

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

Inquiry into the 2023–24 Budget Estimates

Melbourne – Wednesday 7 June 2023

MEMBERS

Sarah Connolly – Chair

Nicholas McGowan – Deputy Chair

Michael Galea

Paul Hamer

Mathew Hilakari

Lauren Kathage

Bev McArthur

Danny O’Brien

Ellen Sandell

WITNESSES

Ms Gabrielle Williams MP, Minister for Mental Health,

Professor Euan Wallace, Secretary,

Mr Daen Dorazio, Deputy Secretary, Corporate Services,

Ms Katherine Whetton, Deputy Secretary, Mental Health and Wellbeing, and

Ms Pam Anders, Senior Executive Director, Mental Health and Wellbeing, Department of Health.

The CHAIR: I declare open this hearing of the Public Accounts and Estimates Committee.

I ask that mobile telephones please be turned to silent.

I begin by acknowledging the traditional Aboriginal owners of the land on which we are meeting. We pay our respects to them, their elders past, present and emerging as well as elders from other communities who may be with us today.

On behalf of the Parliament, the committee is conducting this Inquiry into the 2023–24 Budget Estimates. The committee's aim is to scrutinise public administration and finance to improve outcomes for the Victorian community.

I advise that all evidence taken by the committee is protected by parliamentary privilege. However, comments repeated outside this hearing may not be protected by this privilege.

Witnesses will be provided with a proof version of the transcript to check. Verified transcripts, presentations and handouts will be placed on the committee's website.

As Chair I expect that committee members will be respectful towards witnesses, the Victorian community joining the hearing via the live stream and other committee members.

I welcome the Minister for Mental Health the Honourable Gabrielle Williams as well as officers from the Department of Health. You are very much welcome. Minister, I invite you to make an opening statement/presentation of no more than 10 minutes, and this will be followed by questions from the committee. You have 10 minutes from now, Minister.

Gabrielle WILLIAMS: Thank you. Katherine is kindly going to do the clicking for me through the slide presentation. So before I begin please let me acknowledge the traditional owners of the land on which we are gathered, the Wurundjeri people, and pay my respects to their elders past and present and to any other elders we may have here with us today and also acknowledge anyone with lived or living experience of mental ill health who may be with us or indeed watching these proceedings today. It is for you that we are embarking upon system transformation following the Royal Commission into Victoria's Mental Health System.

Visual presentation.

Gabrielle WILLIAMS: As the Royal Commission into Victoria's Mental Health System laid bare, we have significant cracks in our system, which was the very reason we initiated that royal commission in the first place. That final report gave us an invaluable blueprint to transform our system in what will be a 10-year reform journey. I am proud to say that in the two years since the royal commission's final report was handed down, more Victorians than ever are getting treatment, care and support closer to home and in their communities, and we have made great strides through delivering very significant investment to implement the royal commission's recommendations and also through additional investment in our essential AOD services as a part of that as well. There is a significant amount of work to do.

Slide two. Prior to this budget the Victorian government invested record funding of close to \$6 billion over the last three budgets, now sitting at about \$6.5 billion. We have work underway on more than 90 per cent of royal commission recommendations and have made significant progress, such as the passing of the new *Mental*

Health and Wellbeing Act; the commissioning of 2100 new jobs across the mental health system, which will start between 2023 and 2026; the opening of the first six mental health and wellbeing locals, with many more to come – I think there will be another nine opening by the end of this year; and the launching of the new centre of excellence for Aboriginal social and emotional wellbeing, the Balit Durn Durn Centre. And works have commenced on the redevelopment of the Thomas Embling Hospital as well, and also 179 public mental health beds are being built or upgraded.

Slide three. The 2023–24 budget invests some \$776 million in mental health and wellbeing and AOD services. This will enable the continuation and expansion of critical programs as well as of course services and facilities across both the mental health and AOD sectors. This budget will direct funding to areas of priority, working to ensure our system is equipped and responsive to what Victorians need and to enable continuation and expansion of critical programs and services across these sectors.

Building on a significant investment of \$372 million in the 2022–23 budget, we are delivering an additional \$103.9 million in the 2023–24 budget to ensure a strong mental health and wellbeing workforce can support the needs of the Victorian community and also of course realise the royal commission’s vision for reform. This includes 84 new AOD trainees, the Aboriginal mental health traineeship and employment of two Koori mental health liaison officers at Forensicare; the highly successful earn and learn program; and expanding regional forensic mental health teams.

