T R A N S C R I P T

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

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

Melbourne—Tuesday, 12 May 2020

Members

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WITNESS

Mr Angus Clelland, Chief Executive Officer, Mental Health Victoria *(via videoconference)*.

The CHAIR: Thank you for joining us today, Angus Clelland of Mental Health Victoria. We welcome you to the public hearings for the Public Accounts and Estimates Committee's Inquiry into the Victorian Government's Response to the COVID-19 Pandemic. The Committee will be reviewing and reporting to the Parliament on the responses taken by the Victorian Government, including as part of the national cabinet, to manage the COVID-19 pandemic and any other matter related to the COVID-19 pandemic. We ask that mobile phones be turned to silent. All evidence taken by this Committee is protected by parliamentary privilege, therefore you are protected against any action for what you say here today. But if you repeat the same things outside this forum, including on social media, those comments may not be protected by this privilege. We will provide you with a proof version of the transcript for you to check. Verified transcripts, presentations and handouts will be placed on the Committee's website as soon as possible. The hearings may be rebroadcast in compliance with standing order 234.

We have asked that photographers and camerapersons follow the established media guidelines and the instructions of our Committee's Secretariat. I am sure our Committee secretariat has explained to you the time here today has been divided, with a 5-minute presentation for yourself. We will cut that at a hard 5 minutes. Apologies for any awkwardness there. And also the time for questions has been divided relatively between the parties represented at the table: the Government, the Opposition and the parliamentary crossbench. So we will again cut potentially at awkward moments, and apologies for that also. Thank you for taking the time, and we ask if you could make a 5-minute introduction.

Mr CLELLAND: Thank you for the opportunity to appear before the Committee today. We have had a bit of technical difficulty there with the audio. I have got it in stereo with a bit of a time delay, so I hope that you can hear me effectively. My name is Angus Clelland. I am the CEO of Mental Health Victoria, and we are a peak body that draws its membership from organisations that operate in or intersect with the mental health sector here in Victoria.

Can I just do a sound test, please, Committee Chair? Are we good? I am actually getting the feedback back, but I will attempt to talk over it. I am back, okay. The perils of technology. Now, we of course draw our stakeholders and our membership—I am having great difficulty unfortunately, folks, with the audio.

Mr RIORDAN: Can we redial him back up?

The CHAIR: Can we all stop talking. The problem seems to be that because of the delay each time one of the Members of the Committee puts another sentence into the stream the disjointedness of it is stopping, so if we all exercise a degree of patience in waiting for the response, then I think we will have a free-flowing discussion. So we will hand over to the CEO of Mental Health Victoria and let him make his introduction, and then if we can wait the delayed time before we then start asking the questions, I think that would make it flow.

Mr CLELLAND: Okay, we will try again. In terms of the response and the impact to COVID, it is very important to understand some context. Of course here in Victoria we are dealing with a mental health system that has been in crisis for many years. Enormous pressure right across the system, and whether it is within hospitals or emergency departments or indeed out in the community, it has been very difficult for very many years. We have experienced of course heavy rationing of services and access problems and fragmentation, and that is the situation that we faced of course coming into COVID.

We in many ways are very fortunate that we have had strong leadership here in Victoria at our state level and at a Commonwealth level, from both the Premier and the mental health minister and also the Prime Minister and the health minister in the Commonwealth around mental health. We have of course a royal commission underway, a Productivity Commission inquiry and a bunch of other state and national developments underway that are profoundly changing the nature of the way that we approach mental health in the state. In many ways we are fortunate that that process was underway because that started and I guess softened up in many ways the response.

In terms of the numbers, they are very large for Victoria: 1.1 million Victorians currently live with mental ill health and we have another 1.5 million who are at risk. The cost to the economy is huge: around $40 billion per annum in lost economic opportunity based on the figures produced by the royal commission and the Productivity Commission inquiry. That is potential that we could unlock if we invest carefully and successfully. One of the messages I wanted to pass on from the stakeholders and members of Mental Health Victoria is that we cannot afford to slow the reform process.

COVID itself will have a profound impact on the mental health and wellbeing of the state. The isolation, economic disruption and the hardship will play out over many years and we will face what is being called a second wave of mental ill health. We do need to understand how that will play out over the coming years. The trauma associated with COVID will have a particularly profound impact and it will be felt disproportionately amongst certain groups: women, young people and people on low wages who are far more likely to be unemployed.

In terms of the impact on the system itself, we have seen an initial reduction in presentations to hospitals and general practice and what have you as people with mental ill health have been scared and have avoided care, and that in some ways has given the system a little bit of time to prepare. But we are seeing that starting to be reversed now.

