

TRANSCRIPT

PANDEMIC DECLARATION ACCOUNTABILITY AND OVERSIGHT COMMITTEE

Review of Pandemic Orders

Melbourne—Friday, 29 April 2022

MEMBERS

Ms Suzanna Sheed (Chair)

Mr Jeff Bourman (Deputy Chair)

Mr Josh Bull

Ms Georgie Crozier

Mr Enver Erdogan

Ms Emma Kealy

Ms Harriet Shing

Ms Vicki Ward

Mr Kim Wells

WITNESSES (*via videoconference*)

Ms Kathryn Mandla, Head, Advocacy and Research, Yourtown; and

Mr Jason Trethowan, Chief Executive Officer, Headspace.

The CHAIR: Welcome this afternoon to our session. It is a pleasure to have Kathryn Mandla, the Head of Advocacy and Research from Yourtown, and Jason Trethowan, Chief Executive Officer of Headspace. Is Michelle Williams with us? No, she is not.

We will commence with just some housekeeping. First, to let you know, all evidence taken by this committee is protected by parliamentary privilege. Comments repeated outside this hearing, including on social media, may not be protected by this privilege.

All evidence given today is being recorded by Hansard. You will be provided with a proof version of the transcript to check. Verified transcripts, presentations and handouts will be placed on the committee's website as soon as possible.

I welcome each of our witnesses and invite each of you to make approximately a 5-minute statement to begin with, thank you. Kathryn, we will start with you.

Ms MANDLA: Thank you, Chair. I appear on behalf of Yourtown, a national charity which provides services to children, young people and adults experiencing hardship. We operate Kids Helpline, a national, 24/7 confidential support and counselling service for five- to 25-year-olds.

Has the pandemic had an impact on children and young people in Victoria? Based on what we have seen and heard at Yourtown, the answer is yes. Have lockdown measures and other restrictions had an impact? Again, the answer is yes. In 2021 close to 123 000 attempts were made to connect to our Kids Helpline counsellors from young people in Victoria. This represented a 20 per cent increase in demand from 2019—pre COVID. On current funding levels we could only respond to 38 per cent of those attempted contacts, or just over 46 000 children and young people. This represented 27 per cent of all Kids Helpline contacts in 2021. Sadly, we could not respond to 62 per cent of these children and young people, or over 76 000 attempted contacts. Of the contacts we were able to respond to in 2021, 38.8 per cent sought help in relation to mental health or emotional wellbeing concerns, 11.5 per cent for suicide-related concerns, 7.7 per cent for child-parent relationships and 6.3 per cent for parents' wellbeing. Kids Helpline also experienced a 264 per cent increase in immediate emergency responses in Victoria in 2021—this is where we have to contact ambulance, police or child protection because a child is at imminent risk of harm. Compared to 2019, before COVID, that is when we saw that 264 per cent increase.

From the beginning of COVID in March 2020 to December 2021 Kids Helpline provided emergency support to 2408 Victorian children and young people. This included 978 young people who attempted suicide or expressed suicidal ideation and 749 children who reported child abuse. The longevity of lockdown measures in Victoria, the uncertainty around education and the increased restrictions and disruptions had a major impact on demand for Kids Helpline. For example, we experienced a 30 per cent spike in demand from Victorian children and young people between March and August 2020 compared to the same time in 2019. Lockdown has also impacted the number of immediate emergency responses that we provided to Victorian children and young people. During the Victorian lockdowns on average there were four emergency responses per day, a 100 per cent increase compared to the 2 per cent per day pre COVID in 2019. However, on 7 October 2021 we provided emergency support for 15 children and young people. In particular we saw an increase in child abuse and sexual assault.

Since the pandemic Kids Helpline has responded to nearly 8000 contacts from Victorian young people which specifically mentioned COVID-19 as a concern. We saw a peak with COVID-related issues particularly in April 2020 when it was announced that students would participate in remote and flexible learning for term 2, when stage 4 restrictions were announced in August 2020 and around the time of lockdown in August and September in 2021. During periods of lockdown and higher level restrictions COVID-related concerns constituted around one-third of all contacts from children young people in Victoria that required a counselling response. Of the contacts that raised COVID as an issue we saw significant increases in concerns relating to

mental health and emotional wellbeing, family relationships and study and education issues. Of the key concerns when young people specifically referred to COVID, over 72 per cent sought support for mental health or emotional wellbeing, over 19 per cent for family relationships, 11.6 per cent for suicide-related concerns and 11 per cent for study and education concerns. That concludes my opening address, and I welcome any questions from the committee.

The CHAIR: Thank you. Jason, we invite you now to make your statement.

Mr TRETOWAN: Thank you, Chair, and thanks also for allowing me the opportunity to attend this hearing today. Also, coming from Wadawurrung country, on which I am here today, I just acknowledge elders past, present and emerging and also pay respects to any First Nations people with us on this call or sitting in.

Look, as I said, I am here representing Headspace, which is the National Youth Mental Health Foundation, and also representing the young peoples' experiences, the people who work in Headspace centres and the operators of Headspace services across Victoria and indeed insights from around the country as well. We provide, as you know, early intervention services for mental health services. Our age range is obviously different to Kids Helpline. We operate supporting young people and families aged between 12 and 25, and that also includes mental health, obviously; physical health, including sexual health; alcohol and other drugs; and importantly through the pandemic, our support for young people working through work and study goals and supports to gain further employment. Comprising the largest national network of mental health services, we are now operating across 150 sites and also now 38 in Victoria.

