

# VERIFIED VERSION

## PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

### Inquiry into budget estimates 2013–14

Melbourne — 23 May 2013

#### Members

Mr N. Angus  
Ms J. Hennessy  
Mr D. Morris  
Mr D. O'Brien

Mr C. Ondarchie  
Mr M. Pakula  
Mr R. Scott

Chair: Mr D. Morris  
Deputy Chair: Mr M. Pakula

#### Staff

Executive Officer: Ms V. Cheong

#### Witnesses

Ms M. Wooldridge, Minister for Mental Health,  
Dr P. Philip, Secretary,  
Mr P. Smith, Executive Director, Mental Health Drugs and Regions Division,  
Mr L. Wallace, Executive Director, Finance and Corporate Services, and  
Mr P. Fitzgerald, Executive Director, Strategy and Policy, Department of Health.

**The CHAIR** — We will commence the hearings on the mental health portfolio. I welcome from the Department of Health: Dr Pradeep Philip, Secretary; Mr Paul Smith, Executive Director, Mental Health, Drugs and Regions Division; Mr Lance Wallace, Executive Director, Finance and Corporate Services; and Mr Peter Fitzgerald, Executive Director, Strategy and Policy. I call on the minister to give a brief presentation of no more than 5 minutes on the more complex financial and performance information that relates to the mental health portfolio.

**Overheads shown.**

**Ms WOOLDRIDGE** — I am very pleased to present to the Public Accounts and Estimates Committee our mental health budget and broader reform agenda, and this follows the pattern of the earlier presentations I have given to just give you a context for the reform that we are undertaking. Obviously the work on the new mental health act is very significant; this has been many years in the making. We have released a policy paper with very much a focus on reflecting the capacity of the individual to be involved in decisions around their treatment and having a system that is able to respond to that.

We are working very hard in the community mental health sector to make sure that people can get assistance in the community before it escalates or as a transition from having acute inpatient treatment. We are similarly reforming our alcohol and drug treatment services to make sure that, for the very significant investment that is made there, we are very targeted and effective and that we have an equity of access so that people, regardless of whether they live in Mildura or Melbourne, do have access to a range of alcohol and drug treatment services. This has been part of the whole-of-government alcohol and drug strategy, once again reflecting that many aspects of government have an impact on the use of alcohol and drugs. The whole-of-government strategy was really a first, where all of government came together on a strategy for alcohol and drugs, and we are in the process of working through those areas that we committed to.

Of course there is a workforce strategy. The mental health workforce is absolutely crucial, as are all the workforces, and SACS, as I talked about earlier, are a part of that. This is in the context of course of Services Connect. I had a commitment to make sure I got that into every one, as it touches on all of them and is so important to the work we are doing right across my portfolios. Services Connect is an important part of what is happening on the mental health side of things as well. Service sector reform is how our community sector is equipped to be able to work in this new paradigm that we are working towards, where we have a coordinated comprehensive response for our clients.

In terms of the portfolio of mental health, we will invest over \$1.2 billion in next year's budget. Once again there is an increase that we are very positive about, over \$60 million, and that is a 19 per cent increase over the three budgets that we have had — new jobs, new beds, significant investment across the board. In alcohol and drugs the budget now is over \$150 million, a 13 per cent increase over the three budgets; once again, more jobs and also securing jobs that were uncertain previously.

To go to the budget highlights, basically looking at it in the context of beds but also then in terms of the broader community, a very significant investment in this budget is \$35 million for the Werribee Mercy mental health facility. This is 54 beds, of which 25 beds are new. It will make a big difference to the capacity in our western suburbs. There is also more funding for a range of beds in terms of Monash Health and Austin Health. There are new psychiatric assessment and planning units going generally alongside emergency departments to deal with people with a mental illness in a short-stay immediate response type of environment. There are new beds in Gippsland, and also our election commitment in relation to mother and baby units in country Victoria. They are under way, at various stages, and there is funding in this budget for the operation of those beds. We are also investing in support in the community — support down in East Gippsland, support for refugees and asylum seekers, support for Aboriginal Victorians with alcohol and drug support, SACS pay rises for about 9000 workers in mental health and alcohol and drugs, and of course Services Connect.