The challenges that have been spoken about today in terms of PPE and mobilisation are common to the mental health system as well. But it has been very pleasing for us to see how DHHS has mobilised and engaged with the sector, and that is across the hospitals and the community. Really, the level of communication and engagement has been unprecedented. Certainly the old-timers in mental health have told me that they have not seen anything like it before.

It has also forced a process of rapid adaptation and innovation. Julian was just talking about telehealth, and this has provided an opportunity to really fast track and catalyse the uptake of telehealth services across the state. It has been quite successfully rolled out. We are actually receiving reports that the no-show rate, if you like—people not turning up to appointments—is no different through telehealth than it would be through face-to-face appointments and what have you. Although the incentives that are in place from the MBS are temporary around COVID and mental health, we absolutely urge that these become a permanent feature, because it gives us the opportunity to reach so many more people and to reach into areas of the state that are traditionally, and have always been, under-serviced via the mental health services. It also gives us an opportunity to effectively have a virtual or an online mental health service that can service the whole state and assist those area mental health services that cannot get the reach out into parts of the state. The issues for us are particularly, I guess, important in terms of—

The CHAIR: Sorry to interrupt you. That concludes your 5-minute statement.

Mr CLELLAND: I have to apologise, I have got feedback coming through.

The CHAIR: No worries. We will hand over to Tim Richardson MP for questions.

Mr RICHARDSON: Thank you very much, Angus, and thank you for joining us today. I will do a monologue and then we will pause to hear your answer, because there is a little bit of a delay.

Given how significant the work of Mental Health Victoria is, I am wondering if you could tell the committee about the role of Mental Health Victoria in supporting and connecting those member organisations together during the coronavirus pandemic.

Mr CLELLAND: Thank you for that question. Our approach to mental health is at a systems level, and we seek to engage all of the stakeholders that are involved. That includes, for example, police and ambulance and emergency services unions and employers and others that are involved that might not necessarily be viewed as part of the mental health system. We operate and auspice the Victorian Mental Health Policy Network that brings together 25 peak organisations to coordinate responses and communication across the state. We also sit on and assist with a number of DHHS committees, that meet every week from an operational perspective, and similarly at a higher level through the mental health ministerial advisory committee.

Mr RICHARDSON: Thank you, Angus, for that answer. On 12 April the Victorian Government announced a $59 million package to support the mental health and wellbeing of Victorians, including $3 million that was allocated to provide equipment and IT support for non-government organisations in both the mental health and AOD sector. How important do you think these grants will be for mental health providers, and how do you think they will improve their ability to support their clients both now and into the future given how significantly busy they have been in recent times?

Mr CLELLAND: The grants, the $59-odd million, will be absolutely critical to support the work of the various organisations that have been identified. By example, Beyond Blue has had a massive surge in the number of calls that it is taken. Similarly, Lifeline and critical services like VMIAC and Tandem and others have been subject to a great surge in demand, and that will continue. The various initiatives that have been put in place I think will be particularly helpful for the state and keep us going, if you like, while the royal commission process finalises and hopefully wraps up in October this year.

The response, I think, has been quite obvious and straightforward and proportionate, and we are quite happy with what we have seen come out of that package. It has to be viewed, though, in the context of the national approach as well, because the mental health system is a combination of State and Federal, and the Commonwealth has put together a similar package of services.

What we do need of course is an overarching public health campaign to educate the community and to encourage help-seeking behaviour from people who might not necessarily have had contact with the mental health system in the past.

Mr RICHARDSON: I want to take you now, Angus, to the support for the mental health workforce. Like many other workers, health workers and disability support workers, our mental health workers are at the front line and do an incredible job and are really pushed during this coronavirus pandemic. And they ensure people are getting that support they need to stay connected and treated during these difficult times. In that package, within the $59 million, there is $300 000 provided to provide self-care and wellbeing support for the mental health workforce—and infection control and other training. I am wondering if you could detail a bit of those initiatives and how that additional training will support frontline workers and community-based mental health services to get that critical support.

Mr CLELLAND: Yes. The package that has been put together is absolutely critical. We are dealing with a workforce that of course is used to working under crisis conditions and has done so for many years, but COVID of course has added additional strain and pressure.

The ability to reach out and support the workforce that is very distributed across the state is particularly important and being able to reach and capture the many people—particularly outside of the hospital system itself, which of course has its own processes or resources to support people—that work in the community and do that sort of important outreach and home-based care where possible and so on.

