TRANSCRIPT

PANDEMIC DECLARATION ACCOUNTABILITY AND OVERSIGHT COMMITTEE

Review of Pandemic Orders

Melbourne—Friday, 29 April 2022

MEMBERS

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Mr Jeff Bourman (Deputy Chair)
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WITNESS *(via videoconference)*

Mr John Foley, Acting Joint Chief Executive Officer, and Director of Policy and Advocacy, Mental Health Victoria.

The CHAIR: Mr Foley, thank you for being with us. I will just read an explanatory statement. 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.

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I welcome you here today and invite you to make a 5-minute statement before we move to questions.

Mr FOLEY: Thank you very much indeed. Let me begin by acknowledging the traditional owners of the land on which I am joining you from today, the Wurundjeri lands of the Kulin nation. I pay my respects to elders past, present, and emerging, and I extend that respect to any First Nations people in the room or watching live. I would also like to thank the committee for the opportunity to address you this morning.

I will begin by introducing myself and Mental Health Victoria. I am John Foley. I am the Acting Joint Chief Executive Officer of Mental Health Victoria and substantively Director of Policy and Advocacy.

Mental Health Victoria is the peak body for mental health in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, other professional associations, trade unions, local governments and other bodies across the health and related sectors. We specialise in public policy, workforce development and training and services that build individual, organisational and community capacity. We are funded by the Victorian government.

We have 124 member organisations with a plurality and diversity of experiences, expertise and views, oftentimes on issues that are intrinsically complex and occasionally contested. I think you will note this in my evidence today. We have consulted across our membership this week, and my evidence is a good faith effort to convey many of the key themes that have emerged from our members and stakeholders. We have been provided with a large number of statements and some data and other relevant information that we would be happy to provide to the committee if that is helpful. My hope today is to give you a representative snapshot of the mental health impacts of the pandemic from a diverse array of expert, organisational and institutional perspectives that make up the mental health sector here in Victoria.

We are not a service provider, nor are we primarily a data-gathering organisation. Some of what I will talk to is informed by the, for want of a better word, bird's-eye view that we have over the whole sector. As a unifying theme, I can express my pride in being entrusted to speak here today on behalf of our members, and I would also like to place on record the extraordinary work that has been done throughout the pandemic by all of our member organisations and the workforces that sit behind them. It is a profound honour to speak for them today.

I may move on, if I may, to contextualising the mental health impacts of the pandemic by referring to the state of Victoria's mental health system as we entered the pandemic at the beginning of 2020, and I think it is very important for the committee to understand that Victoria's mental health system was in a state of crisis as the pandemic took hold. In November 2019 Victoria's royal commission into the mental health system delivered its interim report and concluded that the systems in Victoria had catastrophically failed to live up to expectations and were underprepared for current and future challenges. At all levels a mental health crisis with multidecade and intergenerational roots existed, and the foundations of our mental health system going into 2020 were weak.

Speaking to the impacts of the pandemic and the associated public health orders, we wrote in December 2021 that:

> Victoria is in the midst of a mental health … crisis.

And this remains the case. The COVID-19 pandemic has shone a spotlight on and has exacerbated existing inequity and vulnerability across our entire state. It has increased presentations and acuity of mental illness, and it has had a profound impact, as you have heard this morning already, on the mental health and wellbeing of young Victorians. At present, extraordinary demand on service systems across the state sits very uncomfortably alongside workforce fatigue and structural workforce supply limitations. What I would like to do is illustrate two things with some of the snapshots that I am going to provide you. I think one is to illustrate the depth of the mental health crisis that we have lived through and are living through but also the resilience and the depth of humanity at the core of this sector in rising to the challenges that have been with us for two years. I have a couple of examples to illustrate.

Firstly, I would like to refer to an organisation called the Compassionate Friends Victoria. This is a lived-experience agency providing support to bereaved parents, siblings and grandparents following the death of a child. Their first contacts with people bereaved by suicide increased from 31 in 2019–20 to 64 in 2020–21. Grief calls to their helpline increased by 25 per cent in the same period. They did so with no additional funding, no additional supports; they did so in the midst of countless tragedies in the lives of the community that they serve. The Mental Health Legal Centre pivoted at the start of the pandemic into becoming a de facto food bank, and they did all of this whilst taking around 2000 phone calls a month from people in need.

We have heard a lot this morning about the impact of the pandemic and the pandemic orders on children and young people. I am keen not to repeat what you have already heard from far more qualified people than myself but simply to emphasise that the indirect impacts of the pandemic on children and adolescents are very substantial. These impacts do not fall equally across young populations, and they have the potential to widen existing disparities in child and adolescent health and wellbeing. Changes to family life, school closures, increased screen time, reduced peer contacts, the loss of community sports and outdoor play and also the lack of access to health and emergency care certainly played a role in adversely impacting the development outcomes for young people in Victoria.