Just to give the committee a bit of a sense of our investment in beds, I have gone through that in terms of the bed types. We are investing in not only new beds but replacement beds as well across the board. There are over 430 beds overall and over 250 new beds. Some of them are already open, some of them are in construction, some of them are in the planning stages, but that is our pipeline. I am very pleased that we have this very significant investment in mental health beds. It is important to note that some of these are our prevention and

recovery care, which has been a great innovation. These are pre-hospital type beds — step-up, step-down type situations.

Just to give you some summaries — I am getting the wind-up, I am conscious of that — and a few of the themes: in alcohol and drugs over the three years we are investing in our emergency departments; we are investing in our treatment services; we have doubled pharmacotherapy funding, and we are reforming the system there, and; we are investing in harm reduction services. Once again, we are trying to have that strategic approach across three budgets, so that it all fits together. In terms of mental health, once again we have made significant investment since coming to office. This has been in beds but it has also been about improving the experience of people who are accessing inpatient facilities. A very important part of that is our safety program for women in inpatient units, and also our reform of the Mental Health Act 1986.

Importantly, we are also investing in community. I think there is a good balance of investment between community mental health and our inpatient mental health, and a real focus, I think, on trying to assist recovery, so that people can get their lives back on track. We have also invested not only in the service delivery end of that but also in research, and in translating research into evidence-based practice.

**The CHAIR** — We have about 35 minutes left. In the context of the 2013–14 budget can you outline to the committee examples of capital infrastructure projects in the mental health portfolio that will be commenced or completed in the next financial year?

**Ms WOOLDRIDGE** — I have touched on this, and I am pleased to have a chance to go into a bit more detail, particularly in terms of our investment in the 54 new beds for the inpatient service at Werribee Mercy Hospital, with an additional 25 beds for the current facility. This is a very significant investment for the west, addressing a very significant need. That is now entering the planning stage, and we will be getting on in terms of building that facility, which is expected to be completed in 2016. We are also building additional mental health beds — for some of these we have been fortunate to get some funding from the commonwealth, and then we have done the recurrent funding; for some of them we have funded the capital ourselves. We have the psychiatric assessment and planning unit at the Sunshine Hospital — once again, an investment in the west — where there has been significant need and demand. That is going to be coming online shortly; in terms of that facility being available, construction is well under way at the moment.

We also have new beds at Latrobe Regional Hospital, and these are going to build the capacity. There are some very strong advocates and some very strong local members down in the Gippsland area, and we are confident that having some additional beds down there will help meet what has been in some instances over 100 per cent occupancy in the Gippsland area. We are further investing in psychiatric assessment and planning units at Western Hospital — once again in the west — Austin Health and Eastern Health, areas where we see significant pressure on the emergency departments. We are investing in these PAPU units alongside the emergency departments, so as people with a mental illness enter emergency departments there is a dedicated area for them to be able to receive treatment that is connected to the emergency department. Assessments can then be made as to whether they are able to return to the community or whether they need an inpatient admission.

We have also made significant investments of an asset nature into our new gender sensitivity and safety initiatives, and we continue to invest there. We have now invested over \$4 million over 22 different hospitals, and the investments are being made and will continue to be made over the next 12 to 18 months. These are providing gender-specific corridors, for example. Sometimes it is as simple as putting in new lock systems so that women can lock their doors and feel safe and that no-one else can get into their rooms at night. So sometimes it is very simple things that can actually make a very significant difference to the safety of women as we improve the infrastructure that we have. And in doing that we are also making sure that the infrastructure that we build builds in those gender-sensitive designs.

There are new investments that we are making at the Monash Children's hospital for additional mental health capacity for young people in the region. We are also investing capital in headspace. This has been a commitment to try and work across the commonwealth and state, reflecting the important role that headspace plays for young people's mental health. We are investing alongside in some capital upgrades, some improvements as those services meet their demand, the growing demand, and also try and engage in a broader

range of services. So that is just really a snapshot of some of the range of investments that we are making right across the board.

I do just want to finish up mentioning the prevention — the PARC services. There are new PARCs at Wodonga, at the Austin, at St Vincent's — quite significant and important step-up or step-down units that are a lower acuity environment, that engage people with mental health treatment support but not in that inpatient environment. It tries to divert them from an inpatient admission. Similarly, coming out of an inpatient environment to a step-down unit manages that transition into the community in a clinical and supported environment, but not as acute as the inpatient setting.

