

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the 2024–25 Budget Estimates

Melbourne – Wednesday 22 May 2024

MEMBERS

Sarah Connolly – Chair

Nicholas McGowan – Deputy Chair

Michael Galea

Mathew Hilakari

Lauren Kathage

Bev McArthur

Danny O’Brien

Aiv Puglielli

Meng Heang Tak

WITNESSES

Ingrid Stitt MLC, Minister for Mental Health; and

Professor Euan Wallace, Secretary,

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

Daen Dorazio, Deputy Secretary, Health Funding, Finance and Investment, Department of Health.

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

I ask that mobile telephones please be turned to silent.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2024–25 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

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

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

Witnesses will be provided with a proof version of the transcript to check, and verified transcripts, presentations and handouts will be placed on the committee's website.

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

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

Ingrid STITT: Thank you Chair. I would like to begin by acknowledging the traditional owners of the land on which we meet today, the Wurundjeri people of the Kulin nation, and pay my respects to elders past and present. I would also like to acknowledge those of us with lived and living experiences of mental ill health.

Visual presentation.

Ingrid STITT: Since the Royal Commission into Victoria's Mental Health System handed down its final report we have made the largest investment into the mental health system in Australia's history – that is more than \$6 billion in additional funding. The total output on mental health alone is projected to be almost \$3 billion in 2024–25, which is about double the budget prior to the royal commission announcement. This is in no small part due to the delivery of the government's new mental health levy, which has been supporting this additional investment since its introduction in January 2022. Indeed our government is delivering almost three times as much funding into mental health services as the previous government.

Building on this strong investment over recent years, this budget invests an additional \$206.1 million. This includes \$109 million in mental health and \$96.7 million in AOD services. This will continue our strong focus on priority recommendations of the royal commission and the delivery of the new statewide action plan to address the drug harms announced by me and the Premier last month.

I am pleased to confirm that work is underway on more than 90 per cent of the royal commission's recommendations. In the past year we have opened nine further mental health and wellbeing locals across the

state, bringing the total to 15. We have established three children's health and wellbeing locals in partnership with the Commonwealth government. We have completed construction of 22 new mental health beds at Royal Melbourne and opened 52 new beds at Sunshine Hospital. In September last year we marked a historic milestone with the commencement of the *Mental Health and Wellbeing Act*, and we have established eight new regional mental health and wellbeing connect centres to support the wellbeing of people caring for someone with mental health and substance abuse challenges. More than 300 mental health and wellbeing workforce scholarships have been made available, building on our \$600 million investment in workforce initiatives to date. We also launched the take-home naloxone program, increasing access to this life-saving medication.

Everything we have achieved so far has only been possible through the hard work and dedication of our sector, the workforce and those with lived and living experience. We want Victorians struggling with chronic addiction to have the best chance at recovery no matter where they live. That is why I was pleased to announce our government's \$95.1 million statewide action plan to address alcohol and other drug related harms last month. The plan includes a Victorian first trial of hydromorphone, a new grants program to improve access to pharmacotherapy services across the state, funding to deliver new naloxone-dispensing units in areas of high demand and a statewide overdose prevention and response helpline. It also includes expanded wraparound supports for intravenous drug users in the CBD of Melbourne, expanded street outreach services in two inner Melbourne locations and the appointment of Victoria's first chief addiction medicine adviser. As part of this package, \$36.4 million has been allocated to establish a community health hub in the CBD, which will provide primary health and wraparound services, including an enhanced outreach program.

I am also proud to deliver our new investment of \$25.6 million to support a more coordinated and stepped approach to eating disorders care. This includes \$6.4 million to deliver 10 dedicated early intervention professionals in the communities that need them the most through area mental health and wellbeing services, \$6.9 million to establish a new eating disorder day program in regional Victoria and \$6.5 million for two in-home intensive early engagement and treatment programs to help people living with eating disorders avoid hospitalisation. Funding is also provided to Eating Disorders Victoria to continue the important advocacy work they do in delivering support to people living with eating disorders and to their families and carers.

As I mentioned earlier, 15 mental health and wellbeing locals are now supporting adults across the communities listed in this slide. These new locals services are already demonstrating value to their communities. For example, in February this year the mental health and wellbeing local in Latrobe provided face-to-face support to Mirboo North residents following the Gippsland storm events. Mental health and wellbeing locals have supported over 6500 people to date. To give us the time to ensure we have the people and skills we need, this budget pursues a more gradual approach to the rollout of our mental health and wellbeing locals. That gives us the opportunity to train and recruit the required workforce, and it also makes sure we are learning from the rollout of the first two stages. Over the coming months we will be conducting an evaluation, developing the new graduate program and planning for future locations.

We know that, sadly, there are some groups in our society that are at much greater risk of suicide, often due to the harmful language and actions of others and the discrimination they experience in day-to-day life. This includes Aboriginal and Torres Strait Islander people living in Victoria and members of the LGBTIQ+ community. That is why the budget invests \$3.8 million in a range of successful programs, including Strong Brother Strong Sister, supporting Aboriginal young people in the Barwon region; Switchboard Victoria's suicide prevention program, including dedicated postvention and bereavement supports; Mind Australia's LGBTIQ+ and aftercare programs, supporting people who are having thoughts of suicide; Youth Live4Life's education and suicide prevention program for young people living in rural and regional Victoria; Roses in the Ocean's Peer CARE Companion Warmline for people caring for those experiencing suicidal behaviour, suicide attempt survivors and those bereaved by suicide; and the statewide helpline, Yarning SafeNStrong, for Aboriginal people in Victoria.

The budget continues to build on the more than \$600 million invested in mental health workforce initiatives since 2021. Funding has already been allocated for 2500 new positions, which will progressively come online through expanded graduate and early career intakes in 2023, 2024 and 2025. We have also supported 1800 training positions through our mental health graduate program. Between 2021 and 2023 we funded around 1700 additional FTE roles in our reformed mental health and wellbeing system. That is an increase of more than 17 per cent, well above historic averages, but we know we need to do more to build on this. It is why the budget invests \$15.8 million to continue expanding the workforce with a graduate program to support our

mental health and wellbeing locals. This program will include clinical and wellbeing positions supported by appropriate supervisors.

