C O R R E C T E D V E R S I O N

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into budget estimates 2011–12

Melbourne — 19 May 2011

Members

Mr N. Angus
Mr P. Davis
Ms J. Hennessy
Mr D. Morris
Mr D. O'Brien
Mr M. Pakula
Mr R. Scott

Chair: Mr P. Davis
Deputy Chair: Mr M. Pakula

Staff

Executive Officer: Ms V. Cheong

Witnesses

Ms M. Wooldridge, Minister for Mental Health,

Ms F. Thorn, Secretary,

Mr L. Wallace, Executive Director, Finance and Corporate Services Division, and

Dr K. Edwards, Executive Director, Mental Health, Drugs and Regions Division, Department of Health.

The CHAIR — Before I go to the formal opening, I wish to make some comments for the record and for any media who are in attendance or indeed listening on the audiocast. I remind all media that no filming, recording or broadcasting of any activity or discussion in the committee room is permitted unless it occurs during the formal proceedings of the committee hearings. I remind members of the media that the rules of engagement for coverage of parliamentary committees have been in place for a considerable time and that this committee chooses to give effect to those rules to protect witnesses who come before it. Witnesses who come before parliamentary committees, particularly this committee, deserve respect, privacy and the ability to give evidence without intimidation. Any attempt by the media — any media — to intimidate witnesses or this committee will be treated most seriously.

I declare open the Public Accounts and Estimates Committee hearing of the 2011–12 budget estimates for the portfolios of mental health, women's affairs and community services. On behalf of the committee, I welcome the Honourable Mary Wooldridge, MP, Minister for Mental Health, Minister for Women's Affairs and Minister for Community Services; Ms Fran Thorn, secretary of the Department of Health; Mr Lance Wallace, executive director, finance and corporate services division, Department of Health; and Dr Karleen Edwards, executive director, mental health, drugs and regions division, Department of Health. Members of Parliament, departmental officers, members of the public and the media are also welcome.

In accordance with the guidelines for public hearings, I remind members of the public that they cannot participate in any way in the committee's proceedings. Only officers of the PAEC secretariat may approach PAEC members. Departmental officers, as requested by the minister or his/her chief of staff, can approach the table during the hearing to provide information to the minister by leave of myself, as chairman. Written communication to witnesses can only be provided via officers of the PAEC secretariat.

Members of the media are also requested to observe the guidelines for filming or recording proceedings in the Legislative Council Committee Room, and no more than two TV cameras are allowed at any one time in the allocated spaces. May I remind TV camera operators to remain focused only on the person speaking and that panning of the public gallery, committee members and witnesses is strictly prohibited. I am also pleased to announce that this series of budget estimates hearings is being audiocast live on the Parliament's website.

All evidence taken by this committee is taken under the provisions of the Parliamentary Committees Act, attracts parliamentary privilege and is protected from judicial review. However, any comments made outside the precincts of the hearing are not protected by parliamentary privilege. This committee had determined that there is no need for evidence to be sworn; however, witnesses are reminded that all questions must be answered in full and with accuracy and truthfulness. Any persons found to be giving false and misleading evidence may be in contempt of Parliament and therefore subject to penalty.

All evidence given today is being recorded. Witnesses will be provided with proof versions of the transcript to be verified and returned within two working days of this hearing. Unverified transcripts and PowerPoint presentations will be placed on the committee's website immediately following receipt, to be replaced by verified transcripts within 48 hours after the hearing.

Following a presentation by the minister, committee members will ask questions relating to the budget estimates. Generally the procedure followed will be that relating to questions in the Legislative Assembly.

I now ask that all mobile telephones be turned off or at least switched to silent.

I now call on the minister to give a brief presentation of no more than 5 minutes of the more complex financial and performance information related to the budget estimates for the portfolio of mental health. Thank you, Minister, welcome.

Overheads shown.