Data that is still emerging shows us that there were increases in mental health presentations across the state for younger children, under the age of 12. There were rises in presentations for infant feeding difficulties and irritability, anxiety and developmental behavioural disorders. We also know that children living in lower SES areas were more likely to present for mental health conditions than children living in higher SES areas, except for eating disorders where the reverse trend appears to be evident. We have heard already this morning about the increased prevalence of eating disorders for children between the ages of 12 and 18. There has been a sharp rise in presentations for eating disorders, anxiety disorders, mood disorders and self-harm.

An area that we focus on as a peak body is around the needs of the diverse communities in Victoria. Recent surveys that we have conducted across the last two years have highlighted key vulnerable population groups that have been most significantly affected by the pandemic: children, young people, older adults, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people on low incomes, people in low SES areas, people experiencing job losses, people living in poor-quality housing and aged care facilities, carers, people with complex needs or specific diagnoses such as personality disorders and eating disorders and of course the frontline workers at the heart of our mental health systems.

In terms of community-managed mental health services, there has also been a very significant impact over the course of the last two years. Seven community-managed mental health organisations surveyed their service consumers in late 2020 to gain insight into the impacts of the pandemic and found that over half of the respondents reported that their mental health had deteriorated since the start of the pandemic, and social isolation and physical distancing were the most prominent proximate causes of this.

I am conscious of time, and I apologise if I am going on a bit. I think it is important to contextualise the fact that this pandemic and the pandemic orders and the mental health crisis that has coexisted alongside that has also coexisted alongside some absolutely monumental structural changes in Victoria's mental health system. The Royal Commission into Victoria's Mental Health System, which I touched on briefly, has been met with a commitment by the Victorian government to implement all of the recommendations in full, and an enormous volume of work began in earnest following the delivery of the royal commission's final report last year—happy to speak to the impact of that. I think it is important to say, really, that in the context of the global pandemic Victoria has begun a truly transformational process. It is probably the only jurisdiction globally, certainly that I

am aware of, that has begun the process of remodelling and fundamentally reconstituting its mental health system in the midst of the pandemic and in partial response to the needs arising from the pandemic.

Conscious of time, I think probably the final thing I would like to say in my opening address is just to re-emphasise and add credence to the importance of the committee hearing directly from people with lived experience of mental illness and recovery and the families, carers and supporters that walk alongside them in that journey. Now, the royal commission—and I am going to quote directly if I may—said:

> Power imbalances throughout the mental health system mean that the experiences, perspectives, and expertise of people with lived experience of mental illness or psychological distress are—

often—

> not valued, understood or recognised. There are limited opportunities for people with lived experience of mental illness or psychological distress to truly lead, participate in and promote change, and the mental health system—

routinely fails and—

> falls behind other social sectors in this regard.

It is within that context that I would like to use my platform here today to elevate the experiences of our two peak bodies for consumers and for carers. So VMIAC is the peak body advocating for and as people with lived and/or living experience of emotional distress, trauma, mental health challenges and neurodiversity, and they have seen the acute and adverse impact of the COVID-19 pandemic and its associated orders on consumers. They saw a 126 per cent increase in consumers contacting them for assistance throughout the course of last year and support, as consumers experienced delays in and lack of support from community-based services. Consumers reported to VMIAC that the cessation of face-to-face support, as mandated by the pandemic orders, caused increased distress, feelings of hopelessness and vulnerability.

And similarly with Tandem, the peak body in Victoria for families, carers and supporters—from June 2020 to June 2021 Tandem saw a 432 per cent increase in the number of family members, carers and supporters seeking support through their helpline. Carers and those that they support reported living in an increasing state of unrest, with confusion amongst carers around what is permitted in their caring role under lockdown and pandemic orders, and an ongoing theme, really, of family members, carers and supporters reporting significant concern for their own mental health and wellbeing and the need to access mental health support for themselves. So whilst my statement to you today is informed by those lived-experience peaks and some of the data and commentary provided by them to me, it should not be seen as sufficient in and of its own right to give you, the committee, the insights that you need. I cannot speak with their authority, and it is not my story to share. So I would fully endorse the proposition that the committee hears from people with lived and living experience of Victoria's complex mental health systems. I will stop there. Thank you very much for the opportunity to be here, once again, and I am more than happy to try and help the committee in whatever way I can.

The CHAIR: Thank you very much for the contribution you have just made. It certainly ratifies the earlier evidence we have heard that really every Victorian has been affected but certainly some groups significantly more so, and with 124 organisations within your purview, it clearly gives you a very particular view of it. And we will be hearing from those with lived experiences, but I dare say there is not a member of Parliament who has not had very close contact with people and families sharing that lived experience during the course of the last two years, and indeed more generally, so it is well within our line of sight. I would like to just start with a question around what sort of initiatives you think are needed at this point in time to help us deal with what clearly has been a crisis but is also a crisis with this overlay of the pandemic at the moment. Do you and your organisations talk about plans, ideas, things that might be addressed quickly to help deal with these issues?