The budget is also funding the continuation or extension of a number of important programs, including \$6.4 million to continue Orygen's moderated online social therapy program, which supports young Victorians aged 12 to 25 across Victoria with self-directed therapeutic content to support face-to-face treatment; \$16 million over three years to open 20 youth prevention and recovery care beds in Heidelberg and Traralgon; and \$1.4 million to continue delivery of the successful TelePROMPT service, which connects paramedics at the scene of a mental health crisis in the community with mental health clinicians via telehealth. The 2024–25 Victorian state budget is another step forward in our transformation of the Victorian mental health and wellbeing system. It is focused on meeting urgent priorities and responds to calls from the sector to review the pace of reform and to prioritise building the workforce, which is exactly what we are doing.

Thank you, Chair. I look forward to taking questions from committee members.

The CHAIR: Thank you very much for that, Minister. The first 8 minutes is going to go to Mr O'Brien.

Danny O'BRIEN: Thank you, Chair. Secretary, can I ask for you to provide the current implementation plan for the royal commission recommendations, including the status, expected completion date and progress to date? Previously, in 2021, we had the minister provide us with that document. Could that be provided to us on notice?

Euan WALLACE: We can.

Danny O'BRIEN: Thank you. Minister, in budget paper 2 pages 44 and 45 show that since the royal commission handed down its report the number of psychiatrist vacancies has increased by 2.5 times and the number of psychologist vacancies has increased by 2.6 times what it was then. How many current positions are there in the public mental health system today, and how many vacancies?

Ingrid STITT: I thank you for that question, Mr O'Brien. I think in my presentation I took you to the record investments that we are making in the portfolio. We continue to build the –

Danny O'BRIEN: I am very interested in that, Minister, but in this case I am just after the data questions: the number of positions in the public mental health system and the vacancies. Could you provide that?

Ingrid STITT: As I was saying, we are very mindful of the fact that we need to continue to build the workforce in the mental health system. That is obviously associated closely with the recommendations of the royal commission and how we need to continue to build those services across the public sector and the community sector, but it is also –

Danny O'BRIEN: All very interesting, Minister. Can you provide the data I have asked for?

Ingrid STITT: I can certainly give you the figures that we have invested and the fact that we have already seen an increase between 2021 and 2023 of 1700 funded FTEs across the system.

Danny O'BRIEN: Yes, that is funded. That is all well and good. I am after the number of public mental health and wellbeing workers in the system now and the vacancies. Does the department have that data?

Ingrid STITT: The total FTE specialist services in 2023 is 11,560, so that is the number of positions.

Danny O'BRIEN: Yes, 11,560.

Ingrid STITT: Yes, that is right.

Danny O'BRIEN: And how many vacancies are there currently?

Ingrid STITT: Well, the vacancy rates are not running uniformly, but I obviously need to indicate that, like many across the health sector, like many subsectors of health, mental health has not been immune to some of the pressures on workforce attraction and retention, and we are obviously working really hard to address those vacancies.

Danny O'BRIEN: Yes, I understand that. How many are there? That is the question.

Ingrid STITT: I am not in a position to give you that figure right now. I want to make sure that we are able to provide you with an accurate figure, so if you are happy for me to take that on notice, Mr O'Brien –

Danny O'BRIEN: On notice? Thank you. That would be good.

Ingrid STITT: we will see whether or not we have got that accurate data that can be provided to the committee.

Danny O'BRIEN: If it is not actual numbers, if it could be a percentage vacancy rate, that would be welcome. The mental health and wellbeing workforce strategy 2021–2024 was released in December 2021. It had a number of priority initiatives to build Victoria's mental health workforce, which it outlined as action areas 1a to 1d on pages 23 to 27. Perhaps to the Secretary or to Ms Whetton, if she has got it: how many of the 1000 relocation subsidies for international workers were delivered each year since they were announced in 2021?

Euan WALLACE: We do not have that data in front of us today. If we have got it, we will provide it.

Danny O'BRIEN: Can you take it on notice? Yes. Given the answer, there are all those action areas that I mentioned. Could we get an update on the performance on each of those action areas, taken on notice, Secretary?

Euan WALLACE: Yes.

Danny O'BRIEN: So, just to be clear, that is pages 23 to 27 of the workforce strategy, action areas 1a to 1d. That would be wonderful. Thank you. Minister, going back to the question on the vacancies, you mentioned in your presentation there is \$600 million being spent on the workforce, but it has only delivered a net increase in vacancies so far.

Ingrid STITT: That is not quite what I said. But I am happy to take you through –

Danny O'BRIEN: Well, as I indicated, in budget paper 2, pages 44 and 45, taking psychiatrists and psychologists, there is a 2.5 times increase in both of those areas. How is it that you have spent \$600 million – or have you spent \$600 million? Has it actually been spent or just allocated?

Ingrid STITT: The strategy was delivered in December 2021, and we have supported that strategy with more than \$600 million in funding. The strategy actually highlighted the need for an additional 2500 positions to meet the reform priorities. Of the 2500 to date we have been able to increase our FTE – so that is not headcount, that is FTE – by 1700. I reiterate that that is a 17 per cent increase, which is well above the historic growth that we have seen in the mental health workforce. Obviously, this is the –

Danny O'BRIEN: Can I just clarify the answer, because you said in your presentation that the funding supports 2500. Can I just clarify that those 1700 are filled positions and not just positions you have created that are yet to be filled?

Ingrid STITT: They are already filled positions, and of course we are not going to stop there, Mr O'Brien. In this particular budget we have also invested \$15.8 million. That is about building that pipeline of the workforce for the mental health and wellbeing local services. But we have also had funding for dedicated graduate positions as well, on top of those figures. We know that graduate programs are particularly important, because we want to make sure that we are giving first-year students that on-the-ground experience so that they can help build their knowledge and skills and confidence. We have commissioned –

Danny O'BRIEN: Okay. The 2500, Minister, that you have mentioned – when will they be delivered in full?

Ingrid STITT: Well, the investment was to be fully delivered by 2025. We have already commissioned 2543 jobs. They have been commissioned and we are progressively implementing that commissioning. We have already, as I have indicated, delivered 1700 FTEs across the system.

Danny O'BRIEN: Okay, thank you. The strategy repeatedly states that the Victorian government is committed to refreshing the strategy every two years. When was the workforce strategy last reviewed and refreshed?

Ingrid STITT: I have been briefed on the strategy since coming into the portfolio roughly 7 months ago, but I might ask the Secretary or the Deputy Secretary to –

Danny O'BRIEN: I guess it is a simple question: has it been reviewed since it was released in 2021?