So there is very significant asset investment across the board — I have just given you a bit of a snapshot — some of them are very significant for single facilities, some of them building new community-based facilities and some of them investing alongside the commonwealth in the services that are provided.

**Mr PAKULA** — Minister, at BP 3, page 146, you have an output performance measure heading of 'Drug prevention and control'. It talks about the minimisation of the harmful effects of illicit and licit drugs, including alcohol, et cetera and it talks about the use of effective regulation. I note that you talked about the context of reform of alcohol and drug treatment services, but in terms of effective regulation I am interested in understanding how effective it has been to this point. Both in 2011 and either late last year or early this year you updated the legislation that you introduced to outlaw chronic and other synthetic drugs, and that was introduced with a degree of fanfare. Can you just tell the committee how many convictions there have been in relation to synthetic cannabinoids since that legislation came into effect?

**Ms WOOLDRIDGE** — I am pleased you highlighted it because it has been important to be able to respond to synthetic drugs. This has actually been a national initiative. What we were finding in terms of the work that we were doing is that the national response had not been as quick as we and other states would have liked it to be. So what needed to happen is that individual states took the initiative to put legislation into place so that we could respond to emerging drugs, while the commonwealth undertook a broader consultation process in relation to it. Subsequent to that the commonwealth have put in place laws as well, to ban the synthetic substances.

One of the biggest challenges is people seek to amend the recipe, and the challenge always is to try and make sure that we are, if not one step ahead, we are able to respond very quickly as new recipes are delivered. One of the challenges has been to develop definitions that do not rely on specific formulas of a recipe to define what is banned or what is not. So we ban classes of drugs, and that is the work that has been happening.

In terms of the implementation of this, this is actually a matter that is with the police, so it would be the police minister that would have the information because they are the ones who are policing the legislation in relation to how it is dealt with. So I cannot answer the question in relation to convictions; it is a matter that is dealt with by the police and managed within the police portfolio.

**Mr PAKULA** — I have a follow-up. Minister, I understand that the police are the ones who are responsible for enforcement, as they are for all, or pretty much all laws. I am surprised, though, that as the minister responsible for the implementation of this measure you do not receive any feedback about how the enforcement is going or whether indeed the ban is working. I do not know how you are supposed to continue to update your regulatory authority, as you have given yourself, without knowing how it is working. So would I be right, therefore, in assuming that if I asked you about the convictions for the display, sale or supply of cannabis, water pipes, bong components or bong kits, you would not be able to provide me with that information either?

**Ms WOOLDRIDGE** — So on that, once again the police are enforcing that: that was a decision that was made about how that was managed. I do not know how often you go into Off Ya Tree. I never used to go in regularly, but I must say I have been visiting more regularly recently — and I have never purchased anything, you will be relieved to know! In relation to both the synthetic cannabinoids and the bongs, you used to walk down Bourke Street and see a window full of bongs. That now does not exist. If you go into Off Ya Tree down on Swanston Street — and there is a shop in my electorate of Doncaster; I am sure you have got a whole series of them as well.

**Members interjecting.**

**The CHAIR** — Order!

**Ms WOOLDRIDGE** — What we are seeing is that they are not displayed. They are not out there. They are not there in their hundreds. They are not available — I have had many emails from people who are quite disgruntled that they are no longer available. Where they used to be in their hundreds in shop windows they now no longer exist. I do not measure success purely by our having convictions. I measure success by having them removed from sale. Our preference is not to fine shopkeepers; our preference is for shopkeepers to uphold the law. What we are finding is that they are upholding the law; if given warnings, the feedback I have had is that they respond to those warnings. The evidence is in the fact that young people walking through the city now are not exposed to windows full of bongs in the way they used to be before these laws were enacted.

**Mr O'BRIEN** — Thank you, Minister. In your presentation you touched upon issues of mental health in the west. I note in budget paper 3, pages 119 and 22, there are references to the \$34.7 million commitment to expand the Werribee Mercy mental health unit. Could you please outline to the committee what the government is doing to invest in mental health care in Melbourne's west?

**Ms WOOLDRIDGE** — The investments we have made across the board are very important, because what has been very clear, when you look at the performance of our mental health services in the west, is that the massive population growth has not been matched by an increase in services. That has happened over many, many years. What we are doing is investing in mental health care in the west in a multitude of ways to address that important need and that important demand.

