

TRANSCRIPT

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the Victorian Government's Response to the COVID-19 Pandemic

Melbourne—Thursday, 27 August 2020

(via videoconference)

MEMBERS

Ms Lizzie Blandthorn—Chair

Mr Richard Riordan—Deputy Chair

Mr Sam Hibbins

Mr David Limbrick

Mr Gary Maas

Mr Danny O'Brien

Ms Pauline Richards

Mr Tim Richardson

Ms Ingrid Stitt

Ms Bridget Vallenge

WITNESSES

Professor Patrick McGorry, AO, Executive Director, and

Ms Kerryn Pennell, Director of Strategic Relations and Policy, Orygen.

The CHAIR: Welcome, Orygen, to the second series of public hearings for the Public Accounts and Estimates Committee's Inquiry into the Victorian Government's Response to the COVID-19 Pandemic. The committee will be reviewing and reporting to the Parliament on the responses taken by the Victorian government, including as part of the national cabinet, to manage the COVID-19 pandemic and any other matter related to the COVID-19 pandemic. Members are attending remotely from home and from their electorate offices, and we ask that people note that members are not required to wear a face covering if they are working by themselves in an office under the stay-at-home directions, 6 August, part 2, section (7)(i).

We advise that all evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you repeat the same things outside of this forum, including on social media, those comments may not be protected by this privilege. You will be provided with a proof version of the transcript for you to check. Verified transcripts, presentations and handouts will be placed on the committee's website as soon as possible.

We invite you to make a brief opening statement of no more than 5 minutes. We ask that you state your name, position and the organisation that you represent for broadcasting purposes, and this will be followed by questions from the committee. Welcome.

Prof. McGORRY: Thank you. My name is Patrick McGorry. I am the Executive Director of Orygen and Professor of Youth Mental Health at the University of Melbourne. I thank the committee for the opportunity to speak to you today, and also with my colleague Kerryn Purnell, on the subject of youth mental health and the pandemic. I would just like to add though I am very happy to broaden into a wider discussion of mental health if the committee members would like to do so as well. I have been involved with the government and with the federal government too on broader issues as well.

The CHAIR: Thank you.

Prof. McGORRY: I wonder if I could just talk for maybe 10 minutes and just give you a bit of an overview of the situation of youth mental health in Victoria and also the impact of the pandemic. Is that okay with the committee if I do that first?

The CHAIR: Yes. We have 5 minutes allocated—we will be a little generous on the clock for you.

Prof. McGORRY: I think Kerryn has donated her 5 minutes to me. But she is very welcome to chip in too. I will just share the screen if I may.

Visual presentation.

Prof. McGORRY: Okay, so youth mental health; I cannot start anywhere else but by pointing out that our mental health system in Victoria was in really poor shape even prior to the pandemic and that has led, as you all know, to the royal commission being established. That is actually proceeding, and it is nearing the final stages actually. I just want to say to the committee I believe it is going very well. I chair the expert advisory committee for the royal commission, and I have been working closely with the commissioners. There is tremendous momentum, and a huge amount of expertise and consultation and energy has gone into this. We are poised, if we invest in a reformed system, to actually bring mental health care up to the level and quality that it really needs to deliver the sort of outcomes that are possible in this state. That is a positive thing that I can say right at the outset, starting from a very negative situation a couple of years ago.

Now, the reason we focus so strongly on youth mental health, which is still nowhere near invested in to the level of adult mental health—they are both poor cousins but the young people are the poorest cousins, yet this is such a paradox, because 75 per cent of mental health problems have their onset in young people aged 12 to 25 and they are a very precarious, high-risk group. Something like 50 per cent of their health problems are mental health related and they have the highest incidence and prevalence across the life span, peaking in the early 20s.

So a major investment and redesign of the system is required, or even building a system, which we have actually done—we built a base camp for that, and the epicentre of that is in Victoria.

The mental health of young people was getting worse prior to the pandemic. This is just one piece of data. Over the last decade or so we have seen a rise in particularly depression and anxiety but probably also related comorbidities. This is a worldwide phenomenon; it is not just in Victoria. This is why other countries are now following our lead and investing in youth mental health.