So these services will help in the short term to assist the workforce, but longer term we need to look at the broader workforce strategy for the state. We are under-resourced and that has been a problem for many years. Even with the level of resourcing that we have, there are vacancies across the state. We need lots more nurses and community mental health workers and others to fill vital roles that cannot be filled at the moment. COVID of course creates a bit of a problem for us in that we would expect in the short term to fill many of these roles with recruitment overseas—perhaps the Brexit refugees that we were hoping for—and that is not going to happen. So we need to, in the short term, provide as much support to the workers that we have, who I guess are at risk of burning out under the wave of mental ill health that will hit the state.

Mr RICHARDSON: We will come to the royal commission in a minute, Angus, because I think that is an important point about the need for additional resourcing as we go along this journey with the royal commission. But just finally on this funding package, one thing that stands out is the purchase of mobile phones and data plans for people with severe mental health illness or substance misuse issues, to maintain a connection for those who are in a critical and vulnerable state if they do not maintain connection to their support services. Could you tell us a little bit about some of those difficulties or concerns that mental health organisations may have shared with you about maintaining that treatment and support for those vulnerable consumers and how that support is assisting them?

Mr CLELLAND: Yes. People living with mental illness, and particularly those with severe mental illness—and there are about 200 000 of those people in the state—typically are more isolated. They are typically more likely to be unemployed and to have insecure housing or to be homeless, and of course it is very difficult to maintain contact if you do not have access to mobile phones or computers and what have you. Given that we have encouraged the isolation—we do not say social isolation; physical isolation—we do not want to compound the problems and the difficulties that these people face, so the provision of additional technology to assist people is absolutely critical to being able to provide a good service and support those people in need.

Mr RICHARDSON: Thanks, Angus, for that answer. I just want to take you to something that is of great concern to Victorians, Australians indeed, through the national cabinet process, and that is what has been described as the second wave of the pandemic. I was wondering if you could reflect on what services have been telling you about the current demand they are experiencing from existing and new clients and the risk that we experience that second wave of the pandemic and the mental health crisis that comes from that.

Mr CLELLAND: Demand has rapidly over the last 10 years outpaced population growth, and we are obviously at crisis point within the state and hence the royal commission and everything else that has gone on. The great fear and concern of the service providers of various descriptions is that we will be overwhelmed with a wave of additional need across the state. Given that we have so many gaps within our system, and in particular within the community space that is often referred to as the 'missing middle', we will see even greater demand on hospital emergency departments and of course police and other services that step in to fill the gap. So it is of grave concern to everyone, and Mental Health Victoria too of course, and that is part of the reason why we urge that the royal commission continue and deliver on its promise in October as planned and that we focus on that investment for the state to increase the service levels and focus on the mental health and wellbeing of the population, because we need to work very quickly to ensure that we address the immediate issues from COVID but also the long-term effects as part of the reform process for mental health.

Mr RICHARDSON: And you mentioned there, Angus, the Royal Commission into Victoria's Mental Health System, a really important and landmark inquiry and something that will hopefully bring the answers to some of the challenges that we have had and a systemic change going forward. Thankfully the royal commission's work is continuing and its inquiry continues despite having to cancel public hearings due to the physical distancing requirements. Do you think that the coronavirus pandemic adds an impetus to that work and even an extra layer of focus going forward?

Mr CLELLAND: Yes, the pandemic certainly adds an extra impetus to the work of the royal commission. We need to bear in mind that the new system that is designed and developed over the coming months and years needs to take into account the ability for us to surge and to increase the supply of services at short notice. This will not be the last pandemic, and certainly it will not be the last disaster that we have to face as a state. If we cast our eyes to the scenario that we have had with Black Saturday and the bushfires 2019–2020, we need to factor in growing need and ongoing need across the state. So it is absolutely critical that the system is designed in such a way that we do have this surge capacity. And getting back to that point about telehealth, one way that we can do that is to make sure that there are standing online mental health services available statewide that can fill some of the gap if we have to face the isolation again through pandemic or difficulty in getting access to particular locations when you have fire or flood or whatever scenario we talk about.

Mr RICHARDSON: Just finally from me, Angus—and thank you very much for your time—the Productivity Commission inquiry into mental health is due, I think, to land on 23 May, and you have acknowledged the importance of this being a nationwide response linking in with states and territories. Do you think that there is a risk among the significant national response underway currently that the opportunity for national reform might be lost, and what you think the consequences might be?