Ms WOOLDRIDGE — Thank you, Chair. It is a real pleasure to be here as the Minister for Mental Health and subsequently for women's affairs and community services. I will go on at a very high level and hope that we have the opportunity — I am sure we will — to talk in more detail about some of the aspects of the mental health and drugs budget in the portfolio.

First of all, just to give you a sense, there is a 6.3 per cent growth in mental health funding, which has been widely welcomed by the sector. One of the key aspects of it is that it is a comprehensive package that covers all the range of mental health services and support from early intervention through to inpatient services through to transition to recovery and ongoing accommodation.

The first slide gives a bit of context about the breadth of service delivery, the number of beds right across the state and the number of clients accessing them, both inpatient and in the community.

In terms of alcohol and drug funding, there is a 5.6 per cent increase in funding, delivering, mainly in the community sector, prevention and treatment programs. Once again, over 800 beds are supported by this funding. In terms of the budget itself, $188 million of new funding over four years for alcohol and drugs and close to $105 for mental health.

To start with the alcohol and drugs budget, the core amount of funding is actually for services delivered — $39 million per annum was not funded as ongoing funding from the previous budgets, and we have filled that gap. That was delivering about a third of all alcohol and drug services, and if it had not been continued, it would have taken funding away from drug and alcohol funding in forensic environments and community based funding, so we are very pleased to have been able to have ongoing funding in relation to those core drug and alcohol treatment services.

In addition to that we also have new services in relation to needle-syringe programs, in relation to treatment services and in relation to pharmacotherapy services — all expanding existing programs and all delivering to the needs and the pressures that we see with alcohol and drug addiction across our community.

In terms of mental health, as I have said, close to a $105 million package. It includes a range of early intervention services, particularly addressing young people with eating disorders, and through partnering with the federal government with relation to the delivery of headspace services. Rather than going it alone with youth services, we should actually work together with the feds in relation to delivering and supporting headspace services, which have been widely welcomed and subsequently enhanced in the federal budget.

We are also investing in community mental health. This is a big boost for community mental health, which it has not had for many, many years. We are very pleased in terms of both the clinical delivered community services but also importantly the psychiatric support services delivered by community organisations. There is a big boost there, and this has been very positively welcomed again.

We have an expansion in our specialist inpatient mental health; that goes more to community services. We also have an expansion in inpatient beds. We will be funding 46 new beds that are coming online over the course of the next 12 months and also investing in a new four-bed unit out in Sunshine to take some of the pressure off, once again, what we are seeing in emergency departments and inpatient wards with very high occupancy levels. We think that will start to make the difference for access to mental health in our western suburbs.

Importantly we are also investing in the transition from inpatient care to back to the community through more secure accommodation options, through support to access education and employment services. We are basically focusing on a recovery outcome for people with a mental illness. We have also made a significant investment of $10 million in a new mental health research fund to fund innovative research, collaborative research, which is going to deliver better evidence-based practice for mental health services across Victoria.

We are very pleased with this comprehensive package, both for mental health and for alcohol and drugs, that we believe will make a real difference for Victorians with challenges in these areas.

The CHAIR — Thank you, Minister. We have just short of 40 minutes for questions on the mental health portfolio. Thank you for your presentation. I understand that a hard copy has just arrived; it must have been ESP. While that is being distributed, let me turn to a key issue from the committee's perspective. It is one of the drivers in resource allocation in most portfolios' issues concerning population and demographics and the changes thereto. I ask, Minister: how have predictions concerning population growth shaped the budget for 2011–12 and the out years in respect to the mental health portfolio?

Ms WOOLDRIDGE — Obviously Victoria is anticipating a substantial population growth, as a number of others have talked about and is the background to this question. We think about supporting new mental health

and drug services in two ways. We need to support them through population growth; we see that in the growth corridors. However, we also see growth happening through infill in the metropolitan area but also the growth of regional communities and being able to deliver that. But we also think about where we invest in new services in relation to where are the service gaps, because there are new innovations in mental health services, in drug and alcohol treatment services, that have been done in some communities but not others. So we have shaped these budget investments around those two criteria of population growth and filling in some of those service gaps.