Just to point out that the timing of transition from services at 18 is a terrible time to make the transition, because young people these days are actually not developmentally mature until around the mid-20s. So as well as being the highest risk group, they are vulnerable up to the mid-20s, by which time most of them actually are achieving social and economic independence—it is not something you achieve at 18 these days, so that is another point.

The problem we are trying to solve is young people with mental ill health are not able to access the quality, evidence-based services they need when they need them and they get very poor outcomes. A whole cohort of them are thrown on the scrapheap of welfare. They suffer early mortality. The biggest cause of death in young people is suicide, as we all know now. So the solution is to build a preventively orientated, evidence-based youth mental health system centred around their needs with co-design from young people with lived experience.

In the north-west of Melbourne we have had an innovation hub I think we would like to call Orygen. It is a blend of clinical services, state and federally funded, and a medical research institute which was founded 20 years ago and which blends translational clinical research with clinical care. We treat about 6000 young people across all our platforms. Most of those are in the Headspace centres that we manage, and about 1000 of them are able to get access to the state-funded specialist programs. The state-funded specialist programs cost about as much as one or two high schools, and there are 300 high schools in our catchment area. So we are underspending terribly on the specialist end of the spectrum here, meaning that we turn away three out of four young people with life-threatening and complex disorders every single day from these services because of the underfunding of the services, and that was the case before the pandemic.

So we have this concept of the ‘missing middle’—people who are too sick for the primary care platform of Headspace but not sick enough to get into the specialist state-funded system. That is also a phenomenon in adult psychiatry, in adult mental health, where we have GPs and better access at one level and then we have the state system at the next level and there is a huge hole or gap in between these levels of care. That is well recognised now—recognised by the Productivity Commission and by the royal commission as an investment hole and a serious investment hole which is going to take billions of dollars to actually fill, and it cannot probably be done in any one calendar year but will have to be done over time.

So that was the situation before the pandemic. With current state government support we have a new facility at Parkville which was opened last year by the Premier. We had previously been operating in Third World facilities for 25 years before this, but we now have a state-of-the-art, global epicentre of youth mental health reform and research and clinical care. The current complexion of Orygen is about 500 staff, 80 research studies led by 12 professorial research teams, treating 6000 patients a year in different levels of the system. The state-funded part of the system is run through Melbourne Health, which causes a number of significant problems for us in integrating services. We wish to reform that governance structure going forward, but we are doing our best to integrate the research and the clinical care across the whole of the north-west region of Melbourne, which is about a quarter of Melbourne’s population.

Orygen is still growing. This is a bit out of date, this slide, but we now have an \$81 million budget for research and reform, and that is complemented by the clinical budgets, which I mentioned before, which are state funded. But we have seen this growth from a very low base back 20 years ago when we were set up. This growth has been fuelled by research grants, which have been growing rapidly recently. For example, in the last month we brought \$45 million to Victoria through investments from the National Institutes of Health in Washington and from the Wellcome Trust in the UK. We are seen as the world leaders in this area of medical research and clinical reform and we are getting investments from all around the world into our innovation hub in Melbourne to actually create new ways of working. What is lagging behind is the service investments in terms of looking after the young patients, but we have a huge opportunity going forward.

Orygen created Headspace, which is now in 140-plus locations around Australia, as a primary care platform, and we have five of these now in our local area in the western suburbs. We have 29 of these services in Victoria altogether. This is the national spectrum. The federal government has been very supportive of this program and continues to invest and expand it, including an extra \$5 million announced by the Prime Minister a couple of weeks ago to strengthen the outreach capacity of Headspace. This is a great resource which we can build on which other countries simply do not have. There has been a support from a whole series of federal governments.

Looking at the world picture, we are seen by colleagues in mental health centres and research centres and governments around the world as the focal point for new ideas, new research and progress. It is something I am very proud of, to say that Victoria is actually in the pole position to contribute not just here locally but also in many other parts of the world.

We have reviewed the reforms, and there are about 15 countries that are following these youth health reforms, mostly in the Northern Hemisphere. It is really an economic issue too, because mental illness is the main contributor to loss of economic growth and GDP around the world. Thirty-five per cent of the loss of GDP caused by health conditions—non-infectious health conditions, I should say—is caused by mental illness. It is twice as important as cancer and a little bit more impactful than cardiovascular disease. So this is the great neglected greenfields site of health care, mental health and young people in particular.