Mr CLELLAND: By all indications the opportunity should not be lost, and, look, we have been quite heartened by the response here at a state level and also at a national level that has included consideration of mental health as a critical factor in that response from the beginning, basically. I think that there is enough momentum now behind mental health reform both at a Commonwealth and a state level to get us over the line. I think there has been a broadscale recognition that it is not just a social or a health issue or a moral issue indeed in terms of responding to this. It is absolutely fundamental to the economic wellbeing and recovery of the state that we do invest in mental health. I mentioned those big figures at the start of the discussion. They are huge, and the potential

for the state and for the country to increase from an economic perspective is something that should be grasped and should be approached as part of this response. It makes a lot of sense to invest in mental health.

Mr LIMBRICK: Thank you for appearing today, Mr Clelland. We heard earlier from the Premier and other people about the harms caused by the social and economic restrictions on people. So we have heard things like: we expect higher unemployment, business failures, people being isolated in their homes, children learning from home and these sort of things. Can you outline for the Committee please: what do you see as some of the mental health consequences of these restrictions on the liberty of Victorians, and how might they be mitigated?

Mr CLELLAND: Certainly the impact in terms of social isolation and the effects of lockdown will be quite profound for many Victorians. There is the issue of anxiety and depression and everything that goes with the uncertainty around the economic outcome for individuals and for the state. There are large risk factors for people around things like employment, housing and security that will play into the mental health response of individuals. So being socially isolated—we do not like that term, because it is physical isolation that we are more concerned with; we want people to stay socially connected. But all of these things will have an impact, and they will not necessarily flow or be evident immediately—although of course in many circumstances we see increases in domestic violence, alcohol and drug use—but over the months and years that recovery will take, we will see a large impact from these factors. The response that we have from both the State and the Commonwealth is absolutely critical to mitigate those effects. We need to encourage people to seek help, and whether it is through a general practitioner or through other services, it is particularly important that we do that. We also need to encourage communities to come together and work with each other and to look after their mates.

Mr LIMBRICK: Thank you for your answer, Mr Clelland. Following on from that, do we expect that the longer these restrictions stay in place—and the severity of those restrictions on liberty—the mental health consequences would increase? Is this something that has sort of hit a baseline and will continue or do we expect some sort of further and further degradation the longer these restrictions play out?

Mr CLELLAND: Yes, we would certainly expect that the longer the isolation and the longer the restrictions are in place, the greater the effect on the Victorian population as a whole of course but more so on individuals that are perhaps more at risk. I mentioned those statistics at the start. There are about 1.5 million Victorians that are considered at risk, and we would be particularly concerned for them. Critically if we can focus on employment and housing security and what have you, that will go a long way to mitigating that effect; getting the economy going will be particularly important.

Mr LIMBRICK: Thank you for your answer, Mr Clelland. One final question: the issue of telehealth. Telehealth removes borders and removes distance between the patient and the service provider. Does this imply that we need to look more nationally at this sort of thing because it is just as easy for a patient to see someone in another state that is not Victoria or indeed I suppose internationally if they wanted to? How do you think that telehealth affects service delivery now that these borders might be collapsed or distances collapsed?

Mr CLELLAND: Certainly I would not recommend using Zoom given the trouble I am having today! But look, it is a very good question, and you are right that the borders of course just disappear when we go online. It certainly warrants a national response, but of course we do have, I guess, some of the traditional boundary issues between the State and the Commonwealth, and we would be very pleased if the State and the Commonwealth came together. Certainly there is no reason why an online mental health service operating, for example, in Victoria—say, for example, a youth service through Orygen—could not service the entire country, and many services in a smaller way are already doing that. If we think of Lifeline of course, it is a national telephone-based service with a web chat support function. There is I guess a precedent there to operate nationally. The technology is there, and of course there are better options than Zoom. There is absolutely no reason why we cannot take a national approach to it. We would certainly encourage coinvestment from the states and territories and the Commonwealth to achieve that.

Mr RIORDAN: Mr Clelland, thank you. You painted a little bit of a glib image there with where mental health is, and I think we are probably all aware that it is an area of health that is always under pressure. It is good to hear that where possible agencies are working together, but I have got here—and I will not read it out—one of many emails I have received from constituents really concerned about mental health and in particular the suicide rate, which is something I know we always have to be careful talking about in public, particularly in times like

this. But can you tell us: since the lockdowns what are you hearing—what evidence, on-the-street stories—about what is happening in that space?

Mr CLELLAND: Thank you for the question, and on suicide I think we need an open conversation about that. Look, of course there is always a delay in terms of the statistics and information that we get, I guess, access to, but anecdotally there are high rates of suicidal ideation being expressed—for example, through organisations like VMIAC which runs a helpline and other online services. We are also hearing reports from service providers to the same extent, so there is a lot of anecdote at the moment. We have seen very recently the University of Sydney has released some very alarming modelling around the potential impact of the pandemic on the national suicide rate, and of course with that outcome there is a high risk associated with that but it is by no means inevitable that that will occur so long as the state and commonwealth governments work together to mitigate that effect. But certainly it is a big concern for us.

