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

Ms Georgie Harman, Chief Executive Officer, and

Mr Alastair Stott, Chief Services Officer, Beyond Blue.

The CHAIR: Welcome, Ms Harman and Mr Stott. It is very good to see you here today.

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 the privilege.

All evidence given today is being recorded by Hansard. You will be provided with a full copy of that to check, and all documents today will be verified and put on the committee's website as soon as possible.

I invite you to start with a short opening statement, and then we will move to questions from the committee members.

Ms HARMAN: Thank you, Chair. Thank you so much for inviting Beyond Blue to address the inquiry. My name is Georgie Harman. I am the CEO of Beyond Blue. Our focus is on depression, anxiety and suicide prevention, and we operate right across the mental health continuum, from prevention and intervening early but also in crisis support and after-care following a suicide attempt. Most of the data that I will reference in my statement is from Beyond Blue's national datasets. If it is of interest to the committee, I would be happy to see if we can provide Victorian-specific data and take, obviously, specific requests on notice. But this is broadly what Beyond Blue has seen during the pandemic: everybody's mental health has been affected in some way, but some people have struggled more than others. Those include people living in poverty and who face insecure work and housing, Aboriginal and Torres Strait Islander peoples, LGBTIQA+ community members, young people, women, culturally and linguistically diverse communities and people living with disabilities, chronic health conditions or pre-existing mental health conditions.

In addition to our ongoing Beyond Blue-funded support service, the commonwealth in April 2020 funded us to stand up and operate a dedicated national coronavirus support service. Demand reached record levels during the pandemic for both of those services and remains higher today than before March 2020. Up until the middle of last year monthly demand for our support services was 20 to 30 per cent above prepandemic levels. At times during the pandemic it reached as high as 60 per cent higher than with the comparable period. Nationally we received 128 000 counselling calls and 13 000 counselling webchats between April 2020 and March 2022. At that same time we have also seen almost 118 000 views of COVID-related threads in our online peer-to-peer support forums, and of course we experienced high demand from Victoria.

However, what our data has shown throughout the period, and this is perhaps somewhat surprising, is that regardless of where the outbreaks or restrictions were there was generally always an uplift in demand for our services, even in locations that were not experiencing a lockdown. The days leading up to lockdowns usually saw demand from Victoria for our support services increase by an average of 13.65 per cent. The national demand average in the days leading up to lockdowns was around that mark too, at around 14 per cent. Demand in Victoria and nationally tended to plateau and taper off in the days and weeks that followed the introduction of lockdowns.

These Beyond Blue data are consistent with the broader COVID-19 mental health literature. For example, evidence reviewed by Australia's Mental Health Think Tank—14 very esteemed individuals from around the country—from September 2021 suggests COVID-19 outbreaks and restrictions appear to have had an effect on all Australians irrespective of location. Now, they admit that their research is non-exhaustive and there are gaps in data, but specifically this think tank's review found that there were no significant differences in mental health outcomes between states and territories. Their findings also broadly reflect themes raised by people contacting Beyond Blue. From our service data and insights, the pandemic in general has brought about significant anxiety, concerns around isolation, exhaustion and worry, family conflict and relationship and financial stress, sleeplessness, irritability, withdrawal and feelings of hopelessness, and in particular at the moment social anxiety, especially people struggling with the transition back to face-to-face contact. Uncertainty, job loss and insecure work are strong themes coming through from our small business owners' service, called NewAccess.

Specific occupational groups, including healthcare workers and other essential workers, have obviously been hit hard.

Many experts believe the pandemic is similar to a natural disaster in that it has impacted the whole population and there has been a sense of enduring a collective trauma—except unlike the trauma that follows most disasters, events which are over relatively quickly, this crisis has been drawn out, has had peaks and troughs and remains ongoing. As we know, after any crisis or disaster it is often not the immediate aftermath but in the years that follow that people are most at risk. This long tail is what we must be prepared for. This prolonged state of change, rolling uncertainty and hypervigilance has been exhausting and has exacerbated pressure points, including financial hardship, housing security and access to affordable mental health services. The mental health workforce is overwhelmed and exhausted, and demand continues to outstrip access. But these structural, systemic and social determinant issues existed prior to COVID, and the pandemic has served to merely spotlight them, exacerbate them and amplify them. So now more than ever if I can make a plea: we need to continue genuine structural governance funding and workforce reform, designing a system built around people and with lived experience at the heart of all of those decisions.

Finally, the pandemic saw a period of bipartisanship, real innovation and different ways of funding and working to produce more integrated outcomes and pathways for people. These need to endure and become business as usual. Thank you very much.

The CHAIR: Thank you. It is very interesting to hear from an organisation such as yours that has had such face-to-face contact with the broader community. I wonder, just as a first question, can you outline the key challenges that your organisation had actually in relation to the implementation of the orders, given that they would have impacted even on how you operated, and how you managed that during this period of orders being implemented and changing of course on a regular basis?