Slide. A total of \$77 million will deliver the next three mental health and wellbeing locals in Northcote, Leongatha and Narre Warren and progress planning for the remaining 20 sites. These local services for adults and older adults are effectively a new front door for the mental health and wellbeing system. That is why we will also promote these services widely, so that all Victorians know when and where they can get the help they need and of course also encourage people to get that help earlier.

This year’s budget includes \$21.8 million for 11 community-based organisations to deliver the support that their local communities need. An additional \$5.5 million will support the continuation of statewide services, including Eating Disorders Victoria and PANDA; an investment of \$10.2 million will expand perinatal mental health services across the state so that new and expecting parents have access to compassionate specialist support; and funding of \$2 million over two years will support the establishment of a statewide trauma service.

Next slide. A total of \$156.6 million will deliver 96 mental health beds in key areas of need across metro and regional Victoria, so that is more than 8000 Victorians getting the care they need each year. This includes 22 new beds at the Royal Melbourne Hospital; a continuation of 24 Hospital in the Home beds, a trial that has been run at Orygen and Barwon Health; 38 integrated care beds; and Victoria’s first publicly funded residential eating disorders treatment centre. This funding also supports the continuation of consultation liaison psychiatry services that provide mental health services to patients in physical health wards.

Next slide. This budget also provides \$17.7 million to support suicide prevention initiatives, including follow-up support for people affected by suicide as well as their families and loved ones. And this year’s funding will support continuation of universal aftercare services in line with the bilateral agreement between the Commonwealth and Victoria. It will also support the ongoing design of an aftercare service for LGBTIQ+ people following a suicide attempt, understanding the particularly horrific statistics that apply to those communities. Funding will also support the continuation of two life-saving programs for young people, which are Youth Live4Life and Strong Brother Strong Sister.

Next slide. An investment of \$47.8 million will support the establishment and operations of new and existing entities under the *Mental Health and Wellbeing Act*, including the Mental Health and Wellbeing Commission, the Victorian Collaborative Centre for Mental Health and Wellbeing, the interim regional bodies, the Office of the Chief Psychiatrist and the Mental Health Tribunal.

\$255.1 million will support people experiencing substance use or addiction issues. This includes our ongoing commitment to specialist AOD treatment services and life-saving harm reduction initiatives.

Next slide. The 2023–24 budget directs funding to areas of priority need to reduce pressure on the health system and continue to deliver great health outcomes for all Victorians, and I would like to acknowledge and thank the entire mental health and wellbeing sector for staying the course through these critical reforms. They are unbelievable partners to us in this work and very committed to the reform agenda, whether that be those on

the clinical end of the spectrum or indeed those with lived and living experience, who increasingly have a central role to play as we realise the vision of the royal commission.

The 2023–24 Victorian state budget is another really significant step forward in this work as we deliver on our commitment to implementing all 74 recommendations from the royal commission. This is difficult work. It should not ever be underestimated. It is also longer-term work, given the 10-year reform agenda that it is attached to, and it is happening at the most difficult of times, it should also be said, given the impacts of the pandemic on our system. But despite that, we have continued not only to invest, but we have continued to open new services and continued to work with our sector to ensure that our reform agenda not only continues but does so listening to the voices of those who are directly impacted and indeed directly rely on these services for their own health and wellbeing and those who are there in our workforce to support them. So I will wrap up there, Chair.

The CHAIR: Thank you, Minister, for that presentation. I am now going to hand over to Mr McGowan for the next 8 minutes. Your time starts now, Mr McGowan.

Nicholas McGOWAN: Good morning, Minister. The report by Ken Lay: can you provide the committee with an update of when that will be released publicly?

Gabrielle WILLIAMS: Sure.

Nicholas McGOWAN: And whether any decision has been made in terms of a preferred location for the second medically supervised injecting room?

Gabrielle WILLIAMS: Sure. I might at first ask if you have got a budget paper reference, Mr McGowan?

Nicholas McGOWAN: Sure. Budget paper 3, page 54 and/or 60, whichever you prefer.