We have a partnership with the World Economic Forum, which was begun last year and is continuing into this year. This produced a global framework, a model of care based on the Victorian experience which is being exported and modified in different parts of the world now through this project. These are the countries we have consulted with, and that is ongoing. This framework was launched by the Premier in May this year. I will not go into the details there.

Okay, so that is just a bit of a rapid-fire overview of our current context and also the great opportunities but also the huge challenge that we face in meeting the needs of the young people in Victoria, which currently is well below capacity.

The pandemic has absolutely caused a significant surge of new demand on top of our demand that was there before. We have been working with YACVic to actually identify the actual impacts of the pandemic on the young people. As you can imagine, there are multiple, multiple ways that their mental health has been compromised. We have projected through our modelling—we have done scientific modelling to predict the need for care as the pandemic and the economic collapse unfold and we expect a 32 per cent increase in the need for care amongst young people and indeed across other parts of the life span as well. This is modelling done by Matthew Hamilton at Orygen, one of our health economists. He has projected over the next few years we will see this gradual surge of need for care which affects young people but also affects older people too.

Modelling done by the Brain and Mind Centre in Sydney shows that we can expect somewhere between a 25 per cent and a 50 per cent increase in suicide risk, especially in young people, particularly if we do not actually invest in services. They have done a whole series of modelling exercises showing different levels of unemployment, different levels of other social threat and also whether services are provided or not. So you can flatten that curve and reduce that risk of suicide, but you have to actually invest in a safety net for the young patients. I can expand on that if you are interested. But this is very solid scientific modelling conducted by the same type of people that have been modelling the virus and the pandemic.

There is evidence already from surveys that there is a surge in mental health problems, and I am sure every Victorian can relate to this, especially in the second lockdown. But even back in April to May we saw a doubling of prevalence in terms of distress and mental ill health. This was published in the *Medical Journal of Australia*. There is a series of surveys of young people showing similar rises in anxiety and depression in young people as well.

A Headspace survey conducted in mid-May found a number of very prominent changes in the mental health of young people worsening in about three-quarters of the cases. There were some positive impacts in about a quarter, and these were about perhaps opening the eyes of young people to more compassionate and empathic responses, and a number of other things too. So it was not totally negative, but certainly tremendous pressure and stress has been inflicted on the young people through the pandemic for reasons that we could go into.

In terms of serious mental illness, which is more of a state government responsibility, we know that disasters and recessions increase the relapse rate for existing conditions, but they also produce a significant rise in new cases as well. As I said earlier, we could predict a rise in suicide, particularly because of the economic impacts. That is really one of the most potent drivers of suicide in these conditions. We already know that there is a 33 per cent rise in deliberate self-harm presenting to emergency departments, and it is actually really even more dramatic than that—the Royal Children’s and some suicide clusters—but probably there has been no significant rise yet in completed suicide. I spoke to the coroner yesterday, and he confirmed that as yet we have still got time to act, because the death rate from suicide is about the same as it was last year. That is very important to know. So we have not missed the boat yet; we still have time to actually save these lives, just like we have done with COVID. We have saved a lot of lives in this state with COVID through the actions we have taken. I know many lives have been lost, but it could have been much worse, and that is what we have to do with the mental health crisis. We have to save these lives, and there are indications that that surge is really happening now.

Just to summarise: the key points are that young people are and will continue to be significantly impacted, especially over the coming months and years, by the pandemic. There is a range of impacts which you would be familiar with. They are experiencing greater distress than other age groups. They are presenting in increasing numbers to EDs, and they are at risk of disengaging with services because of the shift from traditional healthcare models and a greater focus on telehealth, which is contained in the briefing papers that we provided.

While the government has provided some welcome packages of support already—I think the Victorian government has done some positive things, especially in supporting Orygen; we are very grateful for that support—we absolutely know that significantly greater support, especially because of the previous situation that we were already struggling with, is absolutely necessary in the future. That relates particularly to the demand response and also to face-to-face care.

I will stop there. Thank you very much for listening to that. I hope it was not too fast and too much information, but I just wanted to get some of those facts across, and some of those positive opportunities across to you in that short space of time.

The CHAIR: No. Thank you very much for that very comprehensive presentation. I will pass first to Ms Pauline Richards, MP.