The infrastructure of the Werribee Mercy unit is very important, and I am sure for Ms Hennessy's constituents and for anyone out in the west to know that our facility, which currently has extended waiting times from emergency departments into a mental health bed which has high occupancy levels, that we will have nearly a doubling of the service in terms of the number of beds will be very significant for the area. But what is very clear is that, in the meantime, we have had to invest and we are investing in community-based mental health services to try to manage to the demand that we are seeing out in the west.

We have invested very significantly in our community mental health services. We are building two new psychiatric assessment and planning units at Sunshine and Footscray hospitals so that once again we can manage the demand that is coming in through the doors. There is a 12-bed adult acute unit, the Banksia unit, out at Western Health that will provide additional capacity to meet the demand for adult acute services, and they will come on line shortly. We actually have additional bed capacity even though we have a longer term plan to build more beds at Werribee Mercy. We have the bed capacity that we are building but also the community-based mental health service and we are investing in a range of different areas with our community-based mental health partners. This includes, for example, Western Region Health Centre, Doutta Galla Community Health and a range of different areas.

One of the things we have done in a new NPA with the commonwealth is to invest in what we are calling mental health HARP, which is for people with chronic mental illness, and also a mental health program for people who are at risk of repeat emergency department admissions. There are some significant investments with partners in the west going into these areas, so once again we are getting in early and trying to address the issues in relation to repeated presentations. Our mental health hospital admission reduction program at Western Health has \$539 000 and Doutta Galla Community Health has \$624 000 per annum for people who have entrenched homelessness and repeatedly present in our emergency departments.

We are also funding increased clinical positions in community services in the inner west and the Wyndham catchments. This includes 10 clinical placements and 1 consultant psychiatrist at Werribee Mercy and 2 clinical positions in Melbourne Health. The picture I am trying to paint is of a long-term plan in terms of a major new facility, medium-term plans in terms of additional beds and we are also investing in community mental health to try to divert. It is actually a strategy for the west which reflects a very significant demand for which the capacity had not been built to be able to address it.

**Mr SCOTT** — Minister, in your presentation you made reference to the new mental health act. I am sure you would be aware that in the 2010 budget, and I have a reference here to budget paper 3, page 30, of the 2010–11 budget, \$37 million was allocated for the preparation, introduction and implementation of the new mental health bill. Given that we are still talking about implementing a new mental health act and it is the 2013–14 budget, I would like to know, firstly, what funds, if any, are being devoted to that new bill in this budget and, secondly, when the bill will be forthcoming in the Parliament.

**The CHAIR** — Thank you, Mr Scott. It is not quite anticipation, but it potentially is.

**Ms WOOLDRIDGE** — Thank you very much for that question. As I foreshadowed in my presentation, this act has been nearly five years in the making. I understand that the New Zealand act took 13 years or something along those lines, so we are actually well ahead of schedule. We are working very hard to ensure that that mental health act will be operational in 2014 and a huge amount of work is happening. The act, as I foreshadowed, will make a very significant difference for the about 10 000 people a year who receive involuntary treatment for their mental illness. We are seeking to ensure that we have a recovery-oriented practice and that support is provided for people as they have capacity to be engaged in the decision making about the treatment that they receive.

The funding that has previously been provided is still there. It is being utilised because we are building, for example, a new mental health tribunal. Can I foreshadow that by saying we released a policy paper in the second half of last year that outlined the directions of the act, so I am not foreshadowing anything that is not publicly out there, but we did very clearly say there is going to be a new mental health tribunal, a new mental health complaints commissioner and new structures in place.

The plan is that we will be going live with the new act in 2014, and we are doing the work now to recruit to those positions, to establish where they will be located and to plan for how the systems will work; all of that work is happening. A significant amount of funding has been expended — that is, about \$7.5 million — on the preparation of getting ready for the act with these sorts of things. There are IT systems, and we have funded the consumer and carer groups to engage in this processes, because we believe a very significant cultural change will be required, and we are bringing everyone on board to be part of that.

The money that you made reference to was over a four-year period. We have actually needed to spend, as we get ready for the act, a significant portion of the allocation for this year, and anything that is not is being carried forward to next year, because we believe that that budget was an appropriate budget for the implementation of the act and therefore that funding will be carried forward to be utilised in the timing that accords with the introduction of the new act.

