek out mental health and wellbeing support. It is such an important part of the package just to provide those supports so that they will come forward for the services.

Mr HIBBINS: Yes. Okay. All right. Thank you. Thanks, Chair.

The CHAIR: Thanks, Mr Hibbins. That concludes the time we have set aside for consideration of the mental health portfolio with you today, Minister and your officers. Thank you for appearing before the committee today in this capacity also. The committee will follow up on any questions taken on notice in writing, and responses will be required within five working days of the committee's request. The committee will now take a short 10-minute break before resuming consideration with the Presiding Officers. Thank you for your time. I declare this hearing adjourned.

Mr MERLINO: Thanks, Chair. Thanks, committee.

Witnesses withdrew.