Mr FOLEY: We very much do and I am happy to kind of, depending on the scope of today, go into the detail of some of those. I think just in terms of how we operate as a peak body, we have numerous feedback loops with our members where we seek policy contributions that we then turn into, you know, formal policy platforms that we share directly with governments both at the departmental and ministerial levels.

So in terms of a simple answer to your question, yes, we do have a number of solutions. I think the context, I suppose, that I alluded to earlier is that the royal commission and the road map for reform that it laid out has created the architecture, really, for a fundamentally reimagined mental health system. I think the challenge that the sector currently faces is that those changes are, I think, (a) inherently disruptive, as all change is, and I think,

secondly, are also inherently long-term in nature, and there is an immediate problem that we have and I would describe it as an acute mental health crisis across most, if not all, parts of the system that needs to be addressed in order for the baseline, as it were, for the reforming vision of the royal commission to truly be impactful and effective. So I think in terms of immediate solutions, we certainly did a great deal of work throughout the pandemic and late last year presented a suite of 20 policy recommendations to the Victorian government to address some of those critical immediate needs. I am happy to talk to those, but in very broad terms we described the need to provide targeted funding and interventions to the communities that we have identified as being those that have been most severely impacted by the pandemic, and that includes children and young people, it includes people from CALD communities, it includes carers and family supporters, it includes people from refugee populations and it includes people from, you know, a wide array of backgrounds where we think urgent intervention is needed.

The CHAIR: Mr Foley, if I can just interrupt you, are you seeing that being rolled out?

Mr FOLEY: Well, I think in terms of the royal commission, the royal commission was very specific—and arguably I think some may authentically say too specific—about the time lines to be applied in rolling out the reforms. I think it is of great credit to the Victorian government that it has managed to meet all of the reform time lines so far. That is, you know, not without its critics, because I think the process of reform has been, as I said, disruptive and has involved a pace of change that Victoria's systems are not used to.

In terms of more kind of short-term and non-royal-commission-related interventions from the Victorian government, yes, we have also seen those. We were very instrumental in 2021 in advocating for the need for further investment in community-managed mental health services which led to the implementation of the so-called pop-up mental health clinics—they are now known as the mental health and wellbeing hubs—which were announced in September of last year and which are now fully operational. So I think there has been a two-track approach where the government is rightly focused on the longer term reforming agenda from the royal commission, but it has also been fairly nimble and reactive to the needs of the sector.

The CHAIR: Yes. Thank you. Just in terms of people accessing the services they need, one of the broad complaints always has been the delay in getting to a specialist or the assistance you might need that might be beyond a phone call. And, secondly, if you could speak to how that might be playing out in regional areas from your experience. Even though there has been quite a bit of investment in some of these pop-up clinics and the like, are you hearing that they are making a difference in areas where there are high levels of vulnerability? And that is nearly always regional areas.

Mr FOLEY: That is a really good question. I will confess that I do not have the granular detail. I think that probably sits with the Department of Health. But a number of the service providers that were contracted to deliver those pop-up clinics are members of Mental Health Victoria—people that we consult with very regularly—and I think the understanding I have from very recent conversations with them is that those services are now operating at capacity, as in I think they only began rolling out services in October. We are in late April now. I am led to believe that they are fully operational, fully staffed, and the last data I had was that significantly over 1000 people had gone through those services, with close to 50 per cent of those people having been discharged, as it were. As far as the breakdown between metro and regional and rural Victoria, I suspect the best source of information for that would be the Department of Health.

The CHAIR: Thank you. You may be able to comment in some way on the impact of the orders on your organisation and on the 124 organisations you represent in terms of, you know, the speed, the change, the capacity to understand the detail and getting that information out to your organisations. Can you just speak to that and whether you think there might be a better way of doing it in the future?

Mr FOLEY: Look, I can only probably speak in very general terms. I think it is important to probably say that, you know, the pandemic orders themselves have not been a focus of specific examination for us, and I suspect the same is true for our members. I think a lot of the sheer intensity of the last couple of years has necessitated energies just being devoted to looking at the immediate sort of scenarios, problems, operating environments that we are in. So I would not say that we have given any real thought to the way that the orders operated, to be honest, more the kind of wider context of the pandemic, the public health measures in place and the mental health needs that arose from that.

The CHAIR: Thank you. Look, my time is up, so I will move to Ms Shing. She is not with us? No, okay, Ms Ward.

Ms WARD: She is just heading home to get better wi-fi.

The CHAIR: Good. Thank you.

Ms WARD: Thank you. Thank you very much for being here and taking some time to listen to us and respond to our questions—really appreciated. I imagine how busy you are. And thank you also to Mental Health Victoria for all of the work they have done over the last couple of years. It would have been a high-pressure environment, I imagine, and a very difficult, very challenging environment, so thank you for all the work that your people have done.