Ms HARMAN: Yes. Look, I am sure, like every employer, there were challenges: keeping up with the information, keeping up with the changes, adapting to them rapidly, making sure that we were aware of our legal obligations as an employer and also ensuring that our staff understood their obligations and that they felt safe and protected and looked after by us as their employer. It was a huge learning curve for me as a leader. It was a huge learning curve for us as an organisation. I think what we have learned is that we can manage very well in a crisis. I have got a fantastic team that can distil very complex and ever-changing information and adapt really quickly. So I am very proud of my team. But having said that, of course it was challenging. Because our service model works with a lot of third-party providers and partners, we had to ensure that they all understood their obligations in services that carry our name and our brand. We had to ensure that everybody was aware of our position on things regardless, and as a national organisation we had to deal with eight different jurisdictions as well and all of their orders. So, look, it was a challenge, but I think we broadly kept on top of things and were pretty adaptive. I think, again, if there is a silver lining, I think the sector has shown its adaptability and its ability to kind of think differently and behave differently as well in terms of managing services but also supporting our teams as well.

The CHAIR: One of the issues that we have heard across some of the hearings we have had is just the complexity of the orders, not to mention regular changes. What sort of challenge did that present to your organisation in just understanding what was required of you—the staff, the way you ran your operation and then how you fed that out? And do you have any suggestions of how that might be done better in the future?

Ms HARMAN: Look, putting things down on paper and regulatory documentation—you have always to make a black-and-white choice at some point. There is often a lot of grey in what we do, and we are not unique in that. So I think as much clarity as possible and specificity as possible is really, really helpful for organisations—any organisation, I think—because no organisation wants to get it wrong and no organisation wants to break the law, clearly. So further specificity as much as possible, knowing that that is sometimes very difficult—you could end up with a document that is literally thousands of pages long. One of the challenges for us rather as an organisation, for example, was the fact that again we work through a lot of third-party organisations and we work nationally. So making sure that even though our whole organisation operation fell under, for example, the vaccination mandate, many of my staff are project staff or other specialist staff and not actually delivering the services online or face to face. But, even so, the vaccination orders applied to us. That was very clear but did actually cause us to have to think about and communicate that carefully with our staff. So, again, I think there is never an exacting science to this in many respects. Governments do have to make a

call at some point and write something down, but I think any deeper clarity and a process by which we were alerted to changes would have been really helpful.

The CHAIR: Yes. Thank you. You indicate that across the whole of the jurisdictions in a sense there was not a great variation or not a great effect even as a result of particular lockdowns. But I wonder: did you at times notice spikes in contact with your organisation as a result of any particular situations along the way?

Ms HARMAN: Absolutely. Every time there was a lockdown, regardless of where it was, we saw a spike. Towards the middle of 2020 we started to be able to predict and start to sort of, for example, workforce plan the number of counsellors we would need as we started to get signals that we might be heading into another lockdown or there was a lockdown in the ACT or New South Wales. So we were able to sort of modify our workforces around that. Clearly in terms of volume, the number of contacts from Victoria were higher than any other state throughout the pandemic, but again it was kind of surprising to us. We expected it to be, 'Okay, Victorian lockdown, Victorians contact us'. Yes, absolutely they did but also people from New South Wales and also people from WA and also people from Queensland. If you think about it, we are one country and people have families in other states, and they were separated and they had travel plans interrupted. Again just this rolling uncertainty about the future I think was the thing that we kept on hearing through our consumer insights data.

The CHAIR: So we seem to be hearing evidence that it is the pandemic itself which has perhaps created the environmental trauma or the mental health issues, but you are saying that particular events really did create spikes. But also I understood you to say that was across all jurisdictions, some of which were barely locked down at times, I suppose. I mean, can you just explain that a bit further?

Ms HARMAN: Yes. The data was really interesting, and it was quite unexpected to us. When the whole country went into lockdown in March, April 2020, the spike was pretty consistent across the country from memory, but then, for example, as Victoria and then New South Wales experienced those lockdowns towards the end of 2020 and early 2021 we would see contacts from Queensland and contacts from WA also spike—not to the same degree—the spikes were not as high—but there was an uplift from almost every state and territory of I think on average 14 per cent.

The CHAIR: So have you formed the view as to—I mean, to some extent you have explained it, but you must have talked about that a lot and thought that that was an odd situation, because there was sort of a sense that Victoria would perhaps be much worse.

Mr STOTT: Yes. If I could just sort of `add to that, it was not just the spike in demand, it was the increase in acuity of people accessing our services. We saw that across particularly our counselling service but also our online peer-supported forums, where the number of critical escalations that we had to put in place for people really spiked, particularly led from Victoria. So it was that combination of increased acuity as well as demand. It was interesting because, as Georgie said, it was the lead-up to lockdowns where we started to see the spikes, and that was something we had not anticipated. We were able to start anticipating it not only in terms of staffing but also putting out content. Because we had a digital-first approach we were able to pre-emptively put content onto our coronavirus mental wellbeing support service in anticipation of the response we were likely to see.