So in the past year and I guess throughout the pandemic, and very similar to Kathryn in terms of the issue coming towards Headspace, we know we have had an unprecedented challenge but one we have been very proud to be a part of with the Victorian system—to be able to support young Victorians when experiencing difficult times, and of course experiencing difficult times was certainly well above prepandemic levels. We should remember that times were tough prior to the pandemic, and as we live through now the pandemic, a different stage I guess, we cannot think that things are over. We did observe a close relationship between periods of heightened social restrictions. Obviously the impact on our—not the impact, but I guess our capacity to respond to increasing needs of young Victorians as lockdowns continued became quite challenging, like for the remainder of the health system.

Also there were issues relating to disconnection from schools. So we know that school being a safe place for many young Victorians, not having that protective factor there, in the same way as not having protective factors around being associated with sport or other friendship groups and not being able to see family also played a big role in impacting on Headspace.

But certainly at the commencement of the pandemic we saw a rapid increase right across the mental health system in young people seeking support and help online and also through face-to-face services. I should say that I think that it was in 2019 that 5 per cent of Headspace services through the centres were delivered via telehealth. At the peak of the early stages of COVID that went to 90 per cent, and we are now back to around about that 50-50 level between telehealth and face-to-face service offerings.

As the national organisation we provide a great deal of support not only for the Headspace services but a lot of messaging directly to the community to make sure that families, young people and schools have opportunities to know where to go when they are experiencing difficult times. There is no doubt that there were disruptions in service delivery. There is no doubt that people fell through the gaps in seeking supports, but many young people were still able to see Headspace services, and we were, as I said before, very proud to be part of the overall Victorian response. I am happy to take further questions, and I look forward to that. Thank you very much, Chair.

The CHAIR: Thank you both very much for those presentations. Each of us will have about 8 minutes for questions, so I will start. It certainly sounds like there was a very significant demand on both your services, and those figures that Kathryn has mentioned are very significant. That of course means that a whole lot of people did not get assistance in a timely manner because they were not able to have their calls answered, and, you know, there were percentages who fell through. I am just wondering: the extent to which that lack of service provision might have been there with, say, Kids Helpline, what level of support did governments give you

during that time to really increase your capacity to provide more services during 2020 and 2021? Perhaps, Kathryn, I could start with you.

Ms MANDLA: Thank you, Chair. We did receive quite significant additional support from the federal government, with several COVID payments as the pandemic progressed. When we look at all governments, most of our funding came from the federal government. We received a \$500 000 payment—COVID only, so not an ongoing payment—from April 2020 to April 2021 and a further \$500 000 COVID payment from July 2021 to June 2022. That represented 1.9 per cent of Kids Helpline's operating costs, noting that 27 per cent of the contacts from young people that we were able to answer in 2021 came from Victoria.

The CHAIR: Thank you for that. Jason, could you comment in the same way on that question?

Mr TRETOWAN: Yes, I sure can. So going back to around about July and that time in 2020 the Prime Minister announced a package of support, of which Headspace received \$5 million. That was in relation to a COVID-19 emergency mental health support program, and that was primarily to enhance the Victorian Headspace network's ability to respond to local demand, increasing needs and also to increase outreach services to young people in the community where actually getting into a Headspace centre may have been difficult due to obviously public transport or just not wanting to go out into the community for services.

Actually what we did was we realised at the time that clearly workforce is an ongoing issue—it has been around for a long time around not having enough people to do the work—but what we actually did was we used it as an opportunity to innovate and create new ways of working. We provided our Headspace centres in Victoria, mainly in metropolitan areas where the lockdowns were obviously more significant, to place students—so these were doctoral and masters degree level students—and also we increased our offerings through Headspace centres to provide online parent and carer information sessions using this funding. We also increased our eHeadspace services and also our telepsychiatry secondary consultation. It started in August 2020 and it goes through to the end of June this year, and already through that program that injection of funding has allowed us to see what is now close to 4000 additional young people. Also that consists of just under 12 000 occasions of visits to Headspace as of today. With the student placements we had an average of 25 students placed in person every month during the semester. Also we provide up to 75 parent and carer sessions, and it has given Headspace extra capacity as well.

The Victorian government provided a million dollars of support through primary health networks to again improve integration and to improve client pathways to existing services through the state system. Then last year, just prior to probably the end of June, there was a combined \$5.24 million of funding provided through the Victorian and commonwealth governments to support, I guess, the increased presence of the state system's child and youth mental health services to be placed in Headspace centres and negotiated at a local level. As of today clinicians have commenced providing services in 14 Headspace centres in Victoria.

The CHAIR: Thank you. I wonder, could you comment on the other jurisdictions? You have given us a lot of figures around the Victorian experience, and I am just wondering how Victoria sits in terms of New South Wales and other states, given that you are both national bodies and would have that exposure.

Ms MANDLA: I can give you a further breakdown. State government contributions constitute around 13.6 per cent of our total operating costs. There is \$500 000 I mentioned from Victoria. We probably get the most significant amount at the state level from the New South Wales government. We also get a contribution from the Queensland government. I do not have a specific breakdown, but I am very happy to take that on notice and to provide that to the committee.

The CHAIR: Kathryn, my question was more about the demand on your services rather than funding, sorry. We had sort of moved from one to the other, but just that comparative aspect between jurisdictions of demand.