I was interested in what you were saying when you referred to the royal commission and the work that has been done there. We know that there was an extension of time granted to the royal commission to keep working through their reports as the pandemic unfolded earlier on. Can you elaborate a little bit more on this rebuilding of our mental health system and how the health sector has managed with those twin priorities, which are working through the royal commission responses as well as the pandemic impacts overall?

Mr FOLEY: Yes, obviously a very good question. I would not like to speak for the department. I can offer an outside lens on it that maybe may be helpful. I think it is important to contextualise that the royal commission was conceived in a prepandemic era, and the interim report was delivered in a prepandemic world. I think the fundamental kind of system redesign that it describes was in relation to, as I described it, a multidecade, multigenerational set of—let us call a spade a spade—failures and underinvestment that has really let Victorians down for many, many years. The kind of unique situation that Victoria is in is that the royal commission, the timing of the royal commission and the political commitment to begin work in implementing the recommendations in full collided with the pandemic. It is a truly unusual set of circumstances, I think.

Now, I think it was described earlier by one of the witnesses. The urgency of beginning work on the reforms outlined is absolutely real and is absolutely essential, and I think the pandemic has certainly amplified that urgency significantly. However, I think the kind of social disruption and the workforce shortages that cut across the entire system have made it extremely difficult for the department to deliver or to operationalise some of those early implementation pieces of work. In spite of that difficulty, as I said earlier, I think every time line and every deliverable to date has been met. There is a tension, as you would expect with any kind of social policy of this scale, between speed and the macro picture around getting things done versus the more granular micro detail about process. I think there has been a huge amount of difficulty, I would imagine, due to the workforce shortages that cut across both the department and the rest of the economy, but I think it is fair to say that on a fairly binary look at deliverables, the early work from the royal commission and the government and the department has been pretty successful.

Ms WARD: Thank you. Now, you have referred to the tight time frames and how some of those have already been delivered within the time that they were meant to be. What is the connection between those that have been delivered—if they have been able to support people through the pandemic—and rising to those challenges that have come out of the pandemic?

Mr FOLEY: I think, in concrete terms, obviously the Victorian budget from approximately a year ago created forward estimates for investments that will deliver on the first tranche of infrastructure and structural and governance changes. That involved an enormous down payment, as it were, on some of those urgently needed clinical services, investment in consumer and carer peak bodies and investment in acute services across the state, so I think there is a hierarchy, as it were, within the royal commission recommendations that were very clearly articulated. The time lines are pretty specific. I think the data on impact probably sits elsewhere, but I think the high likelihood is that that sheer scale of investment has ameliorated some of the mental health impacts that would otherwise not have been addressed by a far less funded system in previous fiscal years. I hope that is a helpful answer. It sounded like a bit of a politician's answer.

Ms WARD: No, no. It is in terms of having perspective that we are in terms of funding and resources in a different environment to where we were a few years ago, and that has actually helped with the pandemic response. You have given some context, so thank you. I also wanted to ask you about the mental health and wellbeing hubs, which kind of sit a bit outside the royal commission, but I think that there is a pathway that

they connect to future outcomes that we hope to have with our locals and so on. Can you talk to us about the mental health and wellbeing hubs?

Mr FOLEY: Yes, certainly. I think the way that they fit into the system, you are absolutely right that they sit outside the royal commission recommendations. They were effectively announced with budget commitments made last year in response to certainly advocacy from us and other organisations that there needs to be a medium-term solution to the escalating mental health crisis across the state. And the intention was that these services would be delivered at scale, they would be delivered by community organisations who are nimble and able to scale up responses at a community level fairly quickly. I believe the investment was $22 million, or in that vicinity, to establish 20 pop-up clinics. Now, as I said, I do not have the granular data that the Department of Health will have, but certainly the impact I know of from organisations like Mind and others who are delivering the services in metro Melbourne and elsewhere is that they are having a significant impact.

I think the vision—I mean, certainly from Mental Health Victoria's point of view we see a role for these hubs to be continued on a medium-term basis. So in terms of the architecture of the mental health system, we have a series of between 50 and 60 local mental health and wellbeing services that will be rolled out incrementally over time, with the first six due to be operational this year and the rest following on a slightly later time scale. We see these mental health and wellbeing hubs as being a vessel to connect with those new local mental health and wellbeing services as they come online, both in terms of service delivery but also in terms of fomenting a workforce to go into those local services. So I think our early view is that that out-of-budget investment was very necessary. Early indications are that they are successful, and I think we as the peak body see a medium-term role for those hubs in connecting with the future system and service design.

Ms WARD: Thank you. You referred to conversations that we have had throughout the morning around other jurisdictions and what we are seeing across other states. Are they replicating a similar model to the hubs? Looking at how Victoria has led the way in terms of the royal commission and our response and some of the rapid responses that we have made, such as the funding of the hubs, are we seeing other states implementing similar things, considering that we have heard evidence that they have had similar mental health issues to Victoria regardless of on-the-ground experience, that it is the pandemic that has created a lot of mental health challenges we are seeing—it is the pandemic itself?