As Georgie said, it was compounding, and because Victoria had more lockdowns we saw an increase each time and it did not return back to the previous level; it stayed at a higher level. We saw the same thing in New South Wales as well; when it spiked it spiked. And depending on the state, the falling back to the sort of more plateaued levels occurred more quickly over time as well. In Victoria it stayed high for a long period of time initially, but as each subsequent lockdown occurred it returned back to a lower level more quickly. So there were interesting patterns we saw, particularly in those states that had more lockdowns. We are seeing in Western Australia particular increases at the moment as well.

The CHAIR: Okay. Thank you. That is all my questions for the moment. Ms Ward, I will go to you next.

Ms WARD: Okay. Thank you. It has been really interesting. Thank you both very much for coming, and thank you for all of the work that Beyond Blue does. I can only imagine how much work you have had to do since the pandemic began, so thank you. Thank you also to all of those agencies that you work with who are

doing so much face-to-face support for people. Your work is incredibly important, and it is very much respected.

I will tease out some of the stuff that you have already said, but firstly I just wanted to cover the mental health royal commission and how this is helping or supporting the changes to the mental health system, particularly as we hopefully move out of this pandemic. Are there particular changes in the structure of the service system that are particularly important, that are real scaffolding and supports that we have got?

Ms HARMAN: Look, I think it is fair to say we are on the record, as with many others, as welcoming the royal commission's sweeping and quite significant recommendations and obviously the government's commitment to implement all of them and also, you know, the other parties actually being bipartisan about this broadly and saying, 'We've got a system problem here and we need to fix it'.

So our view, and what we are seeing at the moment in terms of implementation—this is a massively ambitious agenda, as it should be—is there is a lot of change happening very quickly, and it needs to. We also need to bring people and services on that journey too. The most significant changes that we want to see are really those structural and governance changes and the way funding flows to organisations. We want funding to flow for outcomes and not for activity. My organisation should be funded for proven impact, as should every organisation.

We need to see a different set of thinking around the workforce in particular. I am on the record, and I will say it time and time and time again: I have huge respect for psychologists, psychiatrists and mental health professionals, but we are never going to have enough of them to deal with the demand. We are never going to have enough of them. What we want to do is recalibrate and redesign the workforce pipeline so that people get to see specialists when they need those specialists and so that we can intervene earlier.

Ms WARD: So multiple levels of triage.

Ms HARMAN: We can intervene earlier with different and new types of workforces so that people actually become settled, self-manage and do not deteriorate so that they need those specialist workforces—so a peer workforce, the lived-experience workforce. There are great things happening in Victoria around that. We want to see that happen even more quickly.

We are really interested at Beyond Blue in what we call a low-intensity workforce, and our NewAccess service has proven this up over a number of eight years. These are people that we engage from the community. They come from a range of backgrounds: landscape gardeners, receptionists, students, Aboriginal health workers—a whole range of professions—retail. They have all got great empathy and communication skills. They like working with people. We train them up. They are ready to see clients within 12 weeks. They are clinically supervised at all times. It is a six-week, six-session treatment course, and importantly, unlike the Better Access Medicare scheme, for example, we can measure clinically validated recovery rates throughout that treatment course. On average seven out of 10 people move from what we call clinical 'caseness'—so they are actually sick, they are psychologically unwell—to recovery; they are recovered at the end of this course, and in that six-week session we have actually taught them really practical coping skills and self-management skills.

So it is a very safe program. It is showing great promise. We have got a NewAccess for small business owners service that is operating nationally that is going gangbusters. We have got a service—

Ms WARD: Sorry, can I just interrupt there? Can you just tease that out a little bit more? That is really interesting.

Ms HARMAN: Sure. So the commonwealth Treasury funded us. We adapted the New Access service for small business owners around the country, obviously a group that has been and is still doing it very hard. All of our coaches have a small business background, so they can speak to the people that they work with in a real sense. They get their worlds, they have been there, they have got the T-shirt. It is entirely a telehealth model. It operates outside of normal business hours because we know these people are, you know, working till goodness knows what time, and it is very practical.

So we have got I think 12 or 14 coaches. They see people over the phone or online, depending on the person's preference. They have six sessions with that individual, including an assessment, and we measure clinically

validated recovery rates at every session. And we are seeing I think a 68 per cent recovery rate with that service. and about 1500 inquiries since the service was launched in March 2021. About 800 small business owners are either currently in or have been through that treatment program nationally.

Ms WARD: That is terrific. Thank you. That support is incredibly important. I think there was also around about $9.5 million last year that was brought in by the state government as an urgent response, of which Beyond Blue received $1 million. How is that? Have you got additional programs like the one you have just mentioned that are coming through?

Ms HARMAN: I will let my colleague talk to that. He is the money man.