Gabrielle WILLIAMS: Sure. As you would be aware, Ken Lay submitted his report at the end of last month – so only last week. That is currently sitting with me. I am working my way through it. It is a comprehensive report. We will be releasing it, and we will be releasing it with a government response. We just have to ensure we go through the appropriate cabinet processes before we can do that, but it will be shared with all Victorians as soon as possible, once we have had time to consider its recommendations and indeed considered the most appropriate government response to it. Of course there are already a number of reviews that are publicly available that you would be familiar with. The Ryan review, which is of North Richmond, has outlined some of the benefits of medically supervised injecting rooms. That is very important work for us in understanding what benefits these sites can deliver to our Victorian community but also what learnings we can take and what improvements we can make at that North Richmond site. Building on that, Mr Lay's report into potential options in Melbourne's CBD is a really important step forward for us to be able to continue that important work and look at what the options available to us for Melbourne are going forward, taking into account the Hamilton review's findings on need in that municipality.

Nicholas McGOWAN: Do you commit to releasing Mr Lay's report in full?

Gabrielle WILLIAMS: Mr Lay's report will be released.

Nicholas McGOWAN: And Mr Ryan's report, will that be released in full?

Gabrielle WILLIAMS: Mr Ryan's report has been released.

Nicholas McGOWAN: So the 25 pages that constitute his report, as we currently know it – you are telling me that that is his original and final report?

Gabrielle WILLIAMS: The Ryan panel was tasked with writing a report with recommendations for government for public release. That is what they have done, and that is what has been released.

Nicholas McGOWAN: We know through documents that have been obtained previously that the government acquired 244 Flinders Street as a possible future location for the medically supervised injecting room, the second one. Minister, is the government going to open an injecting room adjacent to the iconic Degraeves Street cafe laneway at 244 Flinders Street?

Gabrielle WILLIAMS: As I have outlined, we are still currently in the process of reviewing Ken Lay's report, and we will have more to say on that once we release the report and the government response. In terms of the government's acquisition of 244 Flinders, governments of all persuasions, at different times, acquire strategic assets. This is a strategic health asset. It has been stated publicly before that one possible use could be a medically supervised injecting service; however, you never or very rarely – and the Secretary might want to add to my remarks here – acquire any asset with just one plan. It is obviously in a prime location and is a prime size as well, so it potentially has many different functions or purposes that could be of value, in addition to actually being a very valuable asset in its own right and therefore potentially a very solid investment for government. Secretary, would you like to add to that, given you have experience in acquisition of facilities?

Euan WALLACE: Yes. Thanks, Minister. Mr McGowan, as you know, we acquired the property at the beginning of 2021 for just over \$40 million. The value of the property now is more than it was when we bought it, but as the minister said, we bought it as a strategic health investment with a view to meeting the needs of particularly vulnerable inner-city populations. As the minister said, one of the potential uses from the outset was that it could be used for a second supervised injecting site, the first in the CBD. The final decisions about the use of 244 were awaiting Ken Lay's comprehensive work, and as the minister said, now that that report has been delivered, the government will give it due consideration and feed its deliberations and decisions based on Ken Lay's report into the department's advice about potential uses 244 could be used for to meet the health needs of the inner-city population.

Nicholas McGOWAN: Secretary, have any other sites been purchased with this in mind?

Euan WALLACE: No.

Nicholas McGOWAN: Have you done any other preliminary work in terms of other potential locations?

Euan WALLACE: Well, obviously Ken's work was interrupted significantly by the pandemic. Ken has done a series of work looking at not just the need distributed across the CBD but also potential sites, but we have not purchased any other sites.

Nicholas McGOWAN: Is that in the order of five other sites?

Euan WALLACE: Pardon?

Nicholas McGOWAN: Is that in the order of five other sites?

Gabrielle WILLIAMS: I think it is probably not – sorry, Secretary, to cut you off.

Nicholas McGOWAN: Was that a yes, Secretary?

Euan WALLACE: No, I am just –

Gabrielle WILLIAMS: I think it is worth noting that it is not wise for us to pre-empt Ken Lay's report.

Nicholas McGOWAN: I am not asking the Secretary to pre-empt; I am just asking the question: is it in the order of five other sites?

Gabrielle WILLIAMS: It goes to what is being considered by Ken Lay's report.

Nicholas McGOWAN: I understand that, Minister. Thank you. Secretary, is it in the order of five other sites?

Euan WALLACE: Well, we have scanned the CBD looking at all opportunities for potential second injecting sites.

Nicholas McGOWAN: Would it be fair to say there are at least five other sites that you could choose?

Euan WALLACE: Again, Ken's work has been underway for a couple of years, and the numbers of sites that become available come and go. I think it is important for the department to maintain broad horizons on where the potential need is and where the potential solutions are.