Euan WALLACE: Well, our overarching workforce strategy has been reviewed. Since the strategy was first launched, the department, as you know, has undergone a reorganisation. We have brought all of our workforce teams together and –

Danny O'BRIEN: I am referring specifically to the mental health workforce strategy.

Euan WALLACE: Yes. So as part of that and as part of our overall healthcare workforce strategy for the whole department, the mental health workforce is being reviewed as part of that. But as a standalone strategy it has not been reissued, if you like.

Danny O'BRIEN: Okay. Thank you.

The CHAIR: Thank you, Mr O'Brien. We will go to Mr Galea.

Michael GALEA: Thank you, Chair. Good afternoon, Minister. Good afternoon, Secretary – welcome back again – and good afternoon, officials. Minister, if I can take you to budget paper 3, page 46, the department's output initiatives, and also to the Treasurer's remarks in budget paper 1 in relation to the more gradual rollout of the mental health and wellbeing locals. Minister, specifically in relation to the government's implementation of the royal commission's recommendations, can you please talk to me about how the line item 'Growing the new mental health and wellbeing locals workforce' will help to achieve those 50 locals in total?

Ingrid STITT: Thank you very much for that. Of course, Mr Galea, you would know that the royal commission's final report into the Victorian mental health system really was groundbreaking in the sense that it gave us a very clear road map of the key reforms that needed to be made. It is a very substantial report, and I think that it is a 10-year reform journey, as outlined by the royal commission, so it is important that as we are rebuilding the system and providing the resources and investments where they are needed the most that we are doing that in a way that is sustainable.

Since we received the final report from the royal commission we certainly have not wasted a day in that rebuilding work. We have invested more than \$6 billion to support the delivery of the royal commission's recommendations. I am pleased to say that we have commenced progress on 90 per cent of the recommendations, and we are seeing some significant improvements and changes to our system. If I can just respond to the first part of your question as it relates to the mental health and wellbeing locals, we know that the royal commission report recommended that we establish these adult and older adult mental health services to support what the royal commission described as the missing middle of the mental health system – those with mental health challenges that were too complex for primary care or a GP visit but were not complex enough to see them require an acute bed. We have been really focused on delivering on that recommendation because not only will it be a very appropriate support for people in that category who are experiencing mental health challenges but it will also alleviate pressure on the more acute end of the sector.

It is important to note that we have already rolled out 15 mental health and wellbeing locals operating across the state in metropolitan, regional and rural areas, and that represents almost a third of the 50 locals that the government will be implementing. The first six locals commenced operating in October 2022, and they are located in Benalla–Wangaratta–Mansfield, Latrobe, Frankston, Greater Geelong–Queenscliffe, Brimbank and Whittlesea. All six of those locals are now providing face-to-face services, so that includes walk-in services. The second tranche of locals commenced providing wellbeing and mental health supports via telehealth on 19 December last year, and those nine locals are located in Orbost, Bairnsdale, Bendigo, Echuca, Dandenong, Shepparton, Melton, Mildura and Lilydale. All of these locals are now offering outreach services, so that actually enables people to receive face-to-face support in their own home or at another place in the community, which I think is going to be pretty helpful for some people who may not want to just do telehealth. The second

tranche of local services are prioritising recruitment and onboarding of their workforce and securing sites in the local community as they progressively scale up their service delivery.

As of 31 March 2024 the mental health and wellbeing locals have supported over 6500 Victorians since the first six services commenced in October 2022, so when you think about that alleviating the pressure on busy GPs or the more acute end of the system, that is a really great start. In February 2024 the mental health and wellbeing local in Latrobe – I think I mentioned this in my presentation – were swiftly able to deploy staff to support residents who had been impacted by the severe storms in Mirboo North, and they established –

Danny O'BRIEN: Very grateful for your assistance, Minister, thank you.

Ingrid STITT: Yes, thank you, Mr O'Brien, and I know they did a great job. They were there for a number of weeks – seven weeks in fact – to provide that face-to-face support for those people in that community who had really been through quite a traumatic event. So the mental health and wellbeing local services are designed to act as that front door, as I mentioned, to the mental health and wellbeing system. They provide free, easy-to-access mental health care and support close to home. Nobody needs to jump through hoops to get a referral from a GP. You can just present at one of our locals and receive that support at that front door. They have got a philosophy based on how can they help and that there is no wrong door into the system, so even if they end up needing to refer somebody to a more specialist service or a different type of mental health support, there is a real attitude of making sure that they are helping navigate people through that process.

It is important to remember that these are new, innovative services that have never been attempted before. Planning work is definitely underway and will continue for our future mental health and wellbeing locals, and we want to make sure that these services deliver on the vision of the royal commission and provide the Victorian community with what they need, which is why we need to make sure that we are carefully building the workforce that will be necessary to deliver these services in additional locals and that we are taking a more measured pace when it comes to rolling out the remaining local services. I think it is obviously important to note also that the budget invests \$15.8 million to continue expanding the workforce with the graduate program, helping to establish that pipeline of future skilled workers. And I think that it is a really fantastic place for our mental health graduates to start their careers in the mental health system. It is going to give them a very good grounding in learning from those more experienced staff around them, and we want to thank all of the workers right across all of these new services and our partners that have been delivering across the state, both regionally and in metropolitan Melbourne.

Michael GALEA: Thank you, Minister.

The CHAIR: Thank you, Minister. We are going back to Mr O'Brien.

Danny O'BRIEN: Thank you, Chair, and Minister, I just wanted to continue on that, but it is a technical question and might be best for Mr Dorazio. The \$15.8 million for growing the mental health and wellbeing locals workforce on page 46 of budget paper 3 – the footnote indicates that there is a Commonwealth contribution. Can you tell me how much the Commonwealth contribution is to that line item, footnote (a)? If Ms Whetton knows it – whoever might be aware.

Daen DORAZIO: We will be able to provide that to you. I do not have it right in front of me right now.

Danny O'BRIEN: Take it on notice?

Daen DORAZIO: Rather than use the time like that, yes.

Danny O'BRIEN: Or if you can find it while we are talking, that is fine. Can I ask also, probably again to Ms Whetton, the royal commission's recommendation regarding the locals: where will the 50 to 60 locals recommended by the royal commission be established? We have heard of the 15 that have already been established. Where are the rest going? Do you have a list?