Ms MANDLA: Yes, so not surprisingly, the higher population states have higher demand. I mentioned 27 per cent of contacts answered, and it roughly correlates with demand from Victoria. New South Wales, due to the higher population, has the highest demand. I think it is about, and I will check this for you, 31 per cent, and then going right down to about 0.5 per cent with the Northern Territory, a lower population state. So it tends to be reasonably proportionate to state population—although since the pandemic the proportionality I would be very certain to say was quite out of whack with Victoria and New South Wales, which tended to be the higher

lockdown states. So we did see a disproportionate demand coming from those states, particularly during the lockdown periods, and that was quite significant.

The CHAIR: And Jason, would you say the same?

Mr TRETOWAN: Yes, I would. New South Wales and Victoria are pretty much on par. Probably our noticeable impact, and relatively similar across both states, was when school was announced to be returning, and we can talk more about that in terms of other issues relating to school, but no, it was really proportionate based on population. But of course Victoria and New South Wales were the two major states of greater focus.

The CHAIR: We heard from Beyond Blue today that they noticed significant demand, or spikes as we called it, when lockdowns commenced or certain events occurred. Did you have that same experience?

Mr TRETOWAN: Yes.

Ms MANDLA: Yes.

Mr TRETOWAN: Sorry, Kathryn, you go.

Ms MANDLA: You go, Jason.

Mr TRETOWAN: All right, I will go. Yes, we did, sadly. But we also—and there is some language that is being used around demand, and I know it is about individuals, but it is not just a number, it is not just a per cent. What we identified was the complexity of needs, so it is not just one reason why I am coming; it is not just because of COVID and the uncertainty and the lack of predictability that young people were experiencing or the sadness or the feelings of loneliness as a result of the isolation. There was already a lot going on prior to COVID for many, and I guess what happened was that COVID was a time of great reflection for many people, and also they were living in households that perhaps were not ideal from a family point of view. The reason why I raise this is because the response was just about navigating so many different things that were going on in a young person's life that just saying that a 5 per cent increase or a 10 per cent increase actually can mean more work in total, if you like, because we are trying to navigate more complex needs—and that is the needs of young people, but also complexity is not just about what someone brings or the multiple reasons why they are coming forward for a conversation. It also coincides with the fact that we do have a complex mental health system, and we do have workforce challenges, so when you combine workforce challenges—not enough people do the work—along with all the, I guess, shortcomings of systems from the productivity commission, the royal commission, plus the increasing needs, it all adds to, I guess, some of the capacity challenges that I am certain that Kids Helpline, ourselves and Beyond Blue experienced as well.

The CHAIR: Thank you for that. My time is up, so I will pass the questions over to Ms Shing.

Ms SHING: Thank you very much for attending this hearing today. I appreciate that it does take you away from the exceptionally important work that you are doing to provide this care and assistance, not only to callers and consumers of the services that you provide but also to your own staff as people continue to operate with a pretty significant level of exhaustion.

I want to pick up on a number of things, Kathryn and Jason, that you have both touched on today as they relate to the proportional demand on services and the way in which that is linked to funding. So, Kathryn, perhaps if I can start with you, understanding the difference between commonwealth and state funding and the tie that that has largely to population, can I get a better sense of how it is that the state government contributions, which you referred to as about 13.6 per cent of your total operating costs, sit as compared with the commonwealth, because you have said 1.9 per cent of Kids Helpline funding was met by the commonwealth? The states themselves, though, because you are a national body, would all have tipped in some money; that seems to be linked to population. Can you just take us through that in a little more detail, please?

Ms MANDLA: Yes. And just to correct something you have just said, Ms Shing, the federal government actually contributes 36.9 per cent of our operating costs, so over \$9.5 million in 2021, and that was over a number of payments throughout the year. The 13.6 is the total of all state government contributions.

Ms SHING: Of all states. Okay. Thank you. That is helpful.

Ms MANDLA: So the 13.6 per cent—so that is just over \$3.5 million, of which \$500 000 for 2021 came from the Victorian government. We also get funding from corporates, so just over \$1.2 million from our corporate partners, and Yourtown makes a significant contribution via our art union—so self-generated revenue—of about 44.8 per cent.

So it is not a magic proportion formula. Over time to move towards that would be absolutely fabulous, and that is definitely what we are hoping to move towards into the future, because we are very passionate about our model of service delivery with Kids Helpline. It is 24/7, any time, any reason, no matter where a young person is in Australia, and it is a virtual services model, so they can contact us by phone, by webchat or email. And we are expanding to other channels to meet young people where they are at, because we do not want young people to miss out because they might only have access, for example, to Snapchat or may not have access to a phone or it might not be safe for them to use a phone. Increasingly we are seeing young people picking up webchat. So it is a unique service model.

We do not do triaging, because we often find a young person will ring us up with a concern, a request for information, that as the counsellor talks to them might end up being quite a serious concern about significant child abuse, sexual abuse. Particularly with very, very young children—and we have noticed the trend to younger children contacting us since the pandemic started—young children cannot always articulate what those problems are. So into the future we will be looking at maintaining our own sizeable contribution to the service.

Ms SHING: Wonderful. Thank you for that, Kathryn. I will expand upon a couple of those points shortly, but Jason perhaps over to you. If you could address those issues as well, please.

Mr TRETOWAN: Look, our funding formula is largely commonwealth funded, and funding for Headspace centres obviously is across the country, and really it is almost—if you could say—now like a population-based funding model in terms of where needs are and services go. Then obviously we are trying to increase the reach, particularly in rural and remote areas of Australia and indeed Victoria. So I would say the funding is proportionate to the population. That would be the easiest way to answer your question.