**Mr SCOTT** — As a supplementary, I would just like to know: what is the amount of that carry-forward?

**Ms WOOLDRIDGE** — My notes say here that there was some money carried forward from last year to this year, and there will be some money carried forward from this year to next year. The approximate carry-forward is \$6.9 million, based on what has already been spent, and then there is the carry-forward that is needed as we roll out the act next financial year.

**Mr ONDARCHIE** — Minister, I want to talk to you and ask you about safety of women in mental health care. You know this is important to me, both in my role in Northern Metropolitan Region and also in my former role as an executive director of the Royal Women's Hospital; this is very important to me. I refer you to budget paper 3, page 119, which talks about government expenditure on mental health services. You recently announced that Austin Health would receive more than \$144 000 from the government to upgrade its facilities to ensure greater safety for women and gender-sensitive practice. I wonder if you can tell us more about this funding and also maybe a bit more broadly about what the government is doing to support gender-sensitive care in Victoria's mental health services.

**Ms WOOLDRIDGE** — Thanks very much for that question. We have had a number of conversations over a number of years in relation to this. As it is close to your heart, it is an issue that is very close to my heart, and I am sure that for everyone around this table as well it is a very important issue.

We have made commitments and are undertaking actions at a range of different levels. The first is in relation to facilities themselves. As I mentioned earlier, we have invested already more than \$4 million in 22 different hospitals to address issues of infrastructure that can improve the safety and confidence of women. There have been some surveys and work done. They are not extensive surveys, but consistently the messages that come back are that women often do not feel safe, they often have unfortunate experiences while in inpatient units, so undertaking these capital improvements can make a very significant difference. The feedback we have had has been very, very positive, and the evaluation that has been done of the work has been very positive about what it does for how women feel and their experience so that they can focus on their recovery and their treatment while they are in an inpatient unit rather than feeling afraid and nervous.

The second thing we are doing is that as we build new facilities we are making sure that they are built in a way that is best informed by gender-sensitive practice. At the new Bendigo Hospital there are 80 beds for mental health treatment. I have already seen some of the wonderful designs, and it is fantastic to see how they are incorporating gender-sensitive practice, with women's corridors, areas purely for women where they can go and where they can feel safe — all built having in mind that we want to make sure that women feel safe and secure in that environment. As we continue to build of course we will be undertaking those principles at the very core of it.

We also know, though, that it is more than bricks and mortar and that we need to make sure that staff are trained in gender-sensitive awareness and expertise. The women's mental health network was funded to develop a gender-sensitive training resource based on the service guideline for gender safety. We put in place the service guideline; we then funded the women's mental health network to develop the training around that. I was very pleased recently to launch that training, which will now be rolled out across our mental health services as we work with them to take up that expertise.

We have also put in additional staff, and we are in the process of putting in additional staff through the EBA process especially after hours and overnight, once again to make sure that our inpatient units are well staffed and well equipped to be able to deal with any needs that arise during that period of time.

It has been quite a comprehensive response. I know in regard to some of the individual funding that Austin Health has received that you have been very pleased and that you have been a big champion for it happening. I know, Mr Scott, that you will be very pleased that for women with a mental illness in your electorate there has been funding for Northern Hospital; similarly there has been funding for the Werribee Mercy mother and baby unit and the Sunshine Hospital for Ms Hennessy's electorate. So for members around the table significant funding has gone into many facilities in their areas to make sure that the experience of women in inpatient units is one that is focused on their treatment and recovery.

**Ms HENNESSY** — Minister, I just wanted to pick up on the evidence you have given the committee in respect of PARC facilities and the allocations that have been made in this year's budget for PARC facilities. You would recall that prior to the last election you committed to a prevention and recovery care facility in every mental health region and indeed supported a recommendation of the Family and Community Development Committee that PARC facility services be extended right across Victoria. You are no doubt aware there has been some significant concern in the communities of Mildura and Warrnambool about their lack of a PARC facility. Is there anything in this year's budget for a PARC facility in Mildura or Warrnambool?