Ingrid STITT: Mr O'Brien, it is probably more appropriate for me to take that question, and as I have indicated to the committee already on a couple of occasions this afternoon, we will be taking the time necessary to plan for the future locations of these locals. I think that it is important to note that while we do that work and while we continue to build the workforce, we will be maintaining the hubs that exist in a number of locations

around the state. They will not be decommissioned; they will be continuing on so that we have that very good footprint of supports across the state. We will be immediately working through those planning issues around the locations.

Danny O'BRIEN: Right. So that has not been decided as yet. Will they be operational by the end of 2026, as recommended by the royal commission?

Ingrid STITT: Well, we will certainly be continuing to do the work around the planning for our locals, but I think that we have been quite up-front about the fact that building the workforce is a key priority and has been somewhat of a challenge –

Danny O'BRIEN: Yes, I get that. I understand all that.

Ingrid STITT: in terms of making sure that the delivery of these locals continues.

Danny O'BRIEN: I just want to know whether that will be delivered by 2026. I take it has not been decided where they are yet.

Ingrid STITT: Well, we have previously indicated where the locals would be located –

Nick McGOWAN: Ringwood, for example.

Ingrid STITT: Yes. What I am saying to you is that we have every intention of delivering on the royal commission recommendation.

Danny O'BRIEN: Yes.

Ingrid STITT: We are taking the necessary time to build the workforce and do the planning for the commissioning of the remaining locals.

Danny O'BRIEN: Right. Have you got a list, publicly available, of where all the locations are, or have you not decided that yet?

Ingrid STITT: No, we are working through the planning.

Danny O'BRIEN: That is okay. I just wanted to know.

Ingrid STITT: We are working through the planning.

Danny O'BRIEN: Okay. My colleague mentioned Ringwood. Areas like Horsham and Werribee as well have a critical shortage of mental health supports. They were announced in March 2023 as the next tranche. When will the next 12 locals be opened?

Ingrid STITT: As I said, we are going to be undertaking that planning work, but can I just reiterate the fact that the 2024–25 budget provides funding for the support of those 13 mental health and wellbeing hubs to continue to provide community –

Danny O'BRIEN: I understand that.

Ingrid STITT: No, but it is relevant, Mr O'Brien.

Danny O'BRIEN: Yes, I know. It is relevant, and you have already answered that. That is fine.

The CHAIR: Mr O'Brien, let us hear the minister.

Danny O'BRIEN: I have heard that.

Ingrid STITT: It is highly relevant because these services will continue as we do the careful planning and the building of the workforce to roll out the locals.

Danny O'BRIEN: Yes, I 100 per cent get that.

Ingrid STITT: There is one in Werribee, Craigieburn, a satellite site in Coburg –

Danny O'BRIEN: But I just want to know when the locals will actually be opened.

Ingrid STITT: Footscray, Abbotsford, Greensborough, St Kilda, Box Hill, Horsham, Ballarat, Warrnambool, Wonthaggi and a satellite site in Cowes.

Danny O'BRIEN: Minister, I understand the hubs; I just want to know when the actual locals will be opened – the 12 that you have already announced last year.

Ingrid STITT: We have 15 open currently.

Danny O'BRIEN: No, but you announced the next 12 in March 2023, I understand.

Ingrid STITT: Well, we will be commencing and continuing with the planning work. We will be, as the budget papers show, investing \$15.8 million to continue to build the workforce that is going to be necessary to deliver these locals.

Danny O'BRIEN: Can I move on to –

Ingrid STITT: I am looking forward to getting on with that work, Mr O'Brien.

Danny O'BRIEN: Okay. Can I move on to regional mental health and wellbeing boards. The department's website indicates that:

The Boards composition and functions are enshrined in the new Mental Health and Wellbeing Act ... An amendment to the Act has extended the timeframe for establishing the new Boards to 31 December ...

this year. When will the boards actually be established?

Ingrid STITT: The government is considering what the next steps are for the mental health regional governance arrangements. I expect to be able to share more about that in the not-too-distant future, in the coming months, but I –

Danny O'BRIEN: Okay. Righto. So they will be established, if consistent with the current Act, by the end of the year?

Ingrid STITT: Well, we are committed to transforming the mental health and wellbeing system, Mr O'Brien, and implementing every one of the royal commission's recommendations.

Danny O'BRIEN: Okay. Speaking of which, recommendation 2 of the royal commission interim report handed down in 2019 outlined the urgent need for an additional 170 acute mental health beds. Recommendation 2 was to be completed by mid-2022. How many of those 170 beds have actually been delivered?

Ingrid STITT: Thank you. If I could just take you through the details of the delivery of beds against that recommendation –

Danny O'BRIEN: The detail I want is how many have been delivered.

Ingrid STITT: The royal commission was very clear that we did need additional acute inpatient public mental health beds, and that is what we have been delivering. So far we have delivered 179 beds, Mr O'Brien, which exceeds the recommendations of the royal commission.

Danny O'BRIEN: That is 179 acute mental health beds?

Ingrid STITT: Correct. That includes 52 beds at Sunshine Mental Health and Wellbeing Centre, and those beds were designed in consultation with people with lived experience of mental health. The facility features sensory rooms, de-escalation rooms, internal courtyards, enclosed garden areas, really fantastic areas for staff and family and treatment rooms.

Danny O'BRIEN: Thanks, Minister. I am interested, though, in budget paper –

Ingrid STITT: I have not quite finished the answer, Mr O'Brien.

Danny O'BRIEN: No, I just wanted to know how many have been delivered. You are giving me what sort of flowers are on the wall now. I do not really need that.

Ingrid STITT: One hundred –

The CHAIR: Mr O'Brien, please keep it civil.

Ingrid STITT: Mr O'Brien, I am happy to just go to the figures.

Danny O'BRIEN: I am sure you are. You have given me the figures. That is what I asked for, but I want to ask –

Ingrid STITT: But I think it is important to –

Danny O'BRIEN: What is important is what the committee wants to know, Minister.

Ingrid STITT: Sure.

Danny O'BRIEN: Budget paper 4, page 64, there is an existing project line item there, 'Additional acute mental health beds in regional Victoria', which is not to be delivered until quarter 4, 2028–29. What are those beds?

The CHAIR: Apologies, Mr O'Brien. We will go to Mr Tak.