To give you some examples, there will be significant growth in inpatient mental health services and other clinical mental health services through the opening of two new prevention and recovery care units which are step-up, step-down services in Dandenong and Narre Warren. There is investment in new units — new beds are coming online in relation to Footscray but also at the Royal Children's. The new investment in Bendigo hospital will deliver 75 mental health beds, which are much needed in that region where growth in demand has not met the current delivery of services.

For example, the investment that we are making in community mental health will enable some of that infill of service gaps where people are relying on inpatient services but actually getting services in the community would mean they could avoid an inpatient admission. Those investments will be happening right across the state but particularly focusing on those areas where that investment in community mental health will meet those gaps in services and that growing population demand. We have thought quite widely in relation to filling those gaps.

In alcohol and drugs, for example, the investment in treatment services which is coming directly reflects that population growth and the pressure points, particularly in relation to our growth corridors. Some of those services — it is called the Four Cs program — have gone into growth areas but other growth areas have not had those drug and alcohol treatment services. It very much reflects those sort of pressures and those sorts of needs. They are probably the key points in relation to community mental health, where we will fill in the gaps. The inpatient services are addressing real pressure points because of population growth, and treatment services, once again, will be addressing where those growth corridors currently do not have services.

Mr PAKULA — Minister, budget paper 3, page 112, lists the outputs for health, and under the 'Sub-total output initiatives' and the 'Total output initiatives' are the savings targets — both 'Election commitment savings' and 'Measures to offset the GST reduction'. Over the period of the forward estimates that is some $482 million, and while I am tempted to ask you about mental health's share of all of that I have been disappointed by ministers in the past who tell me they cannot account for all of the out years, so I might confine myself to asking about the 2011–12 year, which starts in six weeks' time. There is $115.3 million in Department of Health savings over 11–12 alone; can you tell me what proportion of that will be borne by the mental health portfolio?

Ms WOOLDRIDGE — Obviously the savings commitments are, in first part, delivering on our election commitment in relation to the savings that needed to be delivered, and that is a substantial part of the savings that are needed. We have been very clear that we are cutting government advertising, we are cutting consultants and we are cutting media and marketing positions — even ministerial staff — and those cuts are going towards support and administration around the delivery of those services. Our priority is making sure that taxpayers funds are targeted towards the delivery of those services that are so critical for our community. There are, of course, additional savings that have had to be made because of the cuts to our GST share, as a result of the federal Labor government, and that has to flow through over time and be worked through. Mental health will be sharing its proportion of the savings in relation to the savings targets for health, but that will be in proportion to mental health's overall expenditure in relation to the full health budget.

Mr PAKULA — We are getting closer, Minister, to an answer. You say that mental health will contribute its share to the savings in proportion to its proportion of the total health budget. So can you just tell me what that proportion is, even a ballpark? Is it 10 per cent, 20 per cent, 5 per cent? I am happy for a ballpark.

Ms WOOLDRIDGE — Mental health is approximately 10 per cent of the overall health budget, and that includes both the mental health and the drugs proportions. We will be making savings in proportion to that proportion.

Mr MORRIS — Minister, I refer you to page 189, budget paper 3, which identifies funding for drug services, and also to your presentation, which included the government's $188 million commitment to

improving alcohol and drug treatment and prevention services. Can I ask you to outline, for the benefit of the committee, what is in the budget to address the issues of illicit drug use?

Ms WOOLDRIDGE — Illicit drug use is an important aspect in terms of our investment in this budget to address the real challenges both for illicit drug users but also for the impacts on the community in relation to the use of illicit drugs. There is a total investment of around $24 million in relation to alcohol and other drug treatment programs. At a very high level a significant proportion of that will go to new therapeutic counselling along with consultancy and continuing care programs in growth areas, delivering treatment where it is needed and where there are currently gaps.