Ms SHING: All right. That is excellent. Thank you very much for those answers. I would like to get a sense of the way in which the themes have been the subject of calls and of engagements that you have both talked about in your opening remarks, the extent to which they depart from—I do not mean to sound insensitive here. The ‘business as usual’ work that you do would have themes associated with the nature of inquiries. How does that compare to the breadth of issues that have come across your phone lines or your physical premises or your online support and capabilities? Is this an amplification of what exists already, or are we seeing a change in relation to new matters, and if so, what is the proportion of that change linked to those outbreaks and to those public health responses? Kathryn, perhaps you could start and then, Jason, I will throw to you again.

Ms MANDLA: It is a great question, and I am really happy to respond to it. So we have seen some seismic shifts for Kids Helpline since the pandemic commenced. So prior to the pandemic young people would contact us for a range of reasons, because it is a broad-based service. There is no scope of what a young person can contact us about. It can be anything from information, referral, a little bit of easy-to-answer advice right through to crisis support and ongoing counselling with a young person’s preferred counsellor for quite serious mental health presentations. What we have noticed for the first time in our 31 years of operation is with the pandemic we have more counselling contacts than non-counselling contacts. These are contacts that actually require a counselling response—you know, where young people are quite distressed. So the intensity and complexity of issues that young people are contacting us on, and the seriousness of issues, definitely increased with the advent of the pandemic, and they also became exacerbated during lockdown and restriction periods. The other big change we have seen is—in the past one-off counselling or occasional counselling was more prominent. Now we are finding a significant increase in the need for that ongoing counselling, and again with the intensity of issues.

I like to refer to Kids Helpline. When we look at our data, we are like the national safety net for the national mental health system. So when the face-to-face system is under strain Kids Helpline feels it. The demand comes through to the safety net because we will always be there, even though we cannot answer all attempted contacts by young people. A young person can ring us at 3 o’clock in the morning. They could try to get to a sexual assault service after hours. They will refer them on—usually the voicemail will refer them on—to Kids Helpline. So because of that we are seeing much more complex mental health presentations than we would

otherwise have seen pre pandemic because people have not been able to get in contact with their psychiatrist, a psychologist or another trained counsellor.

Ms SHING: Thank you, Kathryn. And Jason, just quickly, because I have one tiny little question to ask after this.

Mr TRETOWAN: Okay. So there has not been a lot of change in terms of reasons why someone comes to a Headspace centre, so what they would say—feeling sad, depressed, anxious. Those three reasons did not change, but the actual proportion of them did, so a greater percentage of them in terms of the primary reason for coming forward. What is your next question?

Ms SHING: All right. Thank you. Very quickly in relation to funding there has been obviously the \$4 billion-plus investment in mental health and the reform of the system in Victoria plus another \$245 million in response to the pandemic as we work to implement recommendations that are specific to recovery. I assume from both of you then that you are looking to get a similar proportional level of investment into mental health from the commonwealth government. Is that correct to say, Kathryn and then Jason?

Ms MANDLA: Yes. We have ongoing discussions with the commonwealth government and funding submissions for a range of services. Today I am just talking about Kids Helpline, and there is a broader service suite within Kids Helpline, but we also receive funding for our child and family programs and our employment services. We are quite a significant—

Ms SHING: Proportional national investments to Victoria would make a significant difference to you.

Ms MANDLA: It would indeed. It would absolutely indeed.

Ms SHING: All right. Thank you, Kathryn. Jason.

Mr TRETOWAN: I think I know where you are going with this question, but I am going to say what we need is greater investment in workforce. We look forward to seeing that because, as I said, more services are being announced, but both at state and federal they are not of the proportion of meeting the needs of training up, so growing the workforce pie as opposed to redistributing the workforce pie. We see workforce as the number one issue to keep pace at both state and federal level.

Ms SHING: As did the royal commission in its recommendations as well.

Mr TRETOWAN: That is right.

Ms SHING: Thanks, Chair.

The CHAIR: On that note we will move on to Ms Kealy.

Ms KEALY: Thank you very much. Good to see you both—lovely to see you today and thank you so much for the great work that you have done in your organisations, the teams that are behind you and the support you have provided to Victorians and other Australians over the pandemic. It is greatly appreciated. Kathryn, if I could go back to some of those statistics because you went through them quite rapidly at the start and we have not got them before us at the moment. Can I just go back down over those breakdowns of the number of calls arising from Victoria over the pandemic—I guess the number of calls that came from Victoria maybe over average each year and then also how many of those calls went unanswered?

Ms MANDLA: Yes. I can provide some longitudinal data comparing year by year for the committee as well as some graphs; sometimes the pictorial graphs speak louder than words with the peak. I mentioned that in 2021 close to 123 000 attempts were made to connect with our counsellors from Victorian young people, and that was a 20 per cent increase in demand from 2019.

Ms KEALY: Yes.

Ms MANDLA: And on our current funding levels, we could only respond to 38 per cent of these attempted contacts, or just over 46 000.

Ms KEALY: So that is about, what, 80 000 young people who called and could not get an answer?

Ms MANDLA: That is right. Just over 76 000—so close enough—could not get through. The sad reality is that we do not know the severity of the issues that would have been raised by those young people if they had been able to get through. And given the intensity of issues, the complexity and the toll it has taken on our amazing workforce in Kids Helpline, our counsellors, who are working round the clock 24/7 to provide that support, they have certainly felt an increase in much, much greater distress since the pandemic began, which has also taken a toll on their wellbeing as well.