Ms RICHARDS: Thank you, Professor McGorry—extraordinary insights, and also that optimism that comes from understanding that we might be the centre of clinical best practice is part of the optimism as well. We know that the general community and people living with mental illness are really requiring extra support—now and in the coming months. I understand the Premier has, I think, outlined that there has been funding of somewhere in the order of up to \$200 million for the mental health system since April in Victoria, and I am interested in perhaps understanding a little bit more about the Victorian and commonwealth governments working together to establish this Victorian mental health task force. I am interested in finding out—if you could perhaps share or provide additional insights into your reflections on the government’s mental health response to date—the way that it is shared across governments and across the commonwealth and Victoria?

Prof. McGORRY: Of course, yes. Thank you. That is absolutely a brilliant question to ask actually, because this interface between the commonwealth and the state is something we have been trying to overcome at Orygen by integrating the Headspace centres that we run with federal funding via primary health networks and the state-funded services that are channelled through Melbourne Health. That can be done. We would be perfectly able to do it, but we would probably have to have a separate contract with the health department to make that really happen through Orygen and not through Melbourne Health. That is what we are seeking into the future. And we would be able to offer a much more seamless service if that were to be the case. That is possible in the reverse direction, through the Alfred, where the Alfred hospital manages Headspace sites and integrates them with its child and youth services down there. So there are ways of doing this.

The problem is that the bit in the middle is not anybody’s. It is like no-man’s-land. Federal and state governments have basically stood back and allowed these people with mental illness to sort of just fall into this huge hole where they are too complex for primary care structures but not sick enough or desperate enough to get into the state-funded system because the state-funded system is so underdone. So it is a joint responsibility—that is implied in your question—and I think the task force is basically trying to respond in the pandemic to set up some emergency pop-up sort of structures that would actually start to tackle this missing

middle group. You know, it is a toe in the water, it is very welcome, and I think the spirit behind it is very positive. I think both the federal and the state governments have been trying to cooperate on this front. So it is a welcome change, I have got to say, and we are in full support of it.

But obviously you are opening a small tap and we need a flood, and some of the limiting factors there are the mindset and the vision of the people running the mental health system. They have been ground down for years. They cannot imagine how to do things like that, really. And even when the money starts flowing, you need to empower people who know how to build structures and actually put them on the ground, and give people—as you said, inspire them with some optimism and can-do mentality, because that has been lacking for a long time in mental health, I am afraid.

And we also need workforces. We need to be a lot more flexible about the sort of people we consider as workforces and eligible to be the workforce, because we have got a problem there. The workforce has been flatlining for many, many years, perhaps decades. Also we need to rapidly find people who can be repurposed, and perhaps some of the people who are refugees from the public sector over the years and have drifted out into private practice should be incentivised to come back in and basically man the barricades and roll their sleeves up. That is what we really need.

Ms RICHARDS: Thank you, Professor McGorry. You spoke I think fulsomely about the experiences of young people living with mental ill health, and I did catch a little bit about MOST, I think is the acronym.

Prof. McGORRY: Yes, MOST.

Ms RICHARDS: Is it the Moderated Online Social Therapy—that platform? I know that there was a contribution of \$6 million. But I wanted to understand a little bit more about that platform. Perhaps you could expand on that and provide some additional evidence to the committee.

Prof. McGORRY: Thank you. I would love to do that. So this is a very inspiring thing. This was developed by a very talented Spanish psychologist that we recruited about 10 years ago. He has won a whole series of NHMRC grants too. It shows the power of the research, just like we see in the medical research environment with the virus and other areas of medical research. He actually used medical research grants to create an online system of care, which is not just a simple app like the Headspace app or the Calm app that helps you go to sleep at night. This is a whole system of care that basically integrates with face-to-face care. It is the safety net in between appointments. It is an on-boarding tool that helps you get into the service in the first place. And it uses a social network model also to actually provide peer support from other people in the same boat. So you might have a couple of hundred young people with the same diagnosis who are able to help each other and support each other. It is a moderated platform. It also delivers therapy through enhancing coping and strength-based sort of strategies like that. And it can be tailored to different diagnostic groups.

It can be provided in any sort of system of care, really. It is very, very flexible. So the version that is being scaled up across the state into all the Headspaces and also state-funded child and youth services is a youth-focused version, so the content has been co-designed by young people and uses very innovative techniques, including things like comics to try to engage young people, to teach them things, and teach them coping. But it also has a lot of youth engagement and peer support as well as clinical support. So it is a very sophisticated system which I think will be a huge strength and complement to the face-to-face and the telehealth models of care—so 21st century stuff, finally.