Mr STOTT: I wish. It came through in a number of ways—first of all with funding for our Beyond Blue support service to support the community directly; that was a $1 million. We also have been working on New Access for north-east Victoria, which initially was focused on the bushfire areas and has since been expanded to offer spare capacity to all Victorians, and that has been quite significant as well in terms of the outcomes we have achieved. But, again, we have recruited people from those communities as those coaches, so there is that real understanding and empathy from those coaches for the people they are supporting.

Ms WARD: Terrific. Thank you. I found it really interesting your conversation around the spikes that we saw particularly around lockdowns and how there was that ripple effect in other states, regardless of what was happening in the other states. We have heard previously about that sense of contagion that people can have—say, for example, with self-harm or anorexia and so on. Is there also that sense of contagion that happens when there is this increased sense of coverage of the pandemic, that ripple effect that comes out and that increased anxiety that comes from that? Is this a part of what would have contributed to those spikes?

Ms HARMAN: Look, I believe so. I call it the mental load—you know, when you switch on the television, when you open a paper, when you look at your devices or you look at your socials and everything is about the pandemic and everything is pretty gloomy.

Ms WARD: Like in March 2020—we were all doomscrolling without stopping.

Ms HARMAN: Yes, it is pretty gloomy. I think it is the compounding effect, and it kind of felt inescapable. So our job—and it is a job that we took very seriously—as well as obviously providing direct support to individuals, was to really talk very openly about what was normal and what was not normal in these kind of very strange and unprecedented times, but it was also to give people really practical advice and reassuring advice, hopefully, that it was actually okay and very normal to be feeling completely discombobulated by what was going on. So if you feel yourself experiencing certain things, take a break from socials, curate your new settings and make sure that you go for that walk a day with a friend if you are able to. As much as possible, find and be innovative about keeping those human connections going, as challenging as that was. So that was, I think, another major role that we decided to take in the media to try and balance out and create a sense of—not normalcy; that is the wrong word, but actually like—what is normal and what is not.

Ms WARD: Your new routine.

Ms HARMAN: To really provide that sort of steady, reassuring perspective to people, because I think it can sort of build and spiral.

Ms WARD: Yes. Thank you.

The CHAIR: Thank you, and I will move to Ms Kealy.

Ms KEALY: Thank you very much. Thank you both, not just for presenting today but also for all the support you and your team have provided to so many Victorians and Australians across the pandemic. It has been amazing. Look, we all get into what we do to make a difference and change lives, but you are not just doing that, you are actually saving lives as well, so I commend all of you.

Ms Harman, you referred earlier in your presentation to the correlations between the contacts with your organisation and your suborganisations and lockdowns or changes to restrictions. Would you be able to provide data to the committee around the changes and variations to data? And if you have got that additional work looking at correlations with when there were lockdowns called or restrictions, we would really appreciate that.

Ms HARMAN: Sure. I am sorry I do not have it on me today to read out to you or anything like that, but we are very happy to table that out of session if that is okay.

Ms KEALY: On notice—that would be wonderful. Thank you very much. Ms Harman, you also referred to the challenges around the process of being alerted to changes in the pandemic orders, because then you would have to interpret them yourself in your own organisation, but obviously there would be an impact as well on what would happen in terms of demand. Can I just go into a little bit more detail around that in terms of: were you given any advance notice that a pandemic order would come, and were you given the opportunity to provide and create that pandemic order so that perhaps there was an opportunity to minimise the impact on the mental health of Australians?

Ms HARMAN: No. We were not given advance notice, and there was no opportunity for us or any other organisations that I am aware of in my sector to influence that. What we did do, though, was keep in regular contact with the department and also ministers from time to time just, you know, either on request from them or indeed proactively, to say, 'Look, this is what we're seeing, and really in all of your public health policymaking and regulatory decisions mental health has to be a top-order issue'—absolutely the economy, but mental health and wellbeing has to be right up there, because look at what we are seeing. And we got into a routine of providing, I think, fortnightly data to the commonwealth through the Australian Institute of Health and Welfare, but we also chose to share that with states and territories as well so that they could actually see what we were seeing at a national level and as much as we could locally too. So we were quite proactive in sharing our data and insights with governments, including the Victorian government.

Ms KEALY: Did you at any time provide advocacy or recommendation to the government that an element of the pandemic order was causing a high amount of harm in the community?

Ms HARMAN: No, not specifically—not specific to the orders. I mean, we talked; you know, we obviously gave our data and insights in terms of what we were seeing and talked about, just in a general advocacy sense, what we thought good policy would look like in these circumstances.

Ms KEALY: You mentioned in your response to the previous question that, to your knowledge, no organisation had provided input to the creation of the pandemic orders. In your view, on decisions like closure of playgrounds or closure of schools in areas where there had not been a case of COVID for over a year, do you think that if there had been an opportunity for your organisation or other mental health support organisations to provide input to pandemic orders, harm could have been reduced?