We will also be expanding pharmacotherapy services. The investment in this budget actually doubles the investment in pharmacotherapy, which is really important. We know through research, and there has been long-held bipartisan support for pharmacotherapy and for needle-syringe programs, that investment in this area really makes a difference. There is a great return on it — not only a social return but a good economic return as well. We are also investing about $3.7 million in expanding needle-syringe programs in communities. Once again there is a very good outcome both for clients but also for the community as a whole.

It is important to take a moment to talk about needle-syringe programs, because access to those sorts of programs actually saves lives. It means that people can have access to clean syringes for injecting, if they need them, as well as to condoms and other things to ensure their safe treatment. It is a core part of harm minimisation programs. I am very pleased that there has been some significant support for the expansion of the needle-syringe programs that we have announced through this budget.

I want to take this opportunity to say, though, because it has been of interest, that we will not be using the investment here to establish an injecting facility. We do not believe that is the way to go. Over the last 10 years there has been a strong program of investing in treatment services, investing in needle-syringe programs and investing in pharmacotherapy programs. This has led to a substantial reduction in heroin-related deaths, and our numbers just from last year are well below the average level.

This has been a bipartisan position, and I have been very pleased about that. The former Premier said just last year that the evidence now suggests that this is not the right way to go, and we have no plans to change the policy. The position of not expanding to injecting facilities as part of our illicit drugs strategy has had support across both sides of Parliament for many years. We will continue to invest very seriously in needle-syringe programs, pharmacotherapy programs and treatment programs to really try to change the outcomes and have better outcomes not only for people who use illicit drugs but also for the community.

Ms HENNESSY — Minister, I just wanted to explore your answer to the previous question a little bit and reference that by way of reference to budget paper 3, page 29. I certainly agree that it is important that we satisfy ourselves that the investment in this area is effective and works, but I am curious to know how do you feel satisfied of the likelihood of success of preventing alcohol and drug abuse programs, particularly in places like Frankston, when the government member for that electorate does not want the program operating there? I reference his comments in the Legislative Assembly on 4 May, where he said, 'We do not want to see extra drug services that bring people into Frankston'.

The CHAIR — As Ms Hennessy is aware, the Chair has some difficulty with asking ministers to comment about what private members of Parliament have to say. A minister of the Crown is responsible for the administration of her department, and this hearing is about the discharge of her portfolio responsibilities in relation to the budget estimates, not about what commentary has been running in the media — or in the Parliament, indeed. Minister, you may respond to the question but within the parameters, thank you.

Ms WOOLDRIDGE — I thank Ms Hennessy for her question. As I have said, the needle-syringe programs are absolutely critical in terms of both harm minimisation for injecting drug users but importantly for the community as well. We will be investing $3.7 million to expand the existing needle-syringe programs in both Frankston and Footscray. One of the very good things about the Footscray and Frankston needle-syringe programs is they are mobile programs; they go to where the drug users are rather than being in a fixed location. In fact the only fixed location is the one in St Kilda, and that is for logical reasons in relation to the volume that is there.

What the expansion will do is actually go to where the drug users are, rather than creating one stable location that attracts people to it. That has been found to be very effective because often injecting drug users need that access where they are, rather than travelling to a set location.

I am very pleased that I have had a lot of support from all members in relation to a mobile needle-syringe program that will deliver these services, and we will be looking forward to working with the local community to implement that effectively. It is based on a research report that included extensive consultation with the community when it was undertaken, and we will be delivering it with the support of all members.

Ms HENNESSY — Could I just ask a further clarifying question, noting the difference between the mobile syringe units. I suppose two out of three ain't bad, in terms of having two syringe units that are mobile. I was also interested as to whether or not the Premier consulted with you yesterday before he ruled out safe injecting facilities?

The CHAIR — That question is totally out of order.

Mr PAKULA — Why?

The CHAIR — The issue is a private conversation between the Premier and a minister is not relevant to — —

Ms HENNESSY — Who in government looks after this policy area, Chair?

The CHAIR — It is not relevant to your initial question, so I am moving on.