Ms KEALY: Absolutely. I can imagine that knowing there were that many calls that they could not answer would be an immense pressure and mental health strain on them. Can I ask, you said that even though we have had this big spike in demand over the pandemic, Victoria still only provides 1.9 per cent of the overall Kids Helpline budget. Did you approach the Victorian government to seek additional funding over the pandemic, to say, 'Well, we've got these massive peaks in demand. We're not able to answer all the calls. We desperately need some more funding'. Did you approach the government? If so, can you provide any detail around that—when, how much you were asking for, anything that would help us to understand that a little more?

Ms MANDLA: Yes. I will need to take the details on notice; I can provide that to you after the session today. My understanding is that our service delivery team did approach the Victorian government, and with the increase in demand that led to the two \$500 000 payments. We are seeking additional support from the Victorian government, and we will continue having conversations with them.

Ms KEALY: There is a budget next week, Kathryn, so perhaps we can look favourably at that. That is a good pitch for today. Well done for keeping that up.

Jason, can I ask a slightly different question for you. Just talking about workforce and the impacts on workforce, you mentioned your supervision program that you have established, which is commendable and I think will greatly assist to train more mental health professionals to fill those job vacancies. How many vacancies would you have across Victoria at this point in time in Headspace?

Mr TRETOWAN: I will take that on notice, Emma, because as you know Headspace centres are operated obviously by regional-based organisations. I can give you a bit of a steer to the point, and that is: what is a job vacancy in mental health now? What does that mean? Does it mean you have got so much money to spend and therefore the only vacancies are—you know, if you get a million dollars a year like many Headspace do to operate and you fill so many positions, if you cannot fill them all, is it only the one or two positions that you cannot fill or is it actually vacancies according to need? I think there is a lot to be said around the need to look at what is the unmet need as opposed to what are the vacancies of just positions on their own.

But I would say there will be always at least a couple of positions vacant per Headspace centre, and no doubt within their current funding envelope at the moment. But what we are noticing too, and it is symptomatic across the country, is that we are wanting to maintain senior clinicians to support the junior workforce that is coming through, and that is a really important part. As you say, our model has been to employ clinical educators so that they can actually support graduates of psychology, occupational therapy and social work—and nursing graduates as well—and then build the capacity. That is a really important part of our operating model, to have opportunities for more senior clinicians to support the junior clinicians and we can grow the workforce from there.

Ms KEALY: Jason, you referred to unmet need there, and Kathryn has gone through it. I guess when it is calls, it is data, it is a thing you can easily monitor—what goes unanswered and how many calls come in. Have you got any way you can measure through Headspace what the demand has been from young people for Headspace support services when you have not been able to provide those supports within an expected time frame? And I guess understanding a little bit more about those more acute people who come in who need to be seen immediately versus in one week and then how long the wait times are getting for our young people who want to access your services.

Mr TRETOWAN: Yes, sure. I will answer that in two ways—one is for the physical Headspace setting and one is for our online services, typically through eHeadspace or our website offering. With centres there has been a significant shift to undertake an approach around single-session therapy—that is, what is important right now for this young person who has presented? What that is showing is that it is decreasing the time from when

someone reaches out for help to the time they get to sit down and have that individual conversation through a Headspace centre. The challenge of course is then if they need ongoing therapeutic interventions, whether that is in this case, say, access to a psychologist, social worker or a mental health occupational therapist, then it is about the supply of that workforce. Typically the further you get away from the metropolitan areas, the harder it is to recruit and retain that workforce, so that adds to the challenge. But when young people come to Headspace and they get this service, their satisfaction rates are really high. We have noticed that through the pandemic where the wait times became problematic that the satisfaction levels would reduce, but typically we have strong satisfaction rates when they do get the service. That is still pleasing to see.

Now, when it comes to online services, thankfully before the pandemic we put a lot of investments and resources into the Headspace website where not all roads had to lead to a one-on-one, individual webchat or phone call with a mental health clinician. What we did was we created five jobs for 26 young people who are peer moderators on online group chats—peer-moderated chats, I should say—through Monday to Friday. That is all about providing safe spaces for young people to drop in so that as a young person you can go to a session—say it might be one for LGBTI community—and you can listen in, watch in and feel connected that way, in the same way we do a lot of group chats just generally speaking, led by Headspace clinicians—a lot more resources. It is kind of like a stepped-care model for the online service delivery so that we did not have to always lead to one-on-one interactions. So a lot more young people reached out through our website throughout the pandemic. That has been probably the main difference in terms of our activity levels.

Ms KEALY: Fabulous. Thank you very much. One last quick question: were either of your organisations given any lead notice that there would be a change in pandemic orders so that you might have some lead time to increase your staffing level, part 1? And part 2, at any time were you given the opportunity to provide input to pandemic orders before they were issued?

Ms MANDLA: I am happy to answer first: not that I am aware of, though I am quite certain no.

Mr TRETOWAN: I would say that our relationship with the Victorian government has been a positive one in terms of just understanding what is going on. They are constantly asking questions—similar questions have been asked today. But when it came specifically to the changes, I do not believe so. But I guess what we did all the way through the pandemic, across all the different states and different ways of working, we were just adjusting all the time. Like Kids Helpline, we were adjusting to, I guess, different states and territories and their responses.

Ms KEALY: Thank you both.

The CHAIR: Thank you. We will go now to Mr Erdogan, thank you.