Gabrielle WILLIAMS: It is also worth noting – and this is actually public in Ken Lay’s Engage Victoria consultation survey that he conducted recently – that he states very explicitly that his work was site agnostic. I think that is certainly worth noting. Obviously things like patterns of drug use will be of interest to him, and indeed they are to many of the service providers that operate in the city and have done for decades around where drug use takes place. So in that context, that is really the point of greatest relevance and interest –

Nicholas McGOWAN: Minister, is there any other work being done in respect to Geelong, Ballarat, Bendigo or Mildura in terms of a regional medically supervised injecting room?

Gabrielle WILLIAMS: No.

Nicholas McGOWAN: No preliminary work at all?

Gabrielle WILLIAMS: Not that I am aware of. Let us be really clear: we were very prescriptive in the site in North Richmond, and we have again been very prescriptive about a potential site in Melbourne following the Hamilton review recommendations. I know there have been – and I do not mean to be too pointed about this, but it is worth acknowledging – political attempts over the years to try, through political campaigns, to scare communities into thinking that there is going to be an injecting service on every street corner. I think we have been very, very precise, indeed to the point of –

Nicholas McGOWAN: The Hamilton review, as you know, did not recommend a second site.

The CHAIR: Mr McGowan.

Gabrielle WILLIAMS: Indeed to the point of listing in legislation the sites of the medically supervised injecting services – as it stands in North Richmond and, as we been very open about with the work being considered, potential sites in Melbourne’s CBD – which of course all follow patterns of need and patterns of drug harm. That is one thing that we should never forget – why this is being done in the first place – and that is because in these areas patterns of drug harm have been profound. People are losing their lives, and if you were to speak to anybody who has lost a loved one from overdose, they would tell you, I am sure, in no uncertain terms, how much they wished they had a second chance and how much they wished their loved one could have found a pathway out of drug use. The way to do that is to keep them alive long enough and wrap the supports around them to give them that pathway out of drug use.

Nicholas McGOWAN: Last week, Minister –

The CHAIR: Apologies, Mr McGowan, your time is up. We are going to go to Mr Galea for the first 8 minutes.

Michael GALEA: Thank you, Chair. Good morning, Minister. Good morning, officials. Thanks for joining us. Minister, if I can refer you to budget paper 3, page 63, ‘Mental health and wellbeing locals’, I see that this is identified as a program that delivers on the government’s commitment to implement all the recommendations of the royal commission into Victoria’s mental health and wellbeing system. Minister, could you please explain for the committee how this initiative delivers on that commitment?

Gabrielle WILLIAMS: Sure. Thank you, Mr Galea. Thank you for your interest in this. I know in particular health and wellbeing locals are of great interest to caucus members. They are obviously very local doorways for our communities to be able to access our mental health and wellbeing system and represent in many respects a big shift in the way we do things in mental health and wellbeing reform, and that is a greater emphasis through this reform agenda on prevention and early intervention to make sure that people are getting that assistance they need earlier on in their trajectory, because ultimately of course we want to ensure that we are keeping people out of that acute end of the system. Some will always require it, but where we can get people assistance earlier, that is clearly better, and where we can do that in a warm and welcoming environment closer to home with a multidisciplinary team, again that is really important to achieving better mental health outcomes for the Victorians that need that support.

The recommendations of the final report of the Royal Commission into Victoria’s Mental Health System recommended that the government establish a responsible and integrated mental health and wellbeing system. Again, that was emphasising the need for people to be able to access services locally in their own communities

throughout Victoria and also that that be done close to their families and informal support networks, if you like. The way it told us to do this was through the establishment of 50 to 60 mental health and wellbeing locals, so this budget includes \$77 million to deliver on our election commitment to deliver 50-odd local services across Victoria by 2026. Delivery of the first 27 local services is already underway, and this new funding will bring that up to 30, with planning for an additional 20. Our local services will ensure that all Victorians will have, importantly, free access as well as easy access to mental health care and wellbeing supports close to home. Importantly, you do not require a GP referral and you do not require a Medicare card – which is obviously important for those of us who have very significant multicultural communities; and I know that applies to you, Mr Galea, and your community – nor does it require people to meet strict eligibility criteria that might otherwise prove to be an obstacle to them getting the help that they need.