Ms HENNESSY — Of course it is.

The CHAIR — Mr Angus.

Ms HENNESSY — It goes to injecting facilities for drug users. I mean, who is running the show?

Mr ANGUS — Minister, I draw your attention to budget paper 3, page 112, under 'Output initiatives' of the health department, particularly mental health, and the item 'Expansion of specialist clinical community mental health' — facilities and so on. You did touch on that in your presentation. Minister, can you outline to the committee how much of the $104 million of the government's commitment to mental health will community-based services receive in this budget and, further, what this will practically mean for Victorians who live with mental illness in the community?

Ms WOOLDRIDGE — I thank Mr Angus for his question. We are very proud of this investment in community mental health. It is a very relevant question. Over $50 million of the new investment in mental health will go to community mental health services. This is a much-needed boost to the capacity, and it really is the first significant growth that has happened in specialist mental health services for nearly six years. While there have been investments in other areas, community mental health has missed out. We have seen that reflected in a lot of the information and the data that comes about access to community-based care prior to admission to emergency departments, access to community-based care post discharge and how important it is that our objective should be to deliver mental health support as soon as we can and avoid the escalation, because at the moment we have emergency departments that are massively under pressure with long waits, many waiting longer than 8 hours in emergency departments to access inpatient services.

This goes really to the heart of people being able to get that clinical and community-based mental health in their communities, in their homes. We are going to invest as well not only in services but also in physical infrastructure. This is one of the challenges we often see from community organisations. They get funding for programs, but when you have to deliver them in the community you need those facilities to be able to deliver them. So there is funding here and there will be further funding in the future in relation to the physical facilities. We think this is going to support up to 800 additional adults with severe mental illnesses in their homes, in their communities, and will make a very significant difference.

As I have mentioned previously, there is both the PDRSS sector, which is delivered by community organisations that will get the funding, but also the clinical community mental health. That will make a real difference in that linkage to inpatient services and community-based services and how people transition both into the system and out of the system as well.

So I am very pleased that we have had some very substantial endorsement from the sector in relation to our position on community mental health and seeing it as a valued and critical part of a continuum of mental health care that will now be much more effective in relation to service delivery because of our investment.

Mr SCOTT — Minister, on page 29 of budget paper 3, reference is made to the same-sex-attracted and gender-questioning youth suicide prevention initiative, which is being funded for a modest but important $1 million each year for four years. Can the minister outline the objectives of this program and particularly how the program will respond to dealing with what I regard as, frankly, some ill-conceived and unhelpful views in the community, such as those who equate homosexual love with a number of serious crimes?

Ms WOOLDRIDGE — I thank Mr Scott for his question. While it is referenced as a modest commitment, I actually think the sector has responded as a very positive commitment and one that we believe is an absolute priority and that we will be working very closely with the GLBTI sector to deliver. The coalition and its members — all the members of Parliament — have a very positive view in relation to what is needed to address issues of mental illness, suicide prevention, for people who are gay and lesbian, intersex or transgender. We all agree that it is absolutely critical that, regardless of sexual orientation or other differences, people are welcomed into the community, can participate and can engage in a positive way, and we will be delivering this program to ensure that.

Mr SCOTT — Is there any aspect to the program which will respond directly to the impact of misconceptions about homosexuality and gender-questioning youth — specifically, the sorts of impacts that prejudice has on such persons, who are very vulnerable and often in very difficult circumstances in that period of their life?

Ms WOOLDRIDGE — A very positive part will be actually working where young people are in relation to how they are perceived and how they are welcomed, so sporting clubs, schools — all those environments where people may have misconceptions or may choose not to welcome people with diverse backgrounds into those environments. This will be a core part of the program so that people, regardless of their sexual orientation, can engage in all environments comfortably and positively.