Mr ERDOGAN: Thank you, Chair. Thank you, Jason and Kathryn, as well for this informal presentation. It is great to get the outline of the national structure of the organisation. I guess you are more directly linked with the commonwealth government but also with states and territories everywhere. I am more familiar probably with Headspace's work because their office in Bentleigh is located just down the road from my electorate office, and I have had some work with them in terms of mental health awareness months in the past. So I am very aware of the services provided and the work they do. I might start by directing my first question to Jason. I know that about a million dollars was provided to Headspace recently for about 15 locations across Melbourne in terms of developing a more coordinated approach to providing services to young people, especially with telehealth services, because we have touched on telehealth. I guess your organisation has had the foresight to invest more greatly into the website and online services. Could you explain how this funding assisted Headspace in engaging more young people with telehealth services?

Mr TRETOWAN: Yes, sure. I think it is a bit hard to sort of say which million dollars did what and which \$5 million did what, because at the end of the day it is a great investment into supporting the response, but absolutely all the investment that was made went into two things. One would be investment in time to go and reach young people where they are not connecting back to face-to-face services or where they choose not to access help through telehealth services. It is not to be assumed that all young people just want to do everything online. In fact there is a real mix. Young people want choice. But for those who opt out of face-to-face settings or who actually do not have access to the appropriate internet connections and devices for telehealth, the investment in funding did actually provide opportunities for Headspace centres, particularly in Melbourne, to

do outreach. And that means more time and it means a greater deal to get the right people to go out and connect with young people. And they really appreciated that. A big part of our work and a big concern that we had throughout the pandemic was ‘Who are the ones who have disengaged, because we need to get them back’, because they were a part of the pre-existing help-seeking population—which is fantastic, because it is such a big thing to come forward about what is going on in your life, whether it be mental health or sexual health or other general health needs. So we spent a lot of time, and that funding did go towards supporting outreach activities, as well as all the other government investment, particularly from the commonwealth I guess because it is primarily where we are funded from, to ensure that we had the right tools and equipment and the changes to adjusting from face to face to telehealth services, which, as I said before, were at 5 per cent prepandemic; we went to 90 per cent, and now we are back around 50-50.

Mr ERDOGAN: You have kind of pre-empted in part my second part to that question. I was going to ask: do you see that the uptake in telehealth and online services during the pandemic will be a permanent shift in the way mental health services more broadly are provided? So, not just for your organisation, but can you see this sector wide and nationally moving that way? You said it is 50-50 currently. How would this compare to other states and territories in which Headspace operates?

Mr TRETOWAN: Yes, I think we are pretty similar. I mean, obviously WA and the NT are very different compared to New South Wales and Victoria. But what I would say is that we talk a lot about the word ‘recovery’ and let us get back to where we were pre pandemic. I am not so sure we want to get back to where we were, because things were already hard prior to the pandemic. The system was already stretched. There were already pre-existing barriers and there was a lot of need that perhaps was not being met. But what we found through the pandemic is an opportunity to realise what else can be done, and I think the way in which clinicians and other health and other workers in the system have adapted to online and the way in which clients have adapted to online is really good. I think building a therapeutic relationship online first up is difficult, but I think what we will find is that it will be face to face first and then maybe between sessions we might do one telehealth and one face to face, and it is client choice. Ultimately that is what we want, client choice, and we have the tools to actually respond to that now as a way of going forward. I do not what the ideal is. I do not know if it is 50-50 or 20-80 or 80-20, but I would suggest young people are more—the feedback we get from Victorian centres is that they want to come back to face-to-face services for sure.

Mr ERDOGAN: That is right. I mean, I think you have articulated it really well that people want choice as well, so I think that is what you will do. Some people still prefer the face-to-face services. We talked about the pandemic and about how the royal commission started before the pandemic and obviously there has been an overlap and then obviously our government’s multibillion-dollar announcement to meet all the recommendations of the mental health royal commission. During the pandemic, and especially the toughest times in Victoria, did the federal government provide any additional support to Headspace or to your centres in Victoria?

Mr TRETOWAN: Yes, they did. I think I responded to that question earlier so I will not repeat all the detail, but the federal government provided a \$5 million package to Victoria, and that would have been back in July 2020, and then a combined package of \$5.24 million was provided last year, just I think at the end of June, for increasing the presence of Victorian child and youth mental health services into Victorian Headspace centres.

Mr ERDOGAN: I know Headspace was involved in some of the vaccination program as well. Can you explain a little bit about that for the pandemic committee—your role in the rollout?

Mr TRETOWAN: Yes, sure. I think what was going on at the time was that the Victorian government were constantly looking at hard-to-reach populations who were the ones who were underrepresented in obtaining a vaccination, so the Victorian government approached us. They said, ‘We’ve got a few areas or a few suburbs and towns that actually need to lift their vaccination rates. Can we leverage your brand because we know that young people resonate with your brand?’. They placed doctors and pharmacists into our Headspace centres, so there was no real impost on our service delivery. Over a period of time—I do not know what the numbers were, but they certainly were positive in their feedback that more young people came forward than probably would have prior to that awareness through Headspace and our social media reach that we do have, which is quite significant.

Mr ERDOGAN: Great story. Keep up the great work. The Chair just looked towards me, so I think I might be out of time, so on that point, thank you.

The CHAIR: We are very close. I will go now to Mr Wells.

Mr WELLS: Thank you. Kathryn, just back to you. I am just wanting to get the numbers right in my head. In Victoria there were 123 000 attempted calls, of which you answered 46 000. How much funding would have been needed from hypothetically the Victorian government to ensure that all of those phone calls were answered, or is that a hypothetical question?