Mr FOLEY: Certainly are, to a point. But I would say that Victoria is in a unique position in terms of other states and territories because of the royal commission and because of the sheer scale of investment and policy commitment that has flowed from that. I mean, we can talk about sort of the financial side of it. If you look at, say, the $3.8 billion that was committed in last year's budget to Victoria's mental health system, I mean that dwarfs by a significant margin even really federal investment in mental health. Now, there is complexity to how the federal budget presented the mental health investments a few weeks ago, but by any sensible reading, Victoria's investment is far bigger, and certainly at a state and territory budgetary level Victoria's investment dwarfs that by a significant order of magnitude. So I think whilst there are comparable kinds of temporary medium-term crisis-led responses that have emerged in other states—and I am probably more familiar with New South Wales than I am with other jurisdictions—I do not think any of them are quite on the same scale or connect with a package of wider system reforms as we have here in Victoria.

Ms WARD: Thank you.

The CHAIR: Thank you. We will move now to Ms Kealy.

Ms KEALY: Thank you very much, Mr Foley, for joining us today and for the great advocacy work you do in Mental Health Victoria and the wider mental health space in Victoria. Earlier today we had evidence from Beyond Blue that they were experiencing a really high number of applications for job vacancies. Would that be an experience that you are hearing is happening in other member organisations?

Mr FOLEY: I think in some ways yes, and I guess it is an opportunity to kind of talk about what we would see as some of the workforce problems that are evident across the sector and across the state. I think just for context, the Victorian government delivered a mental health workforce strategy in December 2021. We did quite a lot of analysis and sector consultation on that document, and we had a very large meeting of one of our professional networks just a few weeks ago where we examined that document but also heard from many dozens of our members about our workforce problems that they are facing at an organisational level. It is

absolutely unarguable: yes, there are structural workforce issues in terms of supply. Those in many respects predate the pandemic, and that is certainly the case in the public mental health system, where there have been structural vacancies in place for a very long time. But it is absolutely unarguable that there is a scarcity of workers across all different parts of the system at the moment, and that is an almost unambiguous theme that we hear about from every single part of our membership.

Ms KEALY: Thank you very much. You mentioned then the public health system and the scarcity of workers. Is it an equitable shortage of workers? Is there a greater shortage of mental health workers in the public system versus the private system or not-for-profits? Where does that balance sit?

Mr FOLEY: Look, I am probably not the best person to go to to get the specific data on that. I think it probably would sit within the Department of Health or VAHI. I could not speak to the specifics, and I am conscious not to conflate anecdote with data, but I certainly know that there are very significant shortages in both systems.

Ms KEALY: So you do not have the workforce vacancies across the state or any insight into that as a peak body?

Mr FOLEY: We would not be the right repository for any official data sources, but we have certainly got, you know, organisational-level perspectives on that.

Ms KEALY: If you do have any data available to you, Mr Foley, it would be fabulous if you could supply it to the committee, because we have not been able to source that to date, so we would appreciate that.

I note in the briefing notes that we were given around the work that MHV do that the submission observed that:

> The mental health and wellbeing impacts of the COVID-19 pandemic have been unevenly distributed, exacerbating intersectional vulnerability and disadvantage.

You have spoken to some of those groups today, particularly around children, CALD groups, carers and refugees. I imagine other groups might be people who are homeless and those who are in the AOD sector—alcohol and other drugs. We have heard a lot about where the money is being spent. I am interested in knowing where the services are still lacking. Where are the gaps? Who are the people who have the least access to the mental health supports that they need?

Mr FOLEY: Yes, look, that is a really good question. I suppose I would direct the committee—and I can certainly provide it—to the budget submission that we prepared and delivered to both government and the wider sector in December of last year. Informing that was a very significant outreach program that we did across the state, across member organisations, but also a very concerted effort to try and connect with new organisations, particularly at a grassroots level, to try and make sure that we were capturing authentically the full range of need across the community. I think what became clear from that was, as you have pointed out, the unevenly distributed impacts of the pandemic on mental health. We have touched on some of them. I guess others that I would highlight as well would be the specific needs of refugee and asylum seeker populations in Melbourne. The pandemic obviously coincided with a range of geopolitical events in the Afghan community and in various parts of East Africa, and those geopolitical traumas sat alongside the pandemic in Melbourne and entrenched disadvantage very significantly. And I think we have also received a lot of evidence from amongst our membership of the specific needs of LGBTIQA+ communities. You know, we have recommended that there need to be dedicated, sustainable funding streams that are provided to community-led organisations in that space, and that is an area where we think more attention needs to be given as well. There are many others. Those are two I can happily go on.

Ms KEALY: In terms of that, if people who are in those key high-risk groups are not able to access the mental health support, what is the long-term impact on those individuals if we do not see that short-term response? The royal commission talks to how we restructure and reform, but in between we need to see a response to individuals as well, because we know they have suffered under the pandemic orders, in particular the lockdowns and restrictions. So what is the risk of the government failing to provide that initial support when people need it, which is right now?