Ms HARMAN: I do not want to, I mean, I do not think there is any—I am not aware of any data or evidence that has a direct correlation between playgrounds being closed and harm, but, you know, I get the point that you are making. Could organisations like mine and many others, including those right on the front line, you know, at the coalface working with multicultural communities? Could there have been a mechanism to really on a regular basis advise governments on its policymaking? Absolutely. I mean, of course that is the gold standard that we all aspire to and we all want to see. As I said, we have a good relationship with the Victorian government—regardless of which party is in power, I like to think—and we think we play the issue, not the politics. So we are always willing, able and in fact quite proactive sometimes in giving our views either in the media or behind the scenes.

Ms KEALY: Can I speak to you or ask if you can speak to how workforce was impacted. I mean, as an organisation, how many vacancies would you have across all of your positions?

Ms HARMAN: Well, in terms of Beyond Blue head office, we have got about 50 rolling vacancies at the moment

Ms KEALY: Fifty vacancies?

Ms HARMAN: And that is for a whole range of disciplines of staff, ranging from project managers to digital producers to data analysts and of course then our service project staff as well.

Mr STOTT: Just to emphasise, they are not frontline services.

Ms HARMAN: They are our head office staff.

Mr STOTT: Because of our commission service model these are those that are required to keep the machine rolling.

Ms KEALY: Running, yes. Have you got any insight into your suborganisations or the organisations that provide services for you, of their vacancies for frontline workers, because we have heard that there are difficulties in accessing mental health support simply because there are not enough workers to fill the jobs?

Ms HARMAN: Yes. As far as I am aware, our major service provider, which is Remedy Healthcare, actually has not had any issue attracting and retaining staff. Now, that might be the fact that our model is quite different to many other services. These are counsellors who work shifts, generally from home, so in fact the transition to home-based and flexible working in terms of service provision and telehealth was not massive for us as an organisation, because many of our services were already delivered digitally or by telehealth. So for our major partner, Remedy Healthcare, I am not aware of any massive workforce issues there at the moment.

Mr STOTT: No, and at the start, when we had to stand up the coronavirus mental wellbeing support service, we had eight days to do that. Our existing provider, Medibank Health Solutions, was able to employ a new workforce. I think we had the full workforce within four weeks, which was interesting. And just to Georgie's point, just to expand on it, we were worried in moving to Remedy Healthcare about them being able to recruit, given everything we had heard. They had more than 800 applications for the roles for the 110 people we needed to operate the service. So it was quite interesting for us, but it was promoted with our brand on it, and I think that probably helped significantly. They had a very good approach to our value proposition, so because it was a mixture of both counsellors and mental health coaches, as we have for the NewAccess program, we got a terrific, diverse group of people coming to us.

Ms HARMAN: I do think though—I mean, what I hear from my colleagues—is the drain on the public mental health system is where it is really biting. These people are exhausted, and they have been running on empty for a long time, so I think that will obviously have a ripple effect over time on maybe even organisations like ours.

Ms KEALY: Thank you. I am out of time, I am sorry.

The CHAIR: Ms Ward, I can go back to you if you like, although we are somewhat short on time.

Ms WARD: I take your hint. I just have some quick questions, then. I am interested in vacancies, and I meant to ask this of our previous witnesses as well: with the vacancies that you have got at Beyond Blue, are these new positions that have been created in recent times because of funding increases or changing structure, or are these existing positions that you have not been able to fill?

Ms HARMAN: They are a combination. We are growing, and a lot of that growth is actually funded by our own reserves. We have been changing as an organisation for the last couple of years and really redesigning all of our services, integrating our services and really focusing on digital in particular and really growing our capabilities in that area. Of course everybody wants digital people at the moment, so we are competing with the world on this talent. So it is a combination of both. We do obviously grow and shrink depending on the funding that we get, and that is usually block grant funding, but the current vacancy rate is a combination of both. We are seeing, like many organisations, turnover as well. People are making different choices and decisions about their futures and what they want work and life to look like. One of the things that we have changed dramatically on during the pandemic is we now employ people right around the country, not just in Victoria, so that has been a really positive thing for us. And we are really keeping our fully flexible working arrangements in place for our staff, which I think is what people are looking for. There has been a massive shift, and I do not think we should go backwards on that.

Ms WARD: I completely agree. We have spoken—and it kind of goes to the questions I had earlier—around the increased conversation around the pandemic and spikes and so on. We have also heard from previous witnesses particularly around the effect of social media and young people. How have you had to adapt to this changing media environment, which is across a whole spectrum of communications? How have you been able to respond to that both in terms of giving feedback to people, saying, 'Actually, this isn't appropriate and you should not keep going along this space', but also supporting people who have seen things that can come into that contagion effect or damage people in some way?

Mr STOTT: Yes, it has been a major trend that Georgie touched on earlier in terms of younger people accessing the counselling service, and also we have seen the increasing use of online forums, which is peer-support moderated. We have peer-support moderators to help ensure the appropriateness of what is posted—things are not posted until they are approved. But back to my earlier comment that those even younger than 15 are accessing a counselling service now with increasing acuity and increased suicide ideation, it is very significant, and we are in the process of developing a specific model of care for under 16-year-olds for our counselling service.