Last week I had the great privilege to visit the Frankston local, together with the Member for Frankston and the Member for Hastings. This local, to give you a sort of flavour of them, is delivered by Wellways in partnership with Mentis Assist and also Peninsula Health. Since it opened late last year it has supported hundreds of local community members through a range of different mechanisms, including group sessions, face-to-face appointments, telehealth and outreach, and in coming weeks it will be open for walk-ins as well. It is important to note that these are services whose modes of delivery are growing. They are sort of foundational at this point, and they will settle into their communities and indeed their service offering will begin to be enhanced over time, which is really important. And while there is a consistency to those that are opening across the state, they are also tailored to ensure that they are fitting into their own local landscapes and meeting the needs of their own local communities because, as we all know, every local community has a slightly different flavour depending on demographics, geography, a whole range of other issues. So these are a really good way of ensuring that you can get hopefully consistency of outcomes – that is the objective – but doing that in a way that is tailored to the needs of the local community.

Locals not only support Victorians to get the mental health care and support that they need wherever they live, they also, it is worth noting, represent a really significant return to the Victorian economy. Each ongoing local service is estimated to deliver about \$70 million in benefits over the next decade, and that is why we have seen our investment in our mental health system as just that: an investment, not a cost. We know that if we can avoid the most acute ends of mental ill health, then we keep people productively engaged in their communities, which of course is good for the economy, good for them and good socially for our local communities in avoiding a whole raft of costs that accrue if you do not make these investments and if you do not make them early in somebody's mental ill health trajectory.

This is a really exciting part of our reform agenda, our locals. I think it is fair to say they are very much a centrepiece of the royal commission's work. You could argue that there are many pillars of the royal commission's recommendations that could be cast that way, but I think for me the exciting part of the locals rollout is not only the scale – the fact that there are so many of them and they represent full statewide coverage – but also that emphasis on early care closer to home and being a doorway.

I emphasise the doorway aspect because one of the observations of the royal commission, and indeed an observation many of us will have made ourselves based on our constituents' experience or indeed our own or our family members' experience, is that these are systems that are really difficult to navigate. The mental health system is very difficult to navigate. If you have got co-occurring issues, which is common, whether that be AOD or other kinds of physical health complaints or chronic illness, these systems are incredibly challenging to navigate, particularly when you are asking somebody to navigate them at a time when they are ill equipped to be able to do so. At the best of times they are hard; at the worst of times they are even harder. So having a front door that enables somebody to walk in and have a team navigate that for them and connect them to what they need closer to home, so where they need it, is really important to ensuring that we are able to wrap around people early on in their journey.

Michael GALEA: Thank you, Minister. I am particularly excited about Narre Warren being one of the next three announced. That will make a huge difference in my community. Minister, could you please outline the importance of having these facilities close to home? For someone experiencing poor mental health or psychological distress, what does this mean to people, being able to access this high-quality care in their neighbourhoods?

Gabrielle WILLIAMS: Yes, sure and, look, I touched on that a little bit in my previous answer. I think we know that proximity is an important motivation for people being able to easily get this support that they need in their local communities. Obviously the spread of locals across the state ensures that no matter where you live one is close enough for you to be able to get to easily. We have in Victoria obviously challenges of geography, like everywhere in Australia. We have got metro areas which obviously have a range of different services more closely sort of congregated, but obviously as you move into rural and regional areas those challenges become more pronounced, and we are aware of that. These services are really a key part of ensuring that no matter where you live you have access to those services and to the multidisciplinary team that ensures that you can get that variety of different types of assistance that you might need, noting that everybody's journey will be a bit different. You might have people enter those services that only need sort of low-level supports, and then you will get others that need referral into sort of higher acuity areas of the mental health system.

Michael GALEA: Thank you, Minister. Thanks, Chair.

The CHAIR: Thank you, Mr Galea. The next 8 minutes belong to Mr O'Brien.

Danny O'BRIEN: Thank you, Chair. Good morning, Minister and co. Minister, can I just go back to the Lay report and just confirm that you have committed to release the Lay report that you have received in full?

Gabrielle WILLIAMS: I have said I would release the Lay report, and we will be releasing the Lay report with a government response.

Danny O'BRIEN: In full?

Gabrielle WILLIAMS: We will be releasing the Lay report with a government response.

Danny O'BRIEN: The report the government has received from Ken Lay – you will release the entire report?

Gabrielle WILLIAMS: What I have received I will be releasing. The Lay report will be released.

Danny O'BRIEN: Why won't you say 'in full'?

Gabrielle WILLIAMS: I am happy to say 'in full'. We will be releasing the Lay report in full.