Mr FOLEY: Again a good question, and I think if I am if I am interpreting your question correctly, I think that the current acuity of need or the current quantum of need urgently demands that there be two parallel

policy processes at play, one which is the kind of systemic, structural, long-term planning and long-term investment that needs to feed the new system as it is built, piecemeal. But in order to preserve the baseline for that system, which was premised on a baseline that existed pre pandemic, there needs to be a parallel policy process and a parallel investment process that attempts to address, for want of a better word, the acute mental health needs that we have right here, right now. So I think I think the structural longer term risk is that without that short-term or medium-term investment the full reforming vision of the royal commission will never be realisable, because the sheer scale of need will become an exponentially growing problem that we will constantly be playing catch-up with.

Ms KEALY: And does that have an impact on the individuals who need help?

Mr FOLEY: It absolutely does and, look, I think it is probably the nature of the way I am speaking to you as a peak body that we often look at things from an institutional or organisational perspective, and that should not detract from the fact that there are humans at the heart of this system, at the heart of our community. So, yes, absolutely I think the human consequences for consumers, for families, carers, supporters, for the whole of society, are enormous.

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

Mr FOLEY: Thank you very much.

The CHAIR: Thank you, and we will go to Mr Erdogan now. Thank you.

Mr ERDOGAN: Thank you, Chair. Thank you, Mr Foley, for joining us today, and it was fantastic to hear your wide member and stakeholder engagement and consultation before your appearance today. It is fantastic when peak bodies are conveying the message directly from their members to our committee, and to get that insight is a privilege.

Also obviously I want to thank all the mental health professionals and all your associated bodies for the work they have done. It has been a challenging time, but it has also been, as you describe, a transformative process, and it was fantastic to hear how our state is leading the way and is an example for many other jurisdictions worldwide.

I do have a number of questions, and they are really in reflection on what we are doing here in Victoria and what else can be done as well, because the most recent federal budget purported to invest significantly in mental health. Do you feel that these investments will address the increased demand that we are seeing for services, particularly primary care and Medicare benefits schedule subsidised services? Do you believe that is enough?

Mr FOLEY: That is a good question, obviously, and I think there is a long answer and probably a more succinct answer that you will probably be grateful for. I mean, we are on record—and I can provide the committee with our analysis of the recent federal budget—I think in short answer, no, it is not sufficient. I think there has been a number of very welcome investments and initiatives that have been led federally over the last two years, throughout the duration of the pandemic, in relation to mental health, and I think there were also some very encouraging commitments made in the federal budget. Looking, for example, at the budget line items that were in place for the mental health impacts in flood-affected communities, I think that is incredibly welcome, albeit I think that funding was in states other than Victoria.

I think fundamentally, though, there is a mismatch in scale and ambition. I think the federal budget last year in 2020–21 gave the impression that there was going to be a multiyear shift in thinking about the scale of investment, and I think it is important to contextualise that that budget followed shortly after the final report of the Productivity Commission inquiry into mental health that provided an exemplary kind of road map for reform at a federal level and governance structures as well. The current federal budget, I think, falls far short in scale, in ambition, in scope, and that is a real worry because I think we have a state system that is operating on a slightly different scale altogether.

I think probably the final point I would make is also that a small but very significant part of our mental health system is dependent upon the NDIS working effectively, and psychosocial disability services within the NDIS have been—I mean, this has been a very problematic area for many years now, but certainly over the last

12 months we have heard multiple reports from our member organisations of the difficulties that very opaque policy changes to the NDIS, including operational guidelines and pricing structures, have had on the ability of our member organisations to provide accommodation, for example, to people with complex needs. That is separate to the federal budget. But I think it ties into federal priorities and federal policy thinking generally. In broad terms, I think the scale of what is being proposed federally is not currently sufficient.

Mr ERDOGAN: Thank you, Mr Foley. I think it is important to distinguish what is happening in Victoria and what other jurisdictions of the commonwealth are doing, so thank you for expanding on that question. I did note you discussed lived experience as being very crucial, and obviously the royal commission had similar findings. How do you think the voices of people with lived experience and people that have gone through the system giving feedback to the Pandemic Declaration Accountability and Oversight Committee here can inform our work, and what kind of voices should we have at this discussion table?

Mr FOLEY: Well, look, I do not necessarily think it is for me to say what voices should be here. I think I do feel a weight of responsibility as a speaker representing Mental Health Victoria but also representing a membership that includes a number of very diverse lived-experience voices. I think the approach I would strongly endorse the committee taking would be to seek direction from VMIAC and Tandem, who I think will be able to provide you with the necessary advice and guidance on people that could provide you with helpful insights. I think in general terms it is important for you to hear from them. I mean, you have had some phenomenal speakers and evidence given to you this morning already, and I am sure you will throughout the rest of the day, which I am looking forward to watching, but it cannot replicate the direct lived experience of people who have lived with or are living with mental illness or the people that walk alongside them. I think those voices will help you to understand at a very granular, at a very human level, what the experiences were like during the pandemic. I really do strongly encourage that. Obviously any way that Mental Health Victoria can be a helpful voice in that we are more than happy to, but I would suggest it is appropriate for us to defer to organisations with more expertise than we have.