Ms MANDLA: I think it is a very good question. I am just looking for my calculator. I could actually provide you with a reasonably reliable estimate, but I think I would need a bit more time for that. On our current ability to respond, it was close to \$26 million to operate Kids Helpline in 2021, and looking at the unmet demand—look, it would be quite significant. I think we would be looking at a few million dollars contributed proportionately from different states. I will take that one on notice because I really would like to get the answer to you, but I think the maths is just going to be too hard for me, and I do not trust myself to give you the right answer.

Mr WELLS: That is perfectly fine. I guess it is a concern for me and the committee that so many calls were unmet in Victoria when the state government is obviously putting a lot of money into dealing with the issue of mental health. Are there any studies or any guesstimates about what happened to the young people that did not get answered? Did they call back another day? I mean, what happens in those situations? If you ring and you are not getting answered, it must be devastating for someone in great need.

Ms MANDLA: Absolutely. We are very careful in relation to unanswered contacts. They can contact us via webchat, phone and email at present. Some young people will attempt to contact again, so they will wait or they will try another modality, so they might try phone and then they might try webchat or they might end up sending an email. At present, given that Kids Helpline is a confidential service, we cannot always identify them. We can estimate individual children and young people, but we cannot hand on heart say the unmet demand correlates to X amount of children and young people. We do find, particularly with some of our regular young people who have ongoing counselling, they will try to contact us again, particularly when they are experiencing a crisis. So some of those young people do get through, but we cannot say definitively how many will give up or will potentially try another service.

Mr WELLS: With your counsellors that take the calls—I may have missed it before—are they spread throughout the country or are they just in Queensland predominantly?

Ms MANDLA: So we have two Kids Helpline counselling centres—contact centres—that are physically based in Brisbane and Blacktown in New South Wales. We would love to have one in Victoria as well. The beauty of that current model is when we are under strain in one office, the other office can tide the operations over at a national level. So from a business continuity perspective we were recently impacted by the Queensland floods. So the Milton, our central office, site in Brisbane, lower level was flooded. The waters came about three-quarters of the way up the wall. Kids Helpline was upstairs. So in times like that the New South Wales office can help out quite significantly. Staff also work remotely from home. In the New South Wales lockdowns that is what happened; our staff were able to operate from home. So from a business continuity perspective having more than one centre is justified, given the nature of the service and some of the crisis responses it provides. We need to be operable 24/7. I was pleased to see that even though we had floods here young people were still able to contact us and we were still able to maintain operations.

Mr WELLS: Probably a question to both you and to Headspace: when there is this increased demand, how do you ramp up your workforce within the budgets that you have?

Ms MANDLA: So we are continuously recruiting for Kids Helpline counsellors. We will ramp up the number of intake rounds that we do; we will do the expedited training. So recently in New South Wales we expedited our intake of new counsellors coming in, bearing in mind all of our counsellors, unlike some services, are tertiary qualified, with backgrounds in social work, psychology and so forth. So we will ramp up intake rounds and expedite and intensify our training efforts. We have got shift rosters, so we also look at rostering more staff for high-demand shifts and so forth. We try to keep at a full contingent for what we are funded at any one time.

Mr WELLS: And the same for Headspace—the same question.

Mr TRETOWAN: Yes. So from our online services obviously we try and increase opportunities through the use of fundraising or other government grants that may be available at the time. If there is a really significant increase and we are going through a period of time where we are concerned about not meeting needs, we ramp up any community capacity-building opportunities through parent and carer support session links with schools—a lot of communication through schools around what the options are that you can utilise in order to get supports. So it is about creating a lot of awareness. We activate a lot of that, geotargeting messages to different parts of the country from time to time to say, ‘If you are experiencing a tough time, these are your options’—and it is not always Headspace being an option. But also Headspace centres locally—what they can do is that they again amplify the message about what else is available locally, because sometimes, not always, the communities understand where they can go for support. So I think it is about reminding across the board. So that is what we would do in partnership with our many providers in different communities to create greater awareness and also just to provide that end of support: to help schools through their newsletters; to remind, again, parents, carers and families around what is available for supports.

Mr WELLS: Thanks. Thanks, Chair.

The CHAIR: Thank you.

Mr BOURMAN: Thank you, Chair. I might just jump in.

The CHAIR: Yes. We will go to Mr Bourman with a question.

Mr BOURMAN: Thank you for all the work you guys do—and to all your people. I just have a question. I think it was Jason that mentioned there was an increased number of serious issues being reported as the pandemic went along, Has any research been done into whether they are new issues as a result of the pandemic and the stresses that come with that, or is it that people are more comfortable reporting it now that they have got, well, an avenue basically—being the helplines and things like that? Is it a chicken or an egg thing?

Mr TRETOWAN: You go, Kathryn.

Ms MANDLA: Thanks. I think we both might have mentioned the increase in serious issues. So I think it is a combination of all of those things. When we looked at what was happening on the ground with Kids Helpline—looking at our data, talking to our councillors—what we saw was an exacerbation, particularly of existing mental health issues and conditions. So I think with the pandemic and the lockdowns and the restrictions, for young people who had pre-existing conditions they were flaring up much, much more intensely than what we had seen previously.