Ms WARD: And much of this you to attribute to social media and what these kids have seen?

Ms HARMAN: We would not want to comment on attribution at this point. I think the research evidence on the impacts of social media on youth mental health is still emerging. There is some really interesting research that I saw I think a couple of years ago—I think Professor Ian Hickie was part of it—that actually showed that the dose effect of social media is the important thing: how much time you spend, not the medium itself. It is a bit like driving a car: we can drive a car well or we can drive a car recklessly. We need to learn as human beings how to use devices and things well. But also there is a protective factor of online communities, and that is what we see all the time through our forums. Young people are using these places and spaces in ways that we cannot even get our heads around. So we have to be there in those places and spaces. We cannot fight the machine, we have got to be part of that and we have got to do that as responsible educators but also listen to young people about what they want as well. There are great things going on in the sector, like Orygen's #chatsafe initiative—such an important initiative, which is in digital spaces with young people, teaching them how to talk safely about suicide risk and self-harm. I mean, this is really important, groundbreaking work designed by young people for young people. So we need to actually lean into this as opposed to being terrified by it and just wagging our finger at it.

Ms WARD: Terrific. Thank you.

The CHAIR: Good. You could ask one more.

Ms WARD: Oh! Very good. Thank you. With that, I imagine then that the changes in how we are using technology now because of the pandemic have meant that you have really been able to—using that word 'pivot'—adapt so much of what you have done that is actually in a really comfortable space for young people.

Ms HARMAN: Yes, absolutely. I think we have got better and deeper at it, but we were kind of already operating in that space anyway. Because, you know, the Beyond Blue support services—it is kind of analog in the sense that it is phone, but all of our content is digital now, as are most of our platforms. We do therapeutic interventions online; we have been for years. We have got a number of apps, including a suicide safety planning app, which is used by thousands of Australians every week. So technology can be our friend as well as something we need to address and be very vigilant about. So it was not a massive pivot for us.

Ms WARD: Okay.

Ms HARMAN: But what we have done is we have learned more, we have pushed harder and we have formed I think digital alliances with other organisations. So, for example, we worked very closely with ReachOut.com, which is a youth-specific mental health service, and also Lifeline and their text service to create an integrated pathway between our three organisations for young people who are looking at our content that indicated they might be thinking about suicide. So they get a pop-up to say, 'Hey, we've noticed that something might be troubling you. Do you want to have a chat with a Lifeline text counsellor? Click here', and straight through to Lifeline. So the pandemic in a sense has fast-tracked a whole bunch of work that we have been thinking about but that was really necessary to do because that was how we had to provide services.

Ms WARD: Yes. Thank you. And, Georgie, you said that you can manage very well in a crisis at Beyond Blue, that is what you have learned. I just wanted to congratulate you on that. Thank you.

Ms HARMAN: It is exhausting.

Ms WARD: I bet it is.

Ms HARMAN: But, look, we are one of thousands of organisations that have learned that lesson, I think. Thank you for your respect and your thanks, but there are many of our colleagues that I think have just done an incredible job, and we really appreciate this opportunity.

The CHAIR: Thank you. We will move now to Mr Wells.

Mr WELLS: Thanks. When the pandemic orders are made and you do not get a heads-up that they are going to take place, so they are going to be announced the next day—just to clarify some things you said before—is there a spike at the time the pandemic orders are announced or is there a delay factor down the line before people start to understand them and then they phone?

Ms HARMAN: What we would normally see was when the Twitterati or the media whispers started happening or indeed there were references to potential lockdowns in press conferences and things like that, so when the general sort of social discussion started through many channels, that is when we would start to see the contacts increase. When the restrictions happened, my memory is that those first few days would be pretty intense, but Alastair, you might have—

Mr STOTT: Yes. We certainly saw that spike even before the orders were announced; the numbers started to go up. And once they were announced, they then really increased further. And we also saw that acuity increase as well in terms of the complexity and the severity.

Mr WELLS: So the phone calls come in, there is a spike. Do you have a backup plan with staffing or counsellors to be able to deal with that spike? How does that actually work within your organisation?

Mr STOTT: Yes. There is quite a significant amount of contingency in the workforce model that our service providers use. The counsellors typically are on only 80 per cent of the time, which gives us immediate contingency. Many of them are part time as well, so we are able to respond with the existing workforce quite quickly to those spikes. We monitor, literally on an hourly basis now, the average service response times. We are, as the commissioning organisation, able to monitor that as well. We have those discussions with the service providers on a regular basis in terms of things that may well trigger an increase in calls and webchats as well and are able to proactively anticipate that and put more people on. But if there are unexpected spikes, we are able to then pull in additional capacity, and that is one of the strengths of the model that we have. The distributed model actually makes that easier, particularly when those counsellors are across Australia. That has been one of the strengths of the model if there have been particular lockdowns in particular regions. At the beginning of the pandemic we did some analysis, and there were no two counsellors in the same postcode across Australia, which allowed us to be fairly resilient as lockdowns and COVID cases started to impact the different parts of Australia.