Meng Heang TAK: Thank you, Chair, Minister and officials. Minister, I refer to budget paper 3, pages 46, 50 and 54, which detail the investment of \$95.1 million to reduce drug-related harms in the CBD and across Victoria. Minister, could you please take the committee through how this investment builds on the year-to-year investment of the Allan Labor government in drug services to help ensure that Victorians experiencing addiction can get care and support no matter where they live?

Ingrid STITT: Thank you, Mr Tak. When it comes to drug harm in the community, we are certainly very proud to take a health-led approach and minimise the impacts of addiction and drug use on the Victorian community. Since 2014 our government has more than doubled annual investment in the AOD treatment and harm minimisation services that Victorians need, and indeed this year's budget anticipates a total output spend of \$376.3 million. That is detailed in BP3. That is an increase of 118 per cent as compared to 2014, so it is a significant undertaking and commitment to this area of important public health.

This year investment supports the Victorian publicly funded AOD system, which now consists of over 100 service organisations, and it provides care and support to around 40,000 Victorians every year. Can I just take the opportunity to thank those many organisations and their highly skilled AOD workers for the work they do day in, day out. It is really incredibly important work – life-saving work in many cases – and it is challenging work, but we are very, very grateful for the work that they do.

Because of our government's sustained investment in the portfolio, including in this year's budget, we have been able to double the number of residential rehabilitation beds around the state, alongside a significant increase in the number of withdrawal beds that we have available. Many of those additional beds have been commissioned in parts of regional Victoria. For example, we delivered a state-of-the-art 20-bed youth residential rehabilitation facility in Traralgon, which I have had the opportunity to visit. It is an amazing service, and they are helping those young people turn their lives around. We have delivered on this important facility, and that was part of a \$52.1 million investment that also saw the establishment of 30-bed facilities in Wangaratta and Corio. These facilities are collectively helping around 900 Victorians every year access those vital rehabilitation supports that they need.

But it is not the only thing we are focused on. We are supporting a range of additional community-based services and initiatives which are aimed at minimising harm and reducing the need for more acute interventions. That includes expanding access to that life-saving opioid reversal medication naloxone through our take-home naloxone program. It has delivered Victoria's first medically supervised injecting service in North Richmond, which has to date saved at least 63 lives and safely managed more than 8000 overdoses.

These investments are critically important. We know that drug harms in Victoria are an increasing problem, and we need to deal with them. We have got a more volatile global drug market, and we know we need to do more.

In 2022, tragically, 549 Victorians died from overdose, and 230 of those involved heroin. Any drug-related death is one too many. I want to acknowledge the lives lost due to addiction and of course those loved ones that are left behind. It can have a devastating impact on families, friends, coworkers, the whole community. Drug harms occur in all of our communities. They occur in the CBD, but they also occur right across the state, which is why I was really pleased that we were able to provide \$95.1 million in this year's budget to implement our statewide action plan. Importantly, the statewide action plan has three key elements to it: expanding statewide supports, targeting supports for the most vulnerable in the CBD and strengthening leadership and oversight.

On that topic, which has not really been talked about as much as some of the other initiatives in the statewide plan, we really need to strengthen our leadership and oversight in this policy area, which is why we have announced that we will be appointing Victoria's first chief addiction medicine adviser. This was a key recommendation from the John Ryan review. He led that independent review into the North Richmond service. We will also be establishing a ministerial advisory committee made up of sector experts to provide strategic advice to government on how best we can respond to not just the current challenges but any future risks.

Another significant initiative that has not been talked about too widely in the public domain but something where I know that the workforce and all of our incredible service providers are very pleased that the government is going down this pathway is the development of our first statewide AOD strategy. It is really important that we have a strategy that maps out what the risks and opportunities to reduce harm are rather than having a situation where we are reacting in a fast-changing, very dangerous drug market. We want to make sure that we have that more strategic approach, so we will be commencing some pretty extensive consultation across the sector as we develop that first AOD system-wide strategy.

There is obviously heaps more to say about this policy area, but we are very proud to make the investments that we have in this year's budget and the fact that it is a very comprehensive plan which will not just help some of the most vulnerable in the CBD when it comes to drug harm, in particular opioid addiction, it will also extend those supports broadly across the state, including access to pharmacotherapy.

The CHAIR: Thank you, Minister. Mr O'Brien.

Danny O'BRIEN: Thank you. A question probably for Ms Whetton: as part of the statewide action plan with respect to harm reduction initiatives does the department know details of the number of accredited pharmacotherapy prescribers in Victoria by postcode? Do you have that sort of data?

Katherine WHETTON: Not at hand.

Danny O'BRIEN: Not at hand. Are you happy to take it on notice? I am particularly interested also in those that have more than 50 clients and those prescribers that are aged over 65, if you have that data.

Ingrid STITT: Mr O'Brien, obviously we will see whether that kind of data breakdown is available. I think that it is important to make the broader point that we know that we have to invest in strengthening the pharmacotherapy systems in Victoria.

Danny O'BRIEN: You do not need to make any points. I just want to ask for the data.

Ingrid STITT: That is why we have made the investment that we have in the statewide action plan. We know that, for example, we had a situation recently –

Danny O'BRIEN: Minister, I have asked a question about data. Ms Whetton has offered to take it on notice, if you have got that data. I do not –

Ingrid STITT: Sure, I was just trying to be helpful and provide context.

Danny O'BRIEN: I know you are, and I am very grateful for you to be helpful, but I have got limited time. In relation to harm reduction initiatives, when will the promised sobering-up centres in Geelong, Ballarat, Bendigo, Mildura, Swan Hill, Latrobe Valley and East Gippsland be operational?

Ingrid STITT: Thank you, Mr O'Brien. This is an important area of policy reform, public intoxication decriminalisation reforms, and what we committed to was a sobering-up centre in Collingwood and in St Kilda.

Danny O'BRIEN: Yes. That was not the question.

Ingrid STITT: Places of safety were the provision for support in a number of different regional services across the state. A number of them have a focus on Aboriginal Victorians in regional communities, so quite rightly the organisations delivering those services are building the models of care that are best suited to the communities.

Danny O'BRIEN: Do you have a date as to when they will be operational in regional Victoria?

Ingrid STITT: Well, a number of them already are, but there are a range of different supports in place, including outreach services. There is a statewide helpline which triages any calls that come in from across the community as to whether or not they need an emergency response or whether the teams of outreach workers are the most appropriate to respond to an individual in the community who may be intoxicated. Places of safety are distinct from the sobering-up centres, which are –

Danny O'BRIEN: Are there going to be sobering-up centres in those regions that I mentioned?