Danny O'BRIEN: Thank you. Likewise, you said in response to the Deputy Chair that the Ryan panel was tasked with writing a report with recommendations for government for public release, and that is what they have done and that is what has been released.

Gabrielle WILLIAMS: Yes.

Danny O'BRIEN: But I understand there is a more fulsome report that Ryan provided to the government. Will that be released?

Lauren KATHAGE: Chair, just a point of order.

The CHAIR: Thank you. Ms Kathage on a point of order.

Lauren KATHAGE: I think we are not sticking to reflections of the budget papers and instead are casting a historical eye over previous reports. I think it would be good if we focused on the initiatives that are outlined in the budget papers.

Danny O'BRIEN: On the point of order, Chair, budget paper 3, page 60 –

The CHAIR: Mr O'Brien, please wait until I call you. On the point of order.

Danny O'BRIEN: Budget paper 3, page 60, specifically references the North Melbourne medically supervised injecting room. Do you want me to lay it out any clearer, or do you want to just waste some more time?

The CHAIR: Mr O'Brien, I will remind you to be respectful to witnesses and to members of this committee.

Danny O'BRIEN: Well, government members could be respectful to us asking our questions, which are specifically related to the budget, Chair.

The CHAIR: Mr O'Brien, could you please bring your questions back to the inquiry before us, which is the budget estimates 2023–24. Thank you.

Danny O'BRIEN: I have just demonstrated it is specifically in the budget.

The CHAIR: Thank you, Mr O'Brien.

Danny O'BRIEN: The question stands, Minister.

The CHAIR: Mr O'Brien, I have just asked you to bring your question back to the inquiry here at hand. You are referring back to reports that are historical in nature –

Danny O'BRIEN: Which are directly related to the funding provided in this budget for the medically supervised injecting room. What more do you want me to provide, Chair?

The CHAIR: Mr O'Brien, I am conscious of your time. Did you have another question you would like to ask?

Danny O'BRIEN: I am very conscious of my time too.

The CHAIR: Thank you, Mr O'Brien.

Danny O'BRIEN: The question was asked in the first set of questions. What is wrong with asking it again?

The CHAIR: Thank you, Mr O'Brien.

Gabrielle WILLIAMS: I am happy to offer some preliminary comments –

Danny O'BRIEN: Thank you.

Gabrielle WILLIAMS: if that helps, Chair.

The CHAIR: Thank you, Minister.

Gabrielle WILLIAMS: Thank you, Chair, and thank you, Mr O'Brien, for your question. I think you mean the North Richmond medically supervised injecting service – just noting that you said North Melbourne before.

Danny O'BRIEN: Sorry.

Gabrielle WILLIAMS: No, that is okay. Just for clarity, it is important. As I have outlined, the terms of reference for the Ryan panel were to produce a set of recommendations and a report for government for public release. That is what they have done, and that is what has been released. It should be noted that they have included within that report a significant number of observations and recommendations that the government is both considering and has already started to implement, a core part of that and a centre point of their recommendation being to make that service ongoing, which we have now done through legislation in the Parliament. I think it is worth noting in terms of the recommendations that came out of the report the observation that that service is meeting its core legislated objective of saving lives.

Danny O'BRIEN: Okay. This is getting away now from the question I asked, but I thank you for your answer, Minister.

Gabrielle WILLIAMS: I do not actually think it is. With all due respect, Mr O'Brien, it is not, because I am quite concerned that there might be a suggestion that casts aspersions on the recommendations or the –

Danny O'BRIEN: No, no, it was just about the full report. Can I move on, Minister, and ask: is the government considering mobile injecting room buses?

Gabrielle WILLIAMS: Again, your questions go to matters that have been considered by Mr Lay, who has considered a whole raft of matters that have come to him through his numerous consultations, and it should be highlighted that he has been doing his work over a number of years through multiple phases of consultation. I am not going to be drawn into speculation about what is or what is not being speculated.

Danny O'BRIEN: You will not rule it out?

Gabrielle WILLIAMS: Mr O'Brien, I think you would appreciate in the context of what I have said earlier – I have a report, I am considering a report, there will be a government response and the report itself will be released – that I am not in a position to rule anything in or out, and it would not matter how obscure or obtuse a model you might throw at me, I would have to give the same answer. Any attempt to read into or interpret anything I say on that would be nefarious – I might even say malicious –

Danny O'BRIEN: Yes, that is fine. Thank you. I understand.

Gabrielle WILLIAMS: it is just really important to say. In due course the report will be released and we will have a comprehensive government response.