Mr WELLS: How does the system work? For someone who rings in and speaks to a counsellor, how does a counsellor work out who that person should be referred to, and how is that followed through?

Mr STOTT: We launched our new service in February, and it has become a lot more sophisticated. It is a brief intervention that we provide, so there is an initial risk assessment and then a needs assessment done in a conversational way with the counsellor. We now have algorithms in a referral database. As the counsellor or coach enters the information about the person and their needs, it then identifies, depending on the needs, the most appropriate service providers to provide—

Mr WELLS: The algorithms?

Mr STOTT: Yes.

Mr WELLS: Okay.

Mr STOTT: If a person is a very high-needs case, we have the ability to warm transfer them to emergency services or through to clinical services as well, so it is basically a triage-based approach. Our approach is if it is just information, we provide the information. If they need to be referred through, we are able to provide either contact details or increasingly we are moving towards being able to warm transfer the people through to the service that will provide them. And it is not just the clinical service providers; if they have got financial issues,

it will be through to financial counselling services et cetera. So it is a significant enhancement that we have developed.

We have also developed the ability now to ask whether they would like follow-up calls to see how they are travelling, which gives us a much better ability to understand the success and the outcomes that the service has achieved. We have also moved to significantly ramp up our measurement of outcomes through our surveys, which is demonstrating very high levels of outcomes and improvement in terms of their mental health but also that they were connected to the support they actually needed.

Ms HARMAN: Sorry, can I just add to that, because I think there is another important component that we have not talked about, and it goes to that kind of innovation. We were able to use some of the block funding that we got to partner with Mind Australia, because we were increasingly seeing people contact us with quite severe and complex needs, and a brief intervention model can help, but it does not go far enough. What we have done is actually work in partnership with Mind, so when our counsellors make that assessment that a person would benefit from longer-term support, we refer them to Mind, who then provide them with a further five specialist follow-up sessions. I cannot remember the numbers, but there have been significant numbers of people that we have been able to create that integrated pathway for, and the clinical outcomes have been terrific.

Mr WELLS: You mentioned that there does not seem to be a problem employing people because of being Beyond Blue. Is part of it obviously the reputation of Beyond Blue, but also is there a difference in pay compared to the public sector in regard to counsellors?

Ms HARMAN: I think we would have to take that on notice. I do not know the pay grades of the public service off the top of my head.

Mr WELLS: I was just wondering if that is an attraction, to go and work for Beyond Blue rather than—

Ms HARMAN: What we know is that our counsellors are very proud to work for Beyond Blue. It is a brand trust that we take very seriously and we have to honour and protect, but there is something about that name that makes people feel very proud of working. That is certainly what we found through the transition to a new partner and the recruitment of a new workforce, that that was a real factor in getting that significant number of applicants.

Mr STOTT: And I should have mentioned that 35 of the counsellors with the previous provider actually elected to move to the new provider as evidence of not just the trust but the value that they saw in the work that they are doing with Beyond Blue.

Ms HARMAN: I also think there is something about, again, the flexibility of our model—the fact that you can work the hours that suit you and your lifestyle, you can work from home and all of those kinds of things. I think it is quite an attractive proposition for many people.

Mr WELLS: Especially if you are in regional Victoria.

Ms HARMAN: Exactly. Yes.

Mr STOTT: We get a very good representation.

Mr WELLS: Yes, I would bet. That is it from me.

The CHAIR: It has just gone red. Yes.

Mr WELLS: Perfect timing.

The CHAIR: Thank you. I will go to Mr Bourman next.

Mr BOURMAN: Thank you, and thanks to you and your team for the wonderful work you are doing—and long before the pandemic came up. You were just talking on it before; the reputation that Beyond Blue has is unimpeachable, basically.

Anyway, we are coming towards the tail end of this pandemic now, and we have all learned a lot. If we were to start again but with the knowledge we have now, what would you want to be able to do differently? This is a good time to put it on the record. What would have helped you get through better than you have already done?

Ms HARMAN: We saw this change, but I want it to last: governments were much more flexible with us in terms of how we used the funding that we were provided. So rather than having really complex, detailed contracts that said we had to measure widgets X, Y and Z, we had—again very well governed—much more flexible contract funding arrangements that allowed us to use money differently. So rather than being locked into a contract that said, 'You've got to use X amount of dollars to do Y', for example, we were able to partner with Mind and we were able to use some of that block funding without having to go back—I think we did obviously notify the funder—and there was absolutely no question that that was a good idea.

So that sort of mindset shift in terms of very transactional relationships between governments and NGOs I think was one of the real blessings of the pandemic. I really want to see that continue because at the end of the day if we are providing services, then we kind of know what we are doing most of the time. We need to obviously have all the checks and balances and good governance—this is public money—and assure our funders that we are spending that money wisely and well, but to get tied up in reams and reams of contractual clauses is really not helpful for the people that we serve. So that greater flexibility around funding would be terrific to keep going. Alastair.