Mr ERDOGAN: Thank you. I did just want to pivot to, I guess, the effects of the pandemic. We know the pandemic has affected all parts of our society and we have all been affected. Our Chair, Suzanna, reflected that we have all heard stories or have even been directly affected or know someone that has been affected during the pandemic. But it is reasonable to expect that some sections of our society have been more greatly affected and greatly impacted than others, particularly young Victorians. Children and adolescents have had a specifically hard time during COVID-19 and have required additional supports. Over the course of the pandemic the government has invested over $40 million in dedicated support for children and young people. Do you believe that this helped to address the rise in demand during this period?

Mr FOLEY: I think it is an absolutely necessary investment. I am not able to speak to what the impact is on service demand. I think that is a question for the service delivery organisations. I think that investment is essential. I do not think it is enough. I think more needs to be done. I think more is being proposed. We are certainly looking with great interest at next week's state budget to see what further investments are made in youth mental health.

I am just looking through some of the notes that we prepared ahead of this committee hearing. We received a lot of information from organisations that work closely with children and young people. One thing I would point to would be the need for there to be—just to quote directly, there was a recent narrative review by researchers from the Royal Children's Hospital which suggested five strategic areas that could be applied and could be integrated into government policy and investment. Really some of these go to the social determinants of mental health, so through mechanisms to address the financial instability that children and their families face, expanding the role of schools to address learning gaps and wellbeing. I think we have seen some moves in that direction through the Schools Mental Health Fund, and the menu items that sit within that I think is a progressive move, but I do not think it is fiscally or scale wise enough. Focusing on prevention and early intervention—I think these are buzzwords that float around the mental health system often, but the evidence is unequivocal that an early-intervention approach for young people experiencing mental distress is important. I think, again as you heard from Georgie's evidence as well, the role of digital services and digital innovation in connecting with young people is incredibly important.

But just to go back to your simpler question that I digressed from, I think the investments made in youth mental health have undoubtedly had an impact. I do think far more needs to be done, and we would be happy to liaise

with our members and provide you with some specific policy suggestions if that would be useful to the committee.

The CHAIR: Thank you.

Mr ERDOGAN: Thank you, Mr Foley. Thank you for your assistance today as well. It has been very informative. I will hand back to the Chair. I think my time has run out.

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

Mr WELLS: Thanks, Chair. Thanks, John, for your attendance today. You mentioned in your presentation the dire condition of mental health, and you referred to the royal commission and what is going to flow on from the royal commission. What input or opportunity for consultation has your peak organisation had in relation to the proposed mental health and wellbeing Bill?

Mr FOLEY: The mental health and wellbeing Bill—you have put me on the spot here. My recollection is that there were a series of consultation processes throughout the course of 2021 that we were very closely involved in, and I believe there was a series of workshops that we were invited to be a part of. Beyond that, I will confess a degree of ignorance on that because my role at Mental Health Victoria started in October of last year, so I may need to go back and check with colleagues that predate me at MH Vic that can give me some of the wider context of what happened. But I can certainly find that out for you and provide that on notice if that is helpful.

Mr WELLS: Sure; thanks. In answer to an earlier question you mentioned the mental health baseline and then the demand as a result of COVID and the lockdowns, and we talked about the pop-ups that are taking place. Is this the right model moving forward or are there other changes that need to take place in order to accommodate future pandemics, future outbreaks of bushfires and other impacts on mental health that people would be suffering?

Mr FOLEY: Yes. I mean, that is a really great question. Obviously that goes to the heart of what the committee is hopefully going to help Victoria grapple with should we ever face—and, touch wood, we do not—a similar scenario. I think to answer the question as I have interpreted it, I think on the first part, 'Is this the right model?', no is the short answer, because as I said, I think the baseline at which Victoria entered the pandemic was one in which the system was in crisis, was underfunded, and that was a multidecade problem or the result of a multidecade set of phenomena. I would hope that the course that we are on now will mean that we are in a fundamentally different position should we ever need to contemplate similar public health measures. As far as whether the model of the pop-up clinics is effective, I have every confidence, although I do not personally have any oversight of that process, that there will be evaluation processes and models applied to them in time. As I said, I think there is a medium-term role for those services in bridging the pathway between where we are now and the longer term system as it is being built. I hope that is a helpful answer.

Mr WELLS: To expand it just a little bit further, how do we ramp up staffing and ramp down staffing in the pop-ups for the pandemics and other outbreaks moving forward? Do we have that ability currently in the mental health system?