Ingrid STITT: Well, that was never part of the original announcement, Mr O'Brien. It was places of safety. For example, I had the opportunity –

Danny O'BRIEN: What is the difference?

Ingrid STITT: to visit the Shepparton service, and they had set up a service which did have beds for people that may need to sleep it off or get some care from the workers that were at that service, but it also provided places of safety where people could simply in a kind of homely environment have a cup of tea, sober up and know that they had that care and support. Those workers were then able to connect them with other members of the community, whether they be family or friends, to get those people home safely.

Danny O'BRIEN: Okay. Speaking of Shepparton, what is the cost per month for the Shepparton, St Kilda and Collingwood sobering-up centres?

Ingrid STITT: Just one moment, Mr O'Brien. I will just check for you whether we have got that to hand or not.

Danny O'BRIEN: Perhaps the department – do you know if that is in your packs?

Euan WALLACE: We have got total investment.

Danny O'BRIEN: No, you do not know, or no, you do not have it? Are you happy to take it on notice?

Ingrid STITT: Well, we have allocated \$26.9 million in the 2024–25 budget to continue the public intoxication reforms and response. Interestingly, Mr O'Brien –

Danny O'BRIEN: That is the question: what does that fund, Minister? Is that just the three existing sobering-up centres? How much do they cost per month?

Ingrid STITT: No, that is for them all.

Euan WALLACE: It is \$78.8 million over two years. The minister says it is \$26.9 million in this forthcoming year, and that is for the entire –

Ingrid STITT: Statewide.

Euan WALLACE: statewide service.

Danny O'BRIEN: Right. But when I asked the previous question, I did not get an answer as to how many there will be in regional areas. How many will we have for our \$70 million, or whatever it was?

Ingrid STITT: In terms of the regional centres, we have Geelong, Ballarat, Bendigo, Shepparton, which I have already mentioned, Mildura, Swan Hill, Latrobe and East Gippsland.

Danny O'BRIEN: Yes. That was the question that I asked previously, Minister. They are to be established, or have they been established?

Ingrid STITT: There are outreach services, and in some of those locations places of safety already – well, there are outreach services operating in all of them and there are some places of safety in a number of them. I think, as I mentioned earlier, this work and this reform is particularly pertinent to First Nations people in Victoria because of the disproportionate impact –

Danny O'BRIEN: Again, I do not need the background, Minister.

Ingrid STITT: No, but it is actually relevant, Mr O'Brien –

Danny O'BRIEN: It might be relevant, but it is not the question I asked.

Ingrid STITT: because it goes to the question of the model of care that is more appropriate –

Danny O'BRIEN: Sorry, Minister, I am going to move on.

The CHAIR: Mr O'Brien, the minister is genuinely trying to answer your question. Context is important and relevant –

Danny O'BRIEN: No, it is not relevant.

The CHAIR: in answering your question.

Danny O'BRIEN: Minister, how many people use each service – Collingwood, St Kilda and Shepparton – each day on average?

Ingrid STITT: Well, I can give you the global figures. We have conducted more than 5625 outreach services up till 31 March.

Danny O'BRIEN: What about actually using –

Ingrid STITT: and we have supported 417 stays at the sobering services in that period.

Danny O'BRIEN: That is the three?

Ingrid STITT: No, that is the total. As I have tried to explain to you – but I am not sure that you are grasping this – there are two sobering centres where people can stay the night in a supervised environment: Collingwood and Ngwala in St Kilda.

Danny O'BRIEN: That is what I am asking about.

Ingrid STITT: Yes, 417 stays.

Danny O'BRIEN: At those two?

Ingrid STITT: Now, the only caveat I would place on that is in a couple of our regional locations there are facilities available if people need to stay overnight. I can certainly double-check those figures, but they are the global figures across the state.

Danny O'BRIEN: Can I ask, specifically for Collingwood, how many people are coming through the door each month or week – whatever figure you might have.

Ingrid STITT: I do not have a breakdown available, Mr O'Brien. I have the figure of 417 stays –

Danny O'BRIEN: That is since they opened?

Ingrid STITT: to 31 March, since they opened.

Danny O'BRIEN: Righto. No problem. Thank you.

The CHAIR: Thank you, Mr O'Brien. We will go to Ms Kathage.

Lauren KATHAGE: Thank you, Chair, Minister and officials. I would like to ask about eating disorders. We see that there has been an increase in presentations to hospitals with eating disorders in Victoria, and I guess that is part of a worldwide trend and what is going on at the moment. I saw that as part of this budget response, on page 52, there is an initiative there: 'Support and treatment for eating disorders'. Can you please tell me, Minister, what this is going to provide and how it will support people that need help?

Ingrid STITT: Thank you, Ms Kathage, for that question. It is a really important issue that you are drawing attention to. Unfortunately, we have seen a significant rise in new eating disorders and indeed presentations, particularly amongst young people in recent years. Sadly, that is a statistical picture that is replicated around the world. Of course we are absolutely committed to making sure that our investments are targeted in the right areas but also that the investments are targeting early on and we are intervening early on in people's ability to turn that situation around and to recover much earlier and not be hospitalised. Obviously young people in particular are under a lot of pressure in our society. It is not just the result of the pandemic, it is also from the impact on mental health and wellbeing associated with a very complex and dynamic social media landscape.

We are aware that there is a high number of admissions for individuals seeking urgent and acute care related to complex eating disorders in general, and mental health wards are committed to taking steps to try and address this growing problem. That is why we are providing high-quality safe and equitable treatment for all Victorians living with eating disorders. It is a very high priority for the government and for me as minister. We know that people who experience eating disorders respond best when those mental health supports are provided early, giving them that ability to recover. The royal commission did touch on this issue, and they were very clear in their recommendations that we need to build a responsive and integrated system with the community at its heart. The recommendations set out a 10-year vision for a future mental health system where people can access treatment closer to home and in their communities, and that is what we have tried to do in building the investments that are contained in this budget.

\$25.6 million of investment will be provided to support a coordinated and stepped approach specifically for eating disorders care. This includes better integrated community-based services, home-based care to prevent the need for hospitalisation and an intensive day program designed to achieve similar outcomes to inpatient care while allowing consumers to remain at home. Part of this funding is \$5.8 million to continue to support the really important work that Eating Disorders Victoria do, helping them in their role not only of advocating around these issues but the really great work they do supporting the families and carers of young people experiencing eating disorders. I think this has been warmly welcomed by that organisation.