Ms RICHARDS: This is very exciting and, again, just imbues that optimism. I did catch the press conference I think where the scientist spoke with a little bit of depth, actually. So, having you with us, it is really important to hear your insights into the royal commission into mental health, and I am interested in your reflections on the importance of that work, especially in the current context, which we could never have foreseen.

Prof. McGORRY: No. I think that is the kind of difference I was trying to illustrate between, say, the public hospital system trying to deal with COVID. The public hospital system was in pretty good shape for physical illnesses before this crisis, and to ramp it up to deal with the infections—it is possible to do it. The poor old mental health system was in dire straits, as we know, so this is why we are in catch-up mode at the moment.

But on the royal commission, I have got to say I have been very inspired by the whole process. The level of engagement of the Victorian community has been extraordinary; the number of submissions and the stories that people have told—I think basically respecting the experience of Victorians who have suffered from poor care in the past. It has all been communicated in the commission, and the weaknesses in the system are very clear and the consumers and the families especially have had a voice, including the committee that I chair. There are consumers and family members on that committee including myself. I mean, my family has got mental illness in it just like everybody else's. But also there has been a respect for expertise, scientific expertise, and trying to balance the clinical skills with the scientific expertise and the consumer and family perspectives. That has been the alchemy of the royal commission.

I think Penny Armytage has done a wonderful job as the chair, and they are very determined to do something new. We need something new. We do not want more of the same. On the other hand we do not want to throw out the things that do work that were never implemented properly in the old system. So that is where it is really at, and the rubber is hitting the road now because they are crunching all of that incredible input, and also there are some very talented young researchers and people assembling all the options and information behind the scenes—the machinery of the commission. So I think as long as, you know, there is boldness, the boldness does not get in some way spooked by the pandemic; as long as that vision is retained and as long as there is enough money to actually make it work—because if it is not funded, if these reforms are not funded, then you get all of these terribly perverse and dangerous situations that have developed over the last 15 years or so, which have cost lives.

I have seen in our region—Kerryn will back me up on this, I am sure—back in the early 2000s among the young people in our region that we saw, that we were in contact with, we probably might have lost one or two every year or two to suicide. These days it is 10 or 12, and we are even seeing homicides carried out by untreated or poorly treated patients. So we are getting into very dangerous territory with this neglect, and so we have got to have the investment. Whichever party is in power over the next five years, we have got to have a commitment to that expansion of the system. We cannot have a situation where you come to check in to the hospital, into the ED, with chest pain or a breast lump and you have the royal road to the world standard of care, and you come in with suicidal risk or psychosis or some other serious mental health problem and two out of three people are kicked out, not just of the ED but of the system—cannot get into the system. That is Third World; that is not Victoria. We cannot have that. So the royal commission is in the position to solve that problem if governments support the recommendations.

The CHAIR: Thank you. The member's time has expired, so I will hand the call to Mr Danny O'Brien, MP.

Mr D O'BRIEN: Thank you, Chair, and thank you, Professor McGorry. That is fascinating information so far. In your presentation you talked a bit about suicide and the University of Sydney data projections, but we have seen data released from the Coroners Court in the last 24 hours that indicates that there has been so far no spike at all in suicides across the board in Victoria. Does that surprise you?

Prof. McGORRY: Not totally. I was a little surprised there had not been any rise. I was very happy, actually, to hear that by the way.

Mr D O'BRIEN: Aren't we all?

Prof. McGORRY: Yes. And I think Ian Hickie and his team have revised their predictions a little bit, by putting in the real data into the modelling about the unemployment levels and so on—so they have revised it back to probably about a 12 or 13 per cent rise in the short term; that is what they are expecting now.

Mr D O'BRIEN: That is, sorry, the University of Sydney group?