Mr O'BRIEN — I would like to take you to a very important part of the budget — that is, the impact of flooding, particularly on areas in country Victoria and my constituents and the other constituents in regional areas. I take you to budget paper 3, page 189, where you set out the output funding for mental health and drug services, noting that approximately one quarter, or slightly over one quarter, of Victorians live in rural and regional areas. As we know, the capacity of AOD and mental health services in these areas is increasingly under pressure due to current and future demand. I ask you, Minister: could you please explain to the committee what the government is doing to ease the pressures on mental health and alcohol and drug services in country Victoria?

Ms WOOLDRIDGE — Thanks, Mr O'Brien, for that question. The coalition is very committed in relation to country Victoria and the delivery of mental health services and alcohol and drug services in that area. I would like to explain some of the things that we are doing that will make a real difference. Some of it is about infrastructure. We are very pleased that the new Bendigo hospital will have a five-bed mother and baby unit. Interestingly services, especially at the more acute end for women suffering antenatal and postnatal depression, have only been available in metropolitan Melbourne.

This investment in Bendigo — and there will be two other centres invested in across regional Victoria — will actually mean that at a critical time for women, when they may have a young baby and are suffering postnatal depression, they can get help closer to where they live, rather than having to travel to Melbourne to access those services. The support of family and friends and your own community at those sorts of times can be incredibly positive. So that is going to make a real difference.

As I have mentioned previously, in addition to the five-bed mother and baby unit there will be 75 mental health beds in the new Bendigo hospital. That will build on — I think by a 50 per cent increase — the existing beds that are available in terms of mental health in the Bendigo region.

We have made significant investments also in relation to psychosocial recovery post the floods in regional Victoria as well, particularly in the Loddon and Grampians region. But we have made significant investment —

nearly $5 million — in psychosocial supports that will build the community's capacity to address mental health issues and also deliver important services into those communities.

In terms of alcohol and drug services, our expansion of the treatment services and the pharmacotherapy services will make a real difference in regional Victoria — particularly pharmacotherapy, where sometimes having access on a more local basis has been very important, but has been limited. GPs who will prescribe, pharmacists who will dispense and access to broader support, and our significant expansion in pharmacotherapy services will deliver for regional Victoria. So there are significant investments in a number of different ways for country Victoria that we are very pleased about and we know will make a difference to people in country Victoria who will not need to come to Melbourne to get the mental health and alcohol and drug treatments that they need.

Mr PAKULA — My question is actually quite simple. You have made two references now to 75 new mental health beds for Bendigo hospital. I have had a quick flick through the budget papers; I cannot see any output for it. Can you show me where it is, and if it is not there, can you tell me when they are going to be delivered?

Ms WOOLDRIDGE — The asset funding for the development of the Bendigo hospital is in the budget papers, including the significant investment — —

Mr PAKULA — That includes those beds?

Ms WOOLDRIDGE — On top of the investment made by the previous government and including the extra $102 million on top of that that the coalition government is making in relation to Bendigo hospital; all those beds are part of the redevelopment, and they will be delivered in line with the new hospital — I think it is 15–16 — when the new hospital comes on line. That is part of the Bendigo hospital redevelopment.

Mr PAKULA — So 15–16, those 75 beds?

Ms WOOLDRIDGE — It will be delivered along with the whole new hospital. It is part of the hospital development, and it will be delivered in conjunction with the new hospital when that is completed.

Mr PAKULA — Right; five years from now.

The CHAIR — I turn to BP3, page 213, which refers to funding for drug services in relation to the output measure that 'Encourages all Victorians to minimise the harmful effects of illicit and licit drugs, including alcohol'. As the parent of daughters now in their early 20s, I have been through a period of challenge which most parents have to go through, and that is dealing with the issue of children, teenagers, heading off to parties — or indeed holding a party — where you know that there is going to be alcohol around. It has been a difficult matter to deal with at a personal level, and I know that in a community sense it is very difficult. We have considered this issue recently in terms of the Parliament, and I am interested to know, Minister, in relation to the government's initiative to deal with the ban on the supply of alcohol to a minor in a private home unless parental consent is given, can you outline what the government is doing to promote this initiative under the budget output measure and to ensure that all parents and young people are aware of the impact of this new law?