**Ms WOOLDRIDGE** — As previous ministers and the previous government were big fans of PARC, I and this government, too, are very supportive of the PARC facilities and think they are an important addition and have been working. If we can flick back to the beds slides that we saw earlier, you will see from that that we have funded 60 adult PARC beds and 10 youth PARC beds so far as a sign of the commitment of this government in relation to delivering those services.

There are actually three areas remaining — as you have mentioned, Mildura and Warrnambool, and also the Grampians region — that do not yet have PARC facilities. We are working positively with each of those regions as we plan for it. There is not the funding in this budget. There was funding in fact offered, commonwealth capital funding, to the Grampians region which actually said they would prefer not to have a PARC. They operate their services in a very community-based way already and their model is a bit different from what happens in the rest of the state. They did not believe the PARC facility that they were being offered was actually what they wanted. That ended up then being reallocated to Wodonga, which did not have a PARC and now will. So that was a constructive process but a reflection that not everyone wants it.

In terms of Warrnambool and Mildura, we are working with them in relation to having facilities, doing some planning and working out what that would actually mean. I think that is a very constructive process. We acknowledge those needs and we will continue to work positively with them in terms of future beds. As we work through it, as we invest in additional beds, the call that was made this time was that because of desperate and dire need for the west, the investment in beds went to Werribee Mercy for the new beds with the \$35 million of capital. Understanding, of course, the need for country Victoria, we will continue to work through with them as we are able to expand services into those additional regions.

**Ms HENNESSY** — What is the estimated time frame between the allocation of money in a budget and when the bed is actually operational and open for business, for want of a better term?

**Ms WOOLDRIDGE** — For PARC specifically, or generally?

**Ms HENNESSY** — Yes.

**Ms WOOLDRIDGE** — It is quite varied. Our objective is to do it as quickly as possible, but we also want to do it in a way that makes sense. Locating a site can often be the first challenge and, because they are often community-based facilities, locating a site that works. Working with neighbours is a really important part of the process. Some neighbours think it is great; some do not at all. I have to say even in my two and a half years as minister we have experienced the full spectrum in relation to that. So it can happen quite quickly, or it can happen over a longer period of time, if there are significant issues. There has been an example where we have ended up changing sites because of community concern. Because these are community-based facilities, we want them to be part of the community. We do not believe they are in any way a risk to the community members around them, but some people have concerns.

So the time frame varies greatly, based on availability of land and based on the stakeholder engagement. Then the model changes a bit, but not a lot. There is flexibility to reflect local environments. But I think now, as a result of the former government and this government having built a number of them, there are really good models on which to build. So that process does not tend to hold it up much. It is more that process of making sure we have the right site and we have the buy-in.

**Mr ANGUS** — Minister, I refer you to budget paper 3, page 16, and in particular the more than \$22 million of funding that is allocated there for ‘Meeting the needs of refugees and asylum seekers’. I ask: does any of this funding respond to the significant need for mental health services in the refugee community in Victoria?

**Ms WOOLDRIDGE** — Thanks for this really important question. One of the things that is a real challenge is that we have seen a significant growth in refugees and asylum seekers in Victoria. By the nature of their experience to date, often they need assistance in a whole range of areas but particularly for mental health services. I have a huge amount of respect for the work that Paris Aristotle undertakes at Foundation House, and I am very pleased that this budget incorporates funding of \$900 000 a year for Foundation House to be able to make some significant expansions to their services for refugees and asylum seekers.

About 12 months ago the former Premier announced new one-off funding to trial a program in country Victoria, focused on Geelong, Shepparton and Mildura, for refugees and asylum seekers, for Foundation House to actually go out into country Victoria. That has worked very well and I am very pleased that in this budget we are allocating \$275 000 a year to continue what was a one-year trial and embed it in an ongoing way. That is a very significant boost for the communities of Geelong, Mildura and Shepparton. In addition there is over \$450 000 a year to expand their metropolitan-based services. So as we see the demand increasing, their existing metropolitan-based services we will be funding further to expand, involving additional counsellors, placements and advocate outreach positions. One of the challenges, of course, in dealing with this group is language services. There is funding in this new allocation as well to deal with language service support because, once again, of the nature of the needs of this group.

Overall, the investment is over \$4 million over four years for this group. I do want to commend Minister Davis in terms of the broader package and I am very excited in terms of my particular funding for Foundation House.