Mr FOLEY: I think it is easier at the community-managed level than it is in the clinical system; that is my sense. I think the speed and scale at which the pop-ups—I keep referring to them as pop-ups, although they are officially known, just for the record, as mental health and wellbeing hubs—were operationalised from a budgetary decision being made to being operational indicates that that surge capacity in terms of workforce can be actioned. I think it is easier in the community setting than elsewhere, partly because it is a more nimble sector in a lot of structural ways. But I think the community-managed sector does not exist in a vacuum. I think it sits alongside the clinical system, the public system and the acute system and many other systems of care. So I think there is a wider issue. I think looking at kind of workforce surge, workforce supply in one part of the system alone is a mistake, is a category error. I think what is needed is a holistic approach to addressing some of the workforce challenges that we have in Victoria, and I think frankly some of those interventions need to be and can only be made at a federal level. I think there is a lot of ambition in the Victorian government's workforce strategy, but I think some of it is contingent upon wider decisions made around migration, around education policy, around things that sit outside the purview of Victoria alone.

Mr WELLS: Thanks. I think I heard right in your presentation: the increase in the number of calls because of the grief of suicide. We heard earlier from the chief psychiatrist, who said that there was no marked increase in the number of suicides. But obviously, as I understood it, the calls relating to the grief of suicide have increased. Why do you think that is? Is it because of the lockdown?

Mr FOLEY: I am keen not to speculate on things that are not directly within my knowledge. Just to kind of re-emphasise that point, the Compassionate Friends Victoria is an organisation that is a member of MH Vic and that provided feedback as we were consulting for today's hearing. I think what I was struck by was its experience as a small organisation that operates very, very much at what I would describe as the front line of services; albeit it is not in a clinical setting necessarily, it is at the very front line of need in the community. I think the data would indicate that what they were grappling with was a significant year-on-year increase. I am sure I can find out or request information from them that might be able to answer your question in a bit more granular detail, but I think what I was struck by was—what is the right word—I think the real kind of humanity and nobility of how they responded to that enormous increase in demand without actually really having the resources to meet it, and yet they did. And I think that is a common story across the wider mental health community that I work to support.

Mr WELLS: Yes, because I am pretty sure it is stated that the courts found that nearly 10 per cent of suicides during the period had explicit evidence of a COVID-related stressor and were called COVID-linked suicides. So if you can get that information to the committee as best you can, that would be great. In regard to workers working in your sector, in relation to stress or burnout as a result of the ongoing impact of COVID-19, how have your organisation members dealt with that? How have they been best able to manage that?

Mr FOLEY: I think, again, that is an interesting question to explore. You know, I think I referred in my opening statement—and if I did not, let me raise it here for the first time—some survey data that the Health and Community Services Union gathered earlier this year. That is the union that represents mental health nurses and allied health professionals working in the public system. Their data certainly indicated burnout and certainly indicated that there were workers exiting the system as a consequence of burnout. I think the wider issue really, though, is that whether burnout or whether a consequence of other things, the mental health workforce across all layers of the system is diminished at the moment everywhere, and the system has no choice but to adapt and but to deliver with what we have got in terms of workforce supply. And I hate to use language that sounds so clinical or policy focused—because I am conscious that, you know, every worker is a human being—but I think organisations are struggling to meet the increased demand but nonetheless are managing to do so. That is not to say it is not without significant difficulty. I think that is most acute in the public system, but it is also true across every other part of the system, including our own organisation, including government, including really everywhere.

Mr WELLS: Thanks, and my time is done.

The CHAIR: Thank you. Mr Bourman

Mr BOURMAN: Thanks, Chair. Thanks for your presentation, John. Just a quick question: has the government at any point in time come to your organisation and consulted either before or after any of the pandemic orders? Given you represent such a large amount of people, it would kind of seem like a good idea to at least, even if it is fairly high-level feedback, understand what your position is on it.

Mr FOLEY: I do not believe so, specifically in relation to the orders. I mean, we have a very close working relationship and various feedback loops with government at different levels, including that sort of senior departmental level within DH, within the mental health and wellbeing division, that is, and we have, you know, formal channels where we work alongside and brief the minister. But no, in relation to the pandemic orders themselves I think it is similar to what you have heard previously: no, we have not.

Mr BOURMAN: Yes, okay. Thank you. That is it.

Mr FOLEY: Thank you.

The CHAIR: Good. Well, look, that is all the questions for today, and I thank you very much, Mr Foley, for attending today and providing the evidence that you have. It is always very welcome and adds to the story that the committee is hearing.

So I would like to just say that you will receive a copy of the transcript today, and if you were to provide any further information that will be noted and you will be contacted in relation to it; you can review that. And of course that will then go on the committee's website. So thank you again for your attendance today and all the hard work that you do.

Mr FOLEY: My pleasure, and thank you all very much for the opportunity. We wish you the best of luck.

Witness withdrew.