Ms WOOLDRIDGE — I think this is a very significant question, because it is a very significant initiative of the coalition in regard to reducing the secondary supply of alcohol to minors. This budget contains $1 million to invest in an education campaign which will accompany the legislative changes that have recently been made in this place to limit the secondary supply of alcohol to minors. The increase in binge drinking and in consumption of alcohol by minors and the impacts that they have in relation to both them and our community are incredibly significant.

This is an issue that has been canvassed for many years, has been supported and called for for many years, and we are very pleased as a coalition that it is one of the first things that we are actually delivering in relation to the overall government and certainly for our alcohol and drugs approach. There has been significant endorsement from VicHealth, the Australian Drug Foundation and the Alcohol Policy Coalition in relation to it. What we will be investing in is an education campaign that goes directly to the heart of young people understanding this change in the law and working with their parents, who, as you say, have to cope with managing the consumption of alcohol by minors. We will work also, though, with older siblings and young adults, who are often the source of supply of alcohol to many minors, because what we see is that, while a lot of people get

alcohol from their parents and that is a decision that parents should absolutely make, many get it from older siblings, older friends or by asking other people to buy it for them and those sorts of sources. That is what this secondary supply legislation will cut out and that is what this education campaign will do, so young people know what the law is, know that things have changed and that older adults and younger adults know that they can no longer supply it to minors because it will be against the law. We are very pleased to be delivering this education campaign that will precede and coincide with the introduction of the new laws.

Mr SCOTT — Minister, I refer you to budget paper 3, page 29 and note you have provided additional money for headspace to support young people. Can you outline what discussions you have had with headspace prior to the announcement of the budget regarding service outcomes and how many additional treatments or episodes of care you will be seeking from them?

Ms WOOLDRIDGE — As I mentioned in the overview I am thrilled that the coalition government is actually deciding to partner with the federal government in relation to headspace. This was something that had not happened previously and is in fact quite distinct from the previous approach. We are very positive to be building on headspace, which is a great model.

I have had ongoing discussions over a number of years directly with Chris Tanti, the CEO of headspace, in relation to this investment and how thrilled they are that we are going to deliver this investment, which will have in full $6 million through a capital and recurrent funding mixture in this budget. I visited a number of headspace facilities, as I hope a number of members have, because they are so exciting, in relation to what they do, linking both alcohol and drug services and mental health services for young people, going to the heart of the issues that they have and delivering it in a way that works for young people.

We are working through with headspace in relation to what that specifically means. What in the first place we are working towards is where the new sites are located. So the two existing ones in Bendigo and Collingwood that are currently under development, we will obviously be co-investing in, but they are not yet open. There is going to be a new round from the federal government, and we will be working with headspace once again in relation to where they go. There is a lot of lobbying, I can say, already happening in relation to those locations. Then we also do want to invest in some existing sites and work through exactly how that is done most effectively. I think we are well positioned. We have got a great relationship, and we will be delivering significantly for young people as a result of our investment in headspace.

Mr SCOTT — If I could follow up, Chair. Minister, you made mention of the commonwealth government's investment. Do you know what level of support headspace were receiving from the commonwealth government with the increase in their budget this year?

Ms WOOLDRIDGE — I think it actually goes to 90 headspace facilities nationally that will now be delivered as a result of the new federal budget, which is significant and interestingly quite similar to what the coalition in opposition had promised as well. So it is pleasing that the federal government was able to catch up with the federal opposition's position and policy in relation to it.

Ms WOOLDRIDGE — As I say, we are very pleased to be co-investing with the federal government in relation to it.

Mr MORRIS — Minister, can I go to page 41 of budget paper 3, about halfway down the page, which outlines a commitment to improve the safety of women in care. We know that has been a serious issue in the past, and certainly a number of vulnerable women have finished up feeling rather unsafe and insecure during their stay in an acute mental health unit. You would expect that that, at best, would be unhelpful and at worst, or potentially at least, exacerbate their situation. Can you outline, Minister, what specific measures you will be implementing to improve the experience of women in mental health inpatient units?