We are also investing \$6.5 million into two in-home intensive early engagement and treatment programs, one of which will be delivered by the Alfred and one in a second infant, child and youth area mental health and wellbeing service. This work is really aimed at preventing young people from requiring hospitalisation. The initiative will provide peer-led, step-in supports for young people and their families during the initial crisis. That is really what families go through when this occurs – it is a crisis – and the first diagnosis or occurrence of symptoms is the best time to intervene. We provide a step up to treatment for those not responding to that less intensive community treatment and provide a step down for acute treatments where inpatients are able to go home and get that step-down support so we are not having to re-admit people to hospital if they relapse. The program will be tailored to the specific needs, goals and circumstances of each young person and their family. Under the plan a multidisciplinary team consisting of senior mental health clinicians, nurses, dietitians, family peer specialists and youth peer workers will deliver in-home eating disorder treatment. It will operate over extended hours, which I think is something that will be welcomed by families trying to deal with these complex issues, and will help improve access to early intervention and intensive community-based care.

While our implementation of the royal commission reforms will mean that more Victorians are able to receive care in their community, we know that, sadly, some Victorians who live with eating disorders will require a period of treatment in an acute setting. That is why, in addition to the \$25.6 million package, this year's budget provides a further \$5.1 million in funding for Austin Health, Monash Health and Melbourne Health for their eating disorders bed-based services so they can continue to provide care to the most unwell – acutely unwell – young people experiencing eating disorders.

Importantly, these investments will support the release of the forthcoming eating disorders strategy. We are committed to continuing to provide that high-quality, safe and equitable treatment for all Victorians impacted by eating disorders. The investments that we make in this year's budget will support Victorians as we finalise this strategy. We want to take that system-wide approach to prevention. As I mentioned, early intervention is absolutely critical for successful treatment outcomes and Victorians living with eating disorders as well as their carers and supporters.

Unfortunately, we are only seeing a rise in eating disorders across the community. This is not something that is unique to Victoria; as I mentioned earlier, it is a national trend, an international trend. We want to be able to provide that very tailored support, that early intervention. And we are very grateful to those specialist acute services that I mentioned, who will be continuing to provide that very high level of care for those that might not be able – or it might not be appropriate for them – to have that treatment at home.

Lauren KATHAGE: Thank you, Minister.

The CHAIR: Thank you, Minister. We will go straight to Mr Puglielli.

Aiv PUGLIELLI: Thank you, Chair. Good afternoon.

Ingrid STITT: Hello.

Aiv PUGLIELLI: The Royal Commission into Victoria's Mental Health System recommended that the Victorian government establish a new non-government agency led by people with lived experience of mental illness or psychological distress, essentially to develop and deliver services led by people with lived experience to create and strengthen linkages between people with lived experience and the organisation they lead. This lived-experience agency was meant to be funded by this year's budget at the latest, yet there is still no funding for this agency that I have seen in here at all. Are you going to establish this agency the government promised? If so, why isn't it in the budget?

Ingrid STITT: Thank you for your question, and it is a really important area of work associated with the royal commission's report. We know that the royal commission laid out in graphic detail, I think, and took lots of evidence to demonstrate how important it is for those with lived experience to be at the centre of how we design our models of care. I have been to some fantastic examples of where that is happening already across our system, where we have been embedding lived-experience workers side by side with our clinician teams to deliver that additional model of care. So nobody –

Aiv PUGLIELLI: That is fantastic to hear, but the agency, though – are you going to deliver it?

Ingrid STITT: We are very proud of the fact that we have already committed over \$140 million to elevate and enable our lived-experience leadership across a range of important measures. This investment includes –

Aiv PUGLIELLI: Sorry, just to clarify: I do not discount what you are saying, Minister, but is that still a commitment of the government? Are you going to deliver this agency?

Ingrid STITT: Absolutely. We are absolutely, as I have said probably half a dozen times already in today's hearing, committed to implementing every single one of our royal commission recommendations. I guess all I was trying to do was to give you some context to the significant amount of work that we have already done in this area – over \$140 million of initiatives which embed lived experience into the system and make sure that not just in the workforce do we have lived experience as part of the offering, but also a number of important agencies have lived experience embedded into their leadership structures.

Aiv PUGLIELLI: Thank you for clarifying. I do appreciate that.

Ingrid STITT: And of course I understand that a number of our lived-experience advocates – who I want to thank for the important work that they continue to do in helping us rebuild our mental health system – many of them will be disappointed that the agency was not funded in this's budget, but I want to reiterate the government's commitment to working alongside our lived-experience peak bodies, our lived-experience workforce and advocates, and we are committed to implementing every single one of the royal commission's recommendations.

Aiv PUGLIELLI: Thank you, Minister, and I do appreciate you putting that on the record today for the committee. A little while ago we heard that the Labor government is seeking further advice on drug checking, often also referred to as pill testing. Have you received that advice? What was it?

Ingrid STITT: Mr Puglielli, it is a fairly important policy area.

Aiv PUGLIELLI: That is why I am asking about it.

Ingrid STITT: Yes. My department are continuing to prepare that advice, and that advice will be provided to me in due course and the government will consider that advice.

Aiv PUGLIELLI: Thank you, Minister. Due to funding constraints I understand Lifeline centres across Victoria are at risk of reducing service delivery, despite demand for their services continually increasing. I understand Lifeline Australia requested that the Victorian government establish an ongoing grant of \$7.2 million per year to support Lifeline in Victoria; however, this budget does not contain that funding for Victorian Lifeline centres, at least not that I can read. Why has the government chosen not to fund them?

Ingrid STITT: Look, can I just say that in respect to Lifeline they do incredibly important work, and we have worked closely with them on the royal commission recommendations, because one of the recommendations went to the question of making sure that our phone lines were more integrated and less difficult for people to navigate, so I want to acknowledge and thank them for the work that they did in that regard. Lifeline receives significant funding from the federal government. We have provided funding periodically to Lifeline, but the majority of their funding is sourced through the federal government.

Aiv PUGLIELLI: Okay. I appreciate you pointing that out. When Lifeline visited this Parliament back in February this year the Speaker of the Legislative Assembly said:

It is a service that we should never ever take for granted.

Notwithstanding the Commonwealth funding you are pointing to, if the state government is not funding them, are you taking them for granted?