Mr RIORDAN: Following on from that, we heard from the previous witness—from the AMA, that is—and he made the comment that we can expect a lot more of these events into the future. With that in mind, will there be the resources—either with your organisation or within the existing frameworks that exist—to actually do that hard work both during this pandemic and shortly afterwards to really find out how it has affected various genders, ages, locations or socio-economic groups? I mean, there was a report from Michael Carr-Gregg last week about the effect on older teenagers for whom socialising and getting about actually helps a lot with feelings of isolation, and of course that is not available. So can you make any comment on the ability for us to fully understand this?

Mr CLELLAND: Certainly there is a lot of work underway through both the Commonwealth and the State departments and also through a number of universities looking at the more immediate impacts of COVID and the lockdown and the isolation and everything else on particular groups, and that research and that data is starting to emerge. For the time being there are sufficient resources to do that, but the research and evaluation and ongoing research and evaluation is absolutely critical. Part of the work that has come out of the royal commission already and one of the interim recommendations is a collaborative centre to work on mental health research and evaluation. A key function, from my perspective, would be for that organisation or that entity to look at these issues as it gets established. We would like to see that fast-tracked as much as possible to make sure there is a whole-of-sector and comprehensive multidisciplinary approach to this particular issue.

Mr RIORDAN: Mental health specialists have provided specific advice on child/youth mental health specifically in relation to the closure of schools during term 2, which goes against the national cabinet and AHPPC advice. Do you consider that the closure of schools has had a detrimental impact on Victorian children and young adults in mental health, not as an argument against closing schools but in terms of one of the serious things that we have to record and understand fully in making those decisions?

Mr CLELLAND: Certainly the closure of schools has and will have a detrimental impact on young people, on students. Of course I can speak from my own experience with three kids at home and, you know, the challenges associated with that and their own isolation. I should say that I think that the kids are probably more able to deal with this than their parents like me. Kids certainly have remained very connected with their peers online, which is where they tend to live most of the time, and they seem to be okay. But any major event like this, any major disruption, of course will have an impact. If we overlay that with other challenges—and I have mentioned before perhaps the alcohol, domestic violence or drug use within the home—that will create even more challenges. So of course it will have an impact and is having an impact.

Mr RIORDAN: And probably my final question. As a rural Member, mental health and support workers in mental health are as scarce as hen's teeth at the best of times. You made comment that you have concerns around the burnout of our workforce under current conditions and particularly the industry or the support networks that were intending to have or rely on imported service supplies and practitioners to come to Australia. What do you think is the outlook for rural and regional Victoria particularly, who struggle at the best of times to get staff? Is there something we are going to have to keep a special eye out or the Government is going to need to keep an eye to into the near future?

Mr CLELLAND: Yes, it is a great question. Of course it has been an enormous challenge to attract and retain people in regional Victoria despite the obvious benefits of living outside of Melbourne. We need a very smart and clever strategy around the growth of the workforce, and of course the royal commission has already made a few recommendations in relation to that. We have got a challenge I think in terms of the perceptions of mental

health as a career choice. It is often viewed as the poor cousin, if you like, of the health system. There need to be incentives built into the training of nurses, the training of OTs and physios and social workers and GPs and others to get them to train and work within regional Vic.

Another thing that we need to consider too is that we need to be able to attract people who are perhaps older and career changers who might want to be able to move across into mental health or back into mental health from related professions. In the short term we are going to face very large shortages, and increasingly so, and while the borders are closed of course it makes it incredibly difficult for us. Ideally we grow our own workforce here in Victoria and nationally, but in the medium term at least we are going to have to rely on people from overseas to help fill many of the positions that we have got. Telehealth of course will be something of a game changer, though, I have to say. It will be much easier to provide services if we can set up dedicated and effective mental health services online.

Mr RIORDAN: I will finish there, Chair.

The CHAIR: Thank you, Deputy Chair. Can I just say that if the discussion here today has raised any issues for anyone, the Lifeline number is 13 11 14 and Beyond Blue is 1300 22 4636.

Thank you very much, Mr Clelland, for joining us here today. We appreciate you appearing before the Committee. The Committee will follow up any of the questions that you may have taken on notice in writing, and responses will be required within five working days of the Committee's request. The Committee will conclude this witness and now move to the next witness. Thank you very much for your time.

Witness withdrew.