#### **Members interjecting.**

**Ms WOOLDRIDGE** — We have gone very well so far. There is \$4 million for the mental health needs, which Foundation House are very well equipped to deliver and will do a really important job for this very important group.

**Mr PAKULA** — You will not be surprised to know that I am less enamoured of Mr Davis than you, Minister, particularly because the *Victorian Health Services Performance Report* — —

**Mr ANGUS** — This is a preamble, is it?

**Mr PAKULA** — No, it is part of the question. It was released 5 minutes after the end of the PAEC health hearing last week, which I thought was incredibly disrespectful to this committee. That report showed that in the last 12 months 3159 mental health patients have waited more than 8 hours to be transferred from an emergency department to a bed. Budget paper 3, page 132, shows that yet again the target for ‘Emergency patients admitted to a mental health bed within 8 hours’ has been missed, the target being 80 and the expected outcome 75. You have talked about the investments in the budget, Minister. Can you tell us, in regard to those investments and the 3159 mental health patients who have waited more than 8 hours, how much you anticipate your investments bringing that number down by?

**Ms WOOLDRIDGE** — Thank you, Mr Pakula. In fact we had a very similar conversation last year as well at budget estimates, and I understand the importance.

**Mr PAKULA** — Not that it did much good.

**Ms WOOLDRIDGE** — What we have consistently found — it was found under the former government and we are finding it as well — is that the percentage of patients to mental health beds within 8 hours consistently sits at around 70 per cent and that in the face of increasing demand and increasing numbers we are still sitting at around 70 per cent of people transferred from an ED to a mental health bed in that 8-hour period. We are coping, we are managing the increasing demand, but we have not yet made inroads on increasing the proportion that gets transferred.

There are a few facilities that are particularly low in regard to this performance — Sunshine Hospital, for example. We are building, as I have outlined, a four-bed PAPU unit at Sunshine, which will open shortly. That is to go directly to the issue of the delay of the transition from the ED to beds in that time period. Dandenong Hospital is another poor performer in relation to the KPI target. We are significantly investing in Dandenong Hospital. We are building new PARCs in Narre Warren with 20-bed capacity. We think this will go to the heart of the issues in relation to the performance at Southern Health.

Werribee Mercy is the poorest performer across the board always in relation to the transition from ED to beds. As I have said, there will be a new 54-bed facility with 25 new beds. The last one I will mention — there are four outliers that are really poor on this performance — is Bendigo Hospital. There are an additional 38 beds in the new Bendigo Hospital development and a recently opened youth PARC once again.

We are investing strategically to address exactly the point that you are raising, targeting those hospitals that are taking the longest to transition their patients from the emergency department to the bed. Some of these we are going to be able to make some inroads into pretty much immediately. The youth PARC at Bendigo is already open and has been open for a couple of months. Others will be coming online shortly. Some take a little bit longer. But we have a very specific focus on this issue because we think it is important, as you do, and we believe the process we have got in train and the investments we have got in train will help to address it.

**Mr PAKULA** — Minister, I understood your evidence to be that despite investment and despite best efforts it is sort of stubbornly stuck at around 70. Nevertheless your budget target for 13–14 is again 80. Are you saying to the committee that you expect that those investments you have just described will get you to hit that target, or are you saying that you think that target is fundamentally unrealistic?

**Ms WOOLDRIDGE** — That target has been in place for about five years. I am happy to take a stretched target; I want to get there. I am not able to assure the committee that these investments will get us to 80. My plan is that it increases us from where we are now as we work towards the target. I think that has been a longstanding position — that that is where we would like it to be. We are investing for it to be there, but I am unable to commit to you at this stage whether we will meet that target or whether we will just make sure that we continue to address the increasing demand and hopefully go further than that, which is of course what we are aiming towards.

**Mr PAKULA** — We will be back here in 12 months.

**Ms WOOLDRIDGE** — I think we will.

**The CHAIR** — Thank you, Minister. That concludes hearings on the mental health portfolio and for you, Minister, today. I do thank Dr Philip and his officers for their attendance this afternoon. I think there were two

questions on notice for the community services portfolio and two in the disability portfolio. We will write to you with details of those questions, but we do ask that if at all possible you respond within 21 days in order to enable timely reporting to the Parliament.

That concludes the hearings. All broadcasting and recording equipment should now be turned off. Thank you.

**Committee adjourned.**