Danny O'BRIEN: Sure. In your presentation, Minister, you indicate on slide 3 that there is \$776 million in the budget for mental health and AOD, but budget paper 5, page 16, indicates that the mental health and wellbeing levy will raise \$912 million. What is the difference? Does it go back to consolidated revenue?

Gabrielle WILLIAMS: No. Bear with me –

Danny O'BRIEN: Budget paper 5, it states \$912 million.

Gabrielle WILLIAMS: Yes, I am just getting the information.

Danny O'BRIEN: But your presentation says \$776 million. I guess the key question then, Minister, is: will all the mental health and wellbeing go back to mental health? Budget paper 5, page 16.

Gabrielle WILLIAMS: Thank you for your question. I will try to explain that as clearly as I can, but Katherine may want to add to that. Effectively there is some money flowing this year, but there is also obviously a significant amount of money still flowing through the budget from previous years – some \$6.5 billion of investment – so I think it needs to be seen in that context, not as a standalone. Katherine, is that a good summary?

Katherine WHETTON: Yes, and I will add that in 2023–24 it is estimated that \$912 million will be expected to be raised by that levy, and then it is also important to note with the government investment that has been made over the past few budgets now that that funding is all still flowing out through the system, so in 2023–24 there is \$2.9 billion that is actually flowing through the system.

Danny O'BRIEN: Sorry, in terms of revenue or in terms of spending?

Katherine WHETTON: Expenditure.

Danny O'BRIEN: So the mental health and wellbeing is fully hypothecated back to mental health? The levy?

Gabrielle WILLIAMS: The levy, yes. The commitment with a designated revenue source was that this was obviously a guaranteed revenue source for the mental health system. That was a commitment that was made, and that is what is being delivered.

Danny O'BRIEN: Okay. Minister, last week forensic counselling services in Frankston – you mentioned you were actually there – were all on hold with people unable to join a waitlist for court-ordered drug and alcohol counselling. Where in the budget is there an additional allocation of resources to expand court-ordered drug and alcohol counselling in the Frankston region?

Gabrielle WILLIAMS: Was that a reference to a particular service, Mr O'Brien, or –

Danny O'BRIEN: From the court in Frankston.

Gabrielle WILLIAMS: From the court?

Danny O'BRIEN: Well, forensic counselling services in Frankston were all on hold. No-one could get in anywhere.

Gabrielle WILLIAMS: I will take the question. Bear with me.

Danny O'BRIEN: Basically the question gets to whether there are any additional resources allocated to expand drug and alcohol counselling in the Frankston region, specifically with respect to court orders.

Gabrielle WILLIAMS: Yes, just bear with me. I am just trying to pull out the relevant information for you, Mr O'Brien.

Danny O'BRIEN: If you could come back to it, Minister, that would be great.

The CHAIR: Thank you, Minister. Apologies, Mr O'Brien; your time is up. We are going to go straight to Ms Kathage.

Lauren KATHAGE: Thank you, Chair, Minister and staff. I also want to talk about alcohol and other drug services. Budget paper 3, page 54, there is an output there 'Drug treatment and rehabilitation'. Could you please outline how this investment will support Victorians living with addiction to rebuild their lives?

Gabrielle WILLIAMS: Yes, sure. Thanks, Ms Kathage, and I know this is an issue that is close to your heart and many others in the Parliament who have had experience with constituents and others in their lives who have battled with addiction and co-occurring challenges with that. This investment through this budget funds 84 new AOD workforce trainee positions over two years. Effectively that program provides 12 months of paid employment for trainees at AOD services, plus support to complete a certificate IV in AOD work. Participating services are also provided with funding for dedicated supervision of trainees, which we know is really important to contribute to trainee experience but also trainee learning. Now, this program creates paid entry-level roles which attract people who may not be able to enter the sector through the usual pathways, and the approach particularly benefits people with lived experience as well as those with a strong interest in AOD work seeking a career change out of unrelated fields in particular and people who studied AOD during the pandemic but were unable to complete their placement and become qualified, which we know was a challenge for many. A successful pilot of this model was undertaken in 2022–23 in rural and regional Victoria. It was established in response to concerns around projected workforce attrition through retirement and sector change and increased demand for AOD skilled workers from the mental health sector. Now, the pilot recruited locals to full-time paid roles in AOD services to allow them to build skills and connections to local service networks while undertaking their studies in AOD work. So the pilot generated 18 new entrants into the AOD sector across Victoria, including in Warrnambool, Shepparton, Echuca, Wallan, Morwell and Traralgon, and I am very pleased to report that the majority of the trainees through that program have now moved into ongoing roles at their host organisations. So we know it is working, which is great.