Prof. McGORRY: Yes, that is where the modelling was done. I think if you look at the curve on the modelling that they put out, and certainly our one too, it is not necessarily all going to happen in kind of an immediate time frame; we are looking at over the coming even up to three or four years on the time scale. So we have still got time to act, I suppose. That is the encouraging thing, because these people have not died yet, or the excess have not died, so we have got a chance. Of course the Prime Minister wants to see suicide come down in Australia. I mean, we are losing 3000-plus people a year to suicide. We are losing several hundred young people every year from suicide. It is about eight or nine young people a month in Victoria, even at current rates. And they do not have to die. They do not have terminal illnesses. They have got an acute, intense

period of distress and emotional pain or hopelessness consequent on life circumstances, plus or minus an underlying mental illness. So we can save them. If we are given the right conditions and support, I would say the vast majority of these lives can be saved. It is not like trying to save people with stage 4 cancer, you know. It is so doable if we could actually get the support, which we have never really had.

Mr D O'BRIEN: Based on that University of Sydney data and the chart particularly in your presentation and also on other research you may have seen in past particularly economic crises, is there a sort of standard lag period—six, 12 months, two years where the problems really bite and suicide does spike?

Prof. McGORRY: I do not think there is a standard, because probably all of these disasters are a little bit different, aren't they? Our governments have actually done a pretty good job, federal and state, in—what is the word?—softening the impact so far. You know, we have had JobKeeper, we have had JobSeeker, so we have not had the absolute economic crash. It has been more like a subsidence—maybe that is a better word for it—so far. But if that were to steadily worsen over the coming months and year or so, which is sort of what is projected, I understand, the time scale might be affected by that, but I think maybe the reason we have not seen the deaths rise yet is because of the effectiveness of government policies so far. It probably also shows that the intense distress that we have all felt, I think, through the pandemic and the lockdowns—everyone's mental health has suffered a bit, hasn't it—in itself is not enough to tip people over the edge. It is much more powerfully the economic and social disruptions that are part of Ian's modelling. For example, educational disruption is a very powerful one as well.

Mr D O'BRIEN: I was actually going to ask about that. How much does the fact that schools are closed—hopefully in the very short term it does not have a big impact, but the longer they are closed, is that likely to have an impact on both primary and secondary school children and particularly in the longer term?

Prof. McGORRY: Yes, I think it probably does, but I think if you just think about the employment prospects of the people coming out of year 12, for example, and the people at university at the moment, I mean, there has been talk about a scarring of a generation, which did happen after the GFC in some countries in particular, like Spain, for example. What Ross Gittins—I do not know if you have read his opinion pieces in the media recently—has been talking about is how this generation is likely to be scarred over a period of years, and probably it will foreshorten the achievement of their potential across the board. So I think some people would be more affected than others and they might then be more at risk, you know, in terms of their mental health. So it is a very complex sort of situation to assess and model, and I think it shows the power of these very powerful social determinants and economic determinants in creating mental ill health. Of course then obviously we do preventive things when we can, but if we cannot prevent them, we have got to have the safety net to save the people's lives when they really struggle.

Mr D O'BRIEN: Could I just ask—on the issue of the data, I know you said there was a 33 per cent increase, some research shows, in self-harm. Do you have any data on attempted suicide of youth, though?

Prof. McGORRY: Well, I think I probably should have used the words 'suicide attempts or self-harm'. They are part of a spectrum which is captured in that data. I have not actually seen the raw data, but it has been released in general terms by the state government, I understand; that is where we got the data from. We have asked for, you know, the actual raw data because we would like to know what areas of the state it is actually happening in, because it might be more dominant in some areas.

I was told verbally by Andrew Chanen, our clinical director, that there has been—I think the figure he said was—like a 120 per cent increase at the Royal Children's Hospital in terms of mental health presentations and actually a significant drop in physical health presentations. So people are probably less likely to seek help for physical problems at the moment in EDs and more likely from a mental health point of view. So they are turning into mental health clearing stations, which is not what—

Mr D O'BRIEN: Is there a risk on that? I understand what you just said, but we have heard from doctors saying, 'We're worried that people aren't coming out and getting tests and things'. Is there a risk that there is a hidden problem in mental health in—

Prof. McGORRY: Yes. In fact in the first lockdown that was happening. There was a drop-off in people even seeking help for mental health. I think it was the same phenomenon. But I think the surge is so strong now that they have overcome that, and they are coming out of the woodwork basically for mental health

presentations. But I have heard that too from GPs, what you just mentioned—that there has been a significant drop-off in people attending the GPs. And because of telehealth all they can really do is do repeat scripts and simple things, and they do not examine people anymore. So I think there is a serious risk of physical health problems being delayed as well—cancer diagnosis, for example, and a number of other things. And I think telehealth—we have commented on that in our briefing—is great to have and we certainly would not want to lose it as an option, but it has definitely got its limitations, even in mental health.