Ingrid STITT: I think that that is a flippant question, frankly. I just said that they do incredibly important work not just in Victoria but across Australia.

Aiv PUGLIELLI: But their funding is sufficient, in your view?

Ingrid STITT: I have just indicated that the majority of their funding is sourced through the Commonwealth, so for you to imply that that somehow means that we are not committed to the organisation, nothing could be further from the truth. I really respect the work that they do. In fact I have met with Lifeline – I attended that event in the Parliament – and I am looking forward to continuing to work closely with them and many of the other organisations that provide that important emergency support to people in the community.

Aiv PUGLIELLI: Absolutely. I appreciate you putting that on the record. With regard to the hydromorphone trial, why is it 30 people a year for two years?

Ingrid STITT: Thank you for that question. Obviously this is a really important initiative. It is a very innovative treatment but a very important treatment for those who have been resistant to other pharmacotherapy treatments and have really struggled with their opioid addiction. It is very important that that trial is conducted in a medically supervised setting, and the government has taken the decision to locate that trial at the CBD community health hub, which we will be delivering in 2026. That is the decision of the government to conduct the trial at that location, and we will be getting on speedily with delivering that project.

Aiv PUGLIELLI: Thank you. Just on that, actually, can I ask why it is not being offered at the North Richmond injecting room?

Ingrid STITT: The advice that I have received is that that is not the best idea to co-locate such a trial at the same location as the medically supervised injecting room.

The CHAIR: Thank you, Minister. We will go to Mr Hilakari.

Mathew HILAKARI: Thank you, Minister, Secretary and officials, and I appreciate the time that you are giving us this afternoon. Minister, I might take you to budget paper 3, page 132. It goes to the output funding, particularly relating to the health workforce training and development. I am just hoping you can take us through how this support will help grow the mental health workforce. I know we have talked a little bit about that, but it is really just a fundamental element for us to grow our services.

Ingrid STITT: Thank you so much, Mr Hilakari, for that question. This will give me the opportunity to get out a few of the things I was trying to discuss with Mr O'Brien earlier. Firstly, I just want to take a moment to acknowledge the hard work and the challenging work that all of our mental health workforce undertake day in and day out. They really do support Victorians at their greatest hour of need, and I want to thank them. I want them to know that the government absolutely appreciates the work that they do and that we will continue to back them in. These workers are central to rebuilding our mental health system right across the board.

We know that there are many, many challenges highlighted by the royal commission, with their final report recommending that workforce strategy be developed, which we have done. We want to make sure that we deliver on that strategy. In December 2021 we delivered the strategy and provided that to the sector and to the general public. It sets out a really clear pathway towards building the diverse and multidisciplinary workforce that we are going to need to help treat, care for and support Victorians with mental illness or those experiencing psychological distress.

In response to the royal commission's recommendations we have invested more than \$600 million from 2020–21 to grow, support, retain and develop the mental health workforce. That historic investment has seen the commissioning of over 2500 new mental health workers in the mental health and wellbeing system. Despite the global pandemic and despite some of the pressures associated with that on the health system more broadly, including mental health, we have been able to continue to attract new workers to the sector, which is very important. As of 2023 there is a total of more than 11,500 FTE mental health roles across Victoria, and as I indicated in my earlier exchanges with Mr O'Brien, that is an increase of 17 per cent, which is a historic uplift. That means more psychiatrists and it means more mental health nurses, more allied health professionals and more lived-experience professionals. I have been out to a number of our health services where the lived-experience and peer workers work alongside the clinicians. It is amazing, actually, the models of care that they have been able to build and deliver, and the culture of those services really, really impressed me.

I am sure you would appreciate that it is no accident – this is a result of strategic planning and targeted investment by the government to have this uplift in our workforce. For example, there is a postgraduate mental health nursing scholarship program. The program is separated into three streams and includes scholarships to cover the full cost of course fees for mental health nurses who plan to complete a graduate diploma in mental health nursing, a master of mental health nursing or a master of advanced nursing practice for those who have already started their mental health nursing career. There are \$3000 scholarships to support postgraduate study in mental health nursing and advanced mental health care and grants to cover the backfilling of psychiatric state-enrolled nurses, a very important area of work during clinical placements. So we have really tried to make sure that we are targeting these investments where they are going to make the most difference.

There is also our graduate allied health program aimed at expanding the important pipeline of occupational therapists and social workers. It does this by funding additional social work and occupational therapy graduate and educator positions within our area mental health and wellbeing services. Since its inception there have been more than 670 FTE graduate positions commissioned in the important field of social work and occupational therapy, and if you go out and talk to anyone in the mental health system they will tell you how important it is to have all of the different skill sets available. We are proud that we have been able to achieve that in a very challenging environment.

There is also ongoing work to increase our psychiatry workforce by funding additional psychiatry rotations for junior medical officers in area mental health and wellbeing services. This program increases junior doctors' exposure to psychiatry to improve their skills in mental health and promote psychiatry as a vocation of choice. Again, we have had some great success with that program. Since 2021 we have commissioned an additional 132 FTEs of junior medical officer positions annually to complete a psychiatry rotation.

They are just a few examples of the programs associated with our \$600 million investment to date, but the strategy does go beyond simply growing the clinical workforce. We have also supported the expansion of

consumer and family carer lived-experience workforces, and we have enhanced workplace supports for their practice. As I mentioned, there are some wonderful examples of where that has really improved the treatment, care and support for families and so on in our mental health services. It has also supported the development and release of a mental health and wellbeing workforce capability framework, which is entitled *Our Workforce Our Future*, and the wellbeing of the workforce by establishing the Mental Health Workforce Safety and Wellbeing Committee. That is very important, and it is delivering the mental health improvement program Safety for All. This program is led by Safer Care Victoria in partnership with health services to improve safety for everyone who is working in the sector and accessing inpatient mental health services. I am sure you would agree that that is a really important initiative in what can often be a very challenging workplace environment.

Mathew HILAKARI: And I see how interested Mr O'Brien is in having that extra background, so that is great to see.

Ingrid STITT: Thank you, Mr Hilakari.

The CHAIR: Thank you, Minister.

Minister and officials, thank you very much for appearing before the committee today. The committee will follow up on any questions taken on notice in writing, and responses are required within five working days of the committee's request.

The committee is now going to take a break before beginning its consideration of the ageing portfolio at 3:30 pm.

I declare this hearing adjourned.

Witnesses withdrew.