We also found there was stress on families. Particularly we saw a big increase in webchat—for quite serious issues, including sexual abuse. So from a safety perspective, when young people were in lockdown at home in sometimes violent family situations, it would have been unsafe to, for example, call us on a phone that could be heard. So we had young people sitting in the bathroom doing the webchat with our counsellors because, you know, in the home space parents did not know what they were doing. And so particularly with a lot of our duties of care we saw that happening quite a bit. But we also saw a lot more new people coming into Kids Helpline and reaching out where they had previously not had existing issues. We had young people who would have otherwise contacted a face-to-face service, who had long wait times and could not get into their face-to-face service, coming to us as a last resort for assistance as well. So it was a combination of a whole range of factors.

Mr BOURMAN: Thank you.

Mr TRETOWAN: I think from our point of view—I remember the survey that we did back in August 2020 about COVID and the impact on young people’s mental health and wellbeing. I think three-quarters of young people reported that their mental health was worse since the outbreak, so that is a big number. I think 86 per cent reported a negative impact to their mood. Combining a range of the factors that got recorded from that survey, what that said to us—and this validated what clinicians were hearing—was that some of what you would call the simple things in life to achieve became a lot harder. And that might mean just actually getting

online to go to school or actually cooking something that is healthy or actually keeping up with exercise when there were obviously restrictions.

So we knew that there were a lot of impacts on just day-to-day activities and just general wellbeing, particularly weighed down by the fact that they were a little bit uncertain, particularly those who were finishing at upper school, about, ‘What am I going to do now for university?’ or, ‘What does work look like into the future?’. So that is just a general comment around wellbeing and how people were feeling it was different. And you are right, there is a case where more young people are coming forward because of other society discussions around mental health stigma and the importance of having conversations with friends and just realising it yourself, and then if you need professional supports, you can reach out to organisations such as Headspace to get access to professional supports.

What we did find, though, in the context across the system was eating disorders became more prominent, and that is why I mentioned before about increasing needs—not just the number of people but actually a young person presenting to an emergency department or a primary care setting like a general practice or Headspace with significant eating disorder issues; therefore that becomes quite a significant team-based approach, and in some communities you do not always have the right team to match the needs of a young person coming forward. So that added to a lot of, I suppose, the stress in the system in being able to respond to that.

Mr BOURMAN: Excellent. Thank you.

The CHAIR: Just one more question, in relation to workforce. You have got a shortage, a lack of people, basically, to choose from out there in the workforce. We are hearing that broadly, and you are looking for qualified people all the time. Are you now finding that that is having an impact on the wages you have to pay, which of course ultimately will impact on available funding? Kathryn?

Ms MANDLA: It is a really interesting question. We have done generally well in attracting our Kids Helpline workforce. There is a bit of a saying in Kids Helpline: everyone has had a stint in Kids Helpline at some time during their professional career, usually early on. A lot of social work and psychology graduates come and get their stripes working with us before they go out to face-to-face services. So we found not so much of an issue there. People work here because they are really passionate about the work that they do. We are a charity. They know that we cannot compete with big private sector organisations, so there is a lot of vocation and passion with coming to work with Yourtown and Kids Helpline in particular. So it is an issue that we are looking at as part of our broader workforce strategy.

We are also looking at the other benefits we can provide staff in relation to their wellbeing and ensuring that they are not experiencing vicarious trauma. So it is the complete package: it is wages but it is also the work conditions and the support we provide to our staff as well.

The CHAIR: Thank you. And Jason?

Mr TRETOWAN: Yes, look, it is a market: there is supply, there is demand. And obviously what we find is that a junior clinician, for instance, who maybe just graduated, may not be starting on the same wage that they would have, say, five or seven years ago. The good thing is there are more opportunities, right, and that is the example of Victoria. There are more opportunities because the system is now growing in order to meet today’s needs, but also, importantly, the future needs, so therefore, as I said before, the workforce has to grow proportionally as well in terms of training, education and opportunities for that to occur. Understandably in any part of that, in health or education or anything, where there are fewer people then there are opportunities for higher wages. But I think, like Kids Helpline, people come to us; we are a charitable organisation. We have not-for-profit organisations operating Headspace centres, and they understand that is the environment they are working in. But it is not to say that they should not be expecting opportunities in the future for increasing wages, because we want to attract and we want to retain. We want great people, and we do have great people working in the services. It is hard work; it is really hard work, and obviously seeing them rewarded is a really positive thing. But that is why we need to not just say, ‘Let’s get more’; we need to invest in the infrastructure to develop and safely train not just clinicians but vocational workers and peer workers. Young people helping young people is a really big part of our model; it is not just the important work that clinicians do. So we are looking across the board to ensure that we can grow the workforce and also provide opportunities. For those

with lived experience, helping those who are living with an experience is vitally important in today's Victorian mental health system and across Australia, we would argue.

The CHAIR: Thanks, Jason. Thanks, both of you, very much for your contributions today. It is terrific that you could come and talk to the committee and share the experiences of your organisations, particularly over the course of the last two years. You will both receive a copy of the transcript of the hearing within the next week or so for you each to review, and that of course may detail some of the information that you were going to provide later, so that can be provided. I see Ms Shing has her hand up.

Ms SHING: Thank you. I just wanted to ask a question on notice if that is all right, please. Kathryn, are you able to provide information on the baseline numbers of unanswered calls prior to the pandemic and also the level of unanswered calls that occurred in New South Wales, expressed as a proportion rather than a number to accommodate population. That would be really helpful if we could get that on notice to the committee, please. Thank you very much. Thanks, Chair.

Ms MANDLA: Very happy to.

The CHAIR: Good. Well, thank you very much. The committee will take a short break to reset for the next witness.

Witnesses withdrew.