Mr D O'BRIEN: Yes. Also in your presentation you mentioned certain clusters, and I notice Geelong and Sydney were mentioned. And I believe there has been quite a cluster in Geelong this year—and other places, particularly rural areas, an issue close to my own heart. What more can be done by state government to deal with those particular localised outbreaks?

Prof. McGORRY: Well, Headspace, when it comes to the school-age population, have got a pretty good program of trying to do postvention. So if a suicide occurs in a school or in a region, they will actually go in and try to support everyone so that it does not spread, because there is a risk of contagion, especially amongst the friends and exposed, especially in young people, actually. So managing that is important. So supporting that program is one aspect of it.

I remember a few years ago when there was a suicide cluster in Narre Warren where a lot of young people were jumping in front of trains, and it was absolutely devastating for that community. And we had public meetings. Just bringing the community together and having a community-wide response is important. But then you have also got to be able to send the young people who are struggling to get help. And when Headspace has waiting lists—which nearly all Headspace do now, because of the unmet need that is there—that is a problem.

So if you imagine that the high-risk group of young people are walking along the edge of a cliff and one falls over and the wind blows the rest of them a bit closer to the edge, you want to be able to provide help to those young people and keep them safe. It is not just a question of community support. It is a question of actually practical help. And that is the issue, obviously, I was talking about earlier.

I definitely think the state government could do more. The clusters are a real thing. The coroner has been great, because he has actually been saying, 'We need to publicise, we need to talk about suicide and we need to have the data available in real time to the public'. And you have got to know that these clusters are happening. Often they are found out about inadvertently because they are covered up. I remember one of our receptionists in Glenroy Headspace came from Wangaratta, and she just happened to mention to me one Saturday morning that eight kids from her high school had died in the last 12 months. This was a couple of years ago. And I said, 'Does anyone know about this?'. So I rang up Greg Hunt and told him about it and that led to a Headspace being set up in Wangaratta, but I mean, it was just random that we actually found out about it, because they are covered up.

Mr D O'BRIEN: Yes. It is a very difficult issue. Thank you so much for your evidence; it has been very fascinating. Thank you.

Prof. McGORRY: Thank you very much.

The CHAIR: Thank you, Mr O'Brien. Mr David Limbrick, MLC.

Mr LIMBRICK: Thank you, Chair, and thank you so much, Professor, for your evidence today. This is an issue that I am very, very concerned about. I really liked the chart that you put together with all the harms from the pandemic, and I note that none of those harms are actually caused by the disease; they are all caused by the government's response to the disease. I am quite interested in your take on the moral calculations that have happened here. The government has made some sort of moral calculation that they are going to cause these harms in order to prevent the spread of the disease. Do you feel that the government has a good handle on the actual harms that are being caused over the long term and that they have communicated this sort of moral bargain that they have made through their actions?

Prof. McGORRY: That is a very interesting question which I have thought about myself, so thank you for raising it. I suppose in the mental health field we see the extra harm, as you say, being—what is the word—visited on people with mental illness or potentially mental ill health, and that group includes all of us actually. That is kind of a price that we are paying to save the lives of the people who are threatened by the virus, which

also includes all of us, probably, up to a point. But I have thought that the risk of young people dying from this, the pandemic, is about the same as their risk of dying in a car accident in a given year, so they actually are at low risk from the virus but they are suffering much more harm as a result of their strategies to deal with it. So there is a trade-off here in that sense.

Although I have seen that the other argument is that we are not going to be able to reduce the economic harms unless we control the pandemic. It is not like an either/or; some people are trying to make that argument. I am probably fairly convinced by the fact that the only way to protect the economy is to really get on top of the pandemic. It is not like the economy and the virus are in competition with each other, so I kind of accept that argument. Probably one of the other honourable members' questions was about other medical conditions too. There are other medical harms probably, not just mental health, that are occurring because of this kind of absolute focus of the whole health system now on the COVID. It is like, can we walk and chew gum at the same time? So I think we have got to do multiple things. I am actually fairly complimentary of both federal and state governments irrespective of political party, because unlike other countries, even though we would like to see a lot more investment and a lot more serious action, our country has done a better job than any other country that I am aware of in terms of the mental health response to the pandemic.