Ms WOOLDRIDGE — Thanks very much Mr Morris for that question, because it really is an important one. When you talk to women in inpatient psychiatric facilities one of the overwhelming responses you get is their nervousness about their safety. I have met with many women in relation to this, and a strong theme both from them directly but also from the lobby group around the women with mental illness network is that we need to make substantial changes in relation to the fabric of our inpatient facilities to make sure women can be safe in those environments.

This investment is $4 million over the four years to be able to make some of the changes that need to be made. Sometimes it is as simple as putting locks on doors and doors on showers or separating and making distinct areas where women can go and just relax and be with other women. They are difficult, challenging and often very gender-mixed environments. We know that many of the inpatient facilities have already made a number of steps in relation to this area, but this substantial investment — which is the biggest investment to be made across the board in relation to these sorts of initiatives for the safety of women in care — will go a long way to helping those existing facilities, which are very hard to change the fabric of, actually make those smaller changes that can improve safety. It will coincide with making sure that new facilities ensure safe environments for women as they are built.

Ms HENNESSY — Minister, I refer you to page 199 of budget paper 3. I note that the current government has kept the same target as the previous government for admissions to a mental health bed within 8 hours — that is, 80 per cent. Given that the target has been difficult to achieve, what resources, programs or support will you specifically provide to assist the service providers or hospitals to achieve that target this year?

Ms WOOLDRIDGE — It is a really important question, because access to beds from an ED has long been a pressure point, as the member outlined. If we look at the latest key performance indicators from mental health, which are as at December 2010, while there is a target of 80 per cent, the delivery is only 65 per cent — so 35 per cent of all patients in an emergency department with a mental illness requiring inpatient admission wait longer than 8 hours for that admission. As you can imagine, often it is very stressful that you are in an ED because you are perhaps having a significant episode in relation to your mental illness. The target is 80 but the delivery is 65 per cent, and we have inherited the challenge to try to take it from here and make a difference.

There are a number of things that are in this budget to start to deliver on that — for example, we are putting new inpatient beds at Sunshine Hospital, which will make a difference in terms of people's admission out of the emergency department into those beds. We are continuing the investment in Dandenong Hospital, with new mental health and additional mental health beds there. There are new mental health beds still coming online — they are some years away yet, because it takes a while to build them — in relation to Bendigo hospital. We are also putting in place new PARC facilities — prevention and recovery care — to divert people away from inpatient environments and to try to get them help earlier.

The other thing I would say is that our investment in community mental health is going to intervene earlier so that people do not need to end up in an emergency department, because their mental illness will already have been addressed in a community environment. We have a high target, we have low achievement and we have a gap to fill, but we believe we have a set of policies which are going to make inroads to achieving that target over time and improving this number that we have inherited and obviously need to work on.

Ms HENNESSY — Minister, I do not want to put words in your mouth, but are you saying that you are not going to meet that target?

Mr ANGUS — Do not put words in her mouth, then.

The CHAIR — Thank you, Ms Hennessy.

Ms HENNESSY — Perhaps she could reply.

The CHAIR — You are attempting to perhaps crystallise the minister's answer, but I thought she gave a very comprehensive answer. Minister, would you like to respond?

Ms WOOLDRIDGE — The target for mental health has been at 80 per cent for a substantial amount of time. I will work to achieve that target, because I believe that that is what people with a mental illness need. I believe we have substantial investments, but we are not going to fix this gap and this deficiency overnight. I will continue to work towards that target to achieve it. We will fix it when we can, but it will not be an overnight fix.

The CHAIR — I thank Ms Thorn, Mr Wallace and Dr Edwards for their attendance. That now concludes the estimates hearing on the mental health portfolio. We will take a very short break.

Witnesses withdrew.