Mr STOTT: The thing that I was particularly pleased to see as we went through that—and we are hoping to continue that—is much more of a partnership role with government. What I mean by that is, just building on what Georgie said, actually having representatives from the department at our regular steering committees—and those steering committees I think were almost daily to start with where the department came with us on the journey. We also have seen that with NewAccess for Small Business Owners because going into the pandemic and going into the small business owners program we did not really know what the demand would be. Having that partnership approach meant we could share on a fortnightly or monthly basis the insights that we were learning so that we could adapt and innovate in a way that is very difficult when you are contractually led under existing program approaches.

Ms HARMAN: And I think the other thing that has really struck me is the need for really good business intelligence, really good data and insights as close to real time as possible so that you are making decisions that are based on evidence and based on what people actually need, not what we think they need. That has been a major area of progression for us, building up our capability in those disciplines—

Mr STOTT: and sharing it—

Ms HARMAN: and sharing it with the government.

Mr STOTT: with governments.

Mr BOURMAN: And basically the ability to be agile, because really—

Ms HARMAN: Yes, absolutely.

Mr STOTT: I do not like to use that word.

Ms HARMAN: It is a very overused term now—

Mr BOURMAN: It is.

Ms HARMAN: but it is true—big A and little A agile—

Mr STOTT: Yes.

Ms HARMAN: and that is basically the journey that we have been on, working to set up minimum viable product services as opposed to the perfect product that you take months and months and months to set up—

Mr BOURMAN: Fit for purpose rather than perfect.

Ms HARMAN: to build something that is evidence-based and safe and then continually iterate it. We had to work that way in the last two years. People needed something, something that was going to be good and safe. Our view was it might well be imperfect but at least it was operating and then we could make it better, rather than actually being perfectionists.

Mr STOTT: Having very good risk management and clinical risk management around it—

Mr BOURMAN: Of course. That also goes back to protecting your reputation as well. You cannot go off being cowboys and then expect people to give you money later. I have got time for one more question I think. A lot of your resources—in fact I think you said more or less all your resources—are either on the phone or online. A lot of my constituents are out in the middle of nowhere where connectivity is quite a problem. What avenues do people have other than the phone? If they pick up the phone and say, 'I want to talk to someone', they talk to someone and then they put them onto other resources but they are not able to go online. Is there a method, an avenue or something to help people through that?

Ms HARMAN: In terms of our major signature services, no. They are predominantly telehealth or online based, but it is obviously something that we are very aware of and get a lot of feedback about from time to time. Pre pandemic we were very active in community, whether that be through participating in local events or going out and speaking at local communities, in schools, in workplaces. We have got an incredible army of speakers. They have all got lived experience of depression, anxiety and/or suicidality, and they tell their stories in schools and workplaces. They are incredible human beings who are so inspiring and motivating for their audiences. So we are really ramping that back up again now. We have got a community van called Buddy, and Buddy is getting his miles up, or her—we are not quite sure what Buddy is actually—

Mr BOURMAN: I think vans are fairly gender neutral—

Ms HARMAN: That is right. Buddy is getting out there now, and we are getting back into community. And I think we are really excited about that. We know when Buddy rolls into a small country town people love it. We do not experience the shock and awe and stigma. People actually want to come and talk to Beyond Blue. They want to come and say g'day, which is lovely.

Mr STOTT: Can I just add to that—our two other services, the low-intensity NewAccess service and the Way Back Support Service, which is our suicide recovery program, are both delivered either as face to face or telehealth, and particularly regionally that has been incredibly important. Obviously during the lockdowns the service providers had to switch to a remote model but they have returned to face to face and it is an incredibly important part, particularly in regional areas, to be able to offer that face-to-face model.

Mr BOURMAN: Yes, and I think any regional MP would be happy to help you advocate as well. It is just one of those things where there are a lot of people out there. My personal introduction to someone suiciding was in a regional area a long time ago and there was nothing back them. But there are also a lot of people out there who may have a home phone, but that is it. It is hopefully not a growth area, but I think it is something that needs to be addressed.

Ms HARMAN: Yes, and thinking differently about the kinds of models that are actually based in community as well, not just the tech side of things—so safe spaces that people in suicidal crisis or distress can actually go and sit and have a cup of tea. They can be libraries, they can be post offices. We support the staff and train them up. These are models that are really proven. There is one that is associated with St Vincent's here in Melbourne, but they are growing across the country, and we need more of them.

Mr BOURMAN: Thank you. I think we are out of time.

The CHAIR: We are. And we could ask many more questions, I am sure, but I know your time is up and you have to move, so thank you very much for coming in today and appearing before the committee. You will receive a copy of the transcript of your evidence today to look over and of course it will end up on the committee website, so thank you again for attending.

Witnesses withdrew.