So we have got sympathetic leaders, I would say, on both sides of politics in terms of mental health. They just probably need to see the scale of the issue a little bit more accurately and also trust certain types of advice that they are getting more than others, because one of the problems of the mental health sector is it is a bit like economists—you have got 10 mental health experts and you have got 50 opinions, so there is not enough sifting of what is actually the decisive and appropriate action to take. You know, there is a bit of stakeholder management going on rather than decision-making in a crisis or a warlike situation. You need to really have a central control sort of approach.

Mr LIMBRICK: Are you talking about having more voices in the room?

Prof. McGORRY: I think we have got too many voices in the room. I went to one Zoom meeting, you know, though the National Mental Health Commission of 30 people. And of the 30 people—you had all the CEOs of NGOs, of various things—I was the only person that had ever actually seen a mentally ill patient in a professional capacity. Yet you had the other 29 people whose opinions were basically, I think, creating a lot of fog—the 'fog of war' sort of thing. That has been a problem for years actually in mental health.

The CHAIR: Thank you, Mr Limbrick. Mr Sam Hibbins, MP.

Mr HIBBINS: Thank you for appearing today. I am really keen to just ask about—you would have heard about proposals for a bubble or a buddy system for single people or isolated people to be part of the rules, the further step down. Are you supportive of that, and do you see reasons why that should be put into place?

Prof. McGORRY: Yes, thank you. That is a great question. I would be I think, because even just this week I got a very distressed call from one of my patients on Monday night who lives alone. He was becoming incredibly distressed by the isolation effect. He has not seen anyone for weeks really to speak of, and he was intensely distressed. He said, 'I've been walking around the house screaming today. I just cannot cope with it'. There was not very much I could really do except talk to him for quite a long period, and he actually was calmer at the end of that, but I could not say, 'If you're distressed to this level, go down to the emergency department because that's the only place you will actually get help at this time of night probably given that mobile teams don't really operate anymore properly. But what they will do is they will basically make you wait for several hours and then you will probably be just told to go home at the end of it, so there is not much point in doing that'. So I think some other sort of social contact mechanism is very important, and maybe some of those digital things I was mentioning that the MOST program—that is one of the things that it does actually help with for young people. But I think something like that is probably going to be important if these lockdowns continue.

Mr HIBBINS: And what is it about isolation in particular? I am sure even for the most introverted person or person who lives alone who likes their own company even after several months of lockdown—what is it about isolation that particularly affects people's mental health?

Prof. McGORRY: That is a great question. I think some of the best, moving accounts of the effects of isolation come from people who have spent long periods of solitary confinement or have been in hostage

situations. There is that aspect to it. But you are right to make a distinction between introverts and other people too, though, because I think it affects some people much, much more severely than others. People who are naturally introverted are probably less affected; I have seen people like that already who are not suffering as much. But it is a basic human need, isn't it? I mean, we are social animals. I think the other thing is a sense of purpose. You have to have some reason to get up in the morning.

The other thing about it is that the normal sources of preserving mental health have been removed through isolation. Leisure pursuits of a whole range of kinds, sporting pursuits, exercise is obviously limited, but social contact—all of the normal things that make life worth living and keep you in a good frame of mind have been greatly constrained, haven't they? So it is not surprising that—

Mr HIBBINS: So you think as a preventative measure as much as for someone who is feeling mental health issues acutely?

Prof. McGORRY: Yes, absolutely. As a preventive measure and then obviously as a sort of a therapeutic measure if you want to put it that way, to actually help people who are struggling. I think for both reasons if there was some way of mitigating it, that would be very, very good.

Mr HIBBINS: Thank you. No more further questions.

The CHAIR: Thank you, Mr Hibbins, and thank you, Professor McGorry and Ms Pennell, very much for your attendance today. It seems we could talk about this for a very long time with you, so we very much appreciate your expertise in informing our deliberations today. The committee will follow up on any questions which have been taken on notice in writing, and responses will be required within five working days of the committee's request. We will shortly move to the consideration of our next witness, but thank you both very much for your time in your busy schedules. We appreciate it. Thank you.

Witnesses withdrew.