The trainees will have access to the range of workforce development activities provided to the AOD sector, including of course specialised training through the Elevate! program, which is managed by VAADA, the Victorian Alcohol and Drug Association, and that program includes some accredited training through AOD sector registered training organisations. People who are commencing their formal studies in AOD will be able to undertake their certificate IV in AOD work through that program, and additional opportunities to gain micro-credentials are also provided to upskill staff in mental health as well as family violence and trauma-informed care, again with the emphasis on the fact that people rarely enter the system with just one challenge. There are usually multiple, so making sure our teams are multidisciplinary and can talk to that variety of challenges or at least know the right referral pathways is really important to ensure that we are closing the cracks that people could otherwise slip through.

So the attention paid to the development and supervision of these trainees will set them up for success and provide what we know will be a really richly diverse workforce for Victorians seeking AOD support. We can

never underestimate the value of this workforce nor the importance of diversity. We know from being representatives in this place how important it is that we represent or reflect the diversity in our community. It is important for services to be able to do this as well. So our recruitment efforts into these sectors really are focused on ensuring that we have the right experience and expertise and lived experience to ensure that we are providing a workforce that can adequately support those who rely on it.

Lauren KATHAGE: Thank you. And just stepping back, Minister, we have spoken a bit about services in the city, in North Richmond et cetera. Budget paper 3, page 60, has information on services. I just wonder about access to opioid therapy for people across the state.

Gabrielle WILLIAMS: Yep, great. Thank you, Ms Kathage. Opioid dependence, we know, can have a really significant impact on individuals but also on their families and supporters and indeed on the general community, which we saw in North Richmond and which indeed was a motivating factor for standing up the medically supervised injecting service there. There is incredibly long established evidence for the use of opioid pharmacotherapy as a treatment for opioid dependence, and that is why in the 2023–24 budget we are investing close to \$10 million to expand these services and help address current service gaps. We are also expanding nine existing metro and regional specialist pharmacotherapy clinics to help reduce reliance on community-based prescribers, and this investment will deliver additional staffing and also case management, boosting services to an estimated 360 people a year. Now, that additional surge funding will allow my department to respond where there is a sudden change in prescriber access in a local area, which is really important. It can obviously have a very sudden impact to a local community if a local prescriber is no longer online, and that funding will allow continuity of patient treatment in the short-term through measures like the establishment of pop-up clinics, provision of nurse practitioner prescribers and expanded capacity of local state-based services as well. And these initiatives were first trialled by the department last year following the retirement of a very well known prescriber and were proven effective at combating some of the shortage of prescribers in specific geographical regions as a short-term measure and also in ensuring continued access to treatment now and into the future.

Additional funding will also support new clinical placements for GPs, clinical supervision, education and also mentoring across Victoria and expanded peer-based case management as well, as well as coordination and liaison via the pharmacotherapy, advocacy and medication service, or PAMS, which helps connect prescribers with opioid pharmacotherapy prescribers and also pharmacists, who can do that work as well. The funding will help minimise the number of patients that are presenting to emergency departments in acute withdrawal and support those that are struggling with addiction to get the support that they need to live a better life.

The value of these options is really significant. I know when I was down at the North Richmond injecting service it was one of the many initiatives that the staff there – as well as, through them, users – were talking about the value of: that this can prove a really valuable and important pathway for them out of addiction. So I think this funding is very welcome, to that end, of course noting our need to really grow within our workforce more specialists in this area, those who are willing to prescribe but also those who bring their knowledge and passion for this area of medicine to local communities. Obviously the work being done through that pilot and now being continued ensures that we are able to fill those gaps where they are needed and in doing so achieve the best possible outcomes for our local communities and particularly those with drug dependency who might be trying to find alternatives and pathways out.

The CHAIR: Thank you, Minister. Right on time. I hand back over now to Mr O'Brien for the next 8 minutes.

Danny O'BRIEN: Thank you, Chair. Minister, can I just go back to AOD. Will any additional AOD treatment and withdrawal beds be opened with the funding outlined on page 60 of budget paper 3?

Gabrielle WILLIAMS: What was that, sorry? Can you please repeat that?

Danny O'BRIEN: Will any additional AOD treatment and withdrawal beds be opened with the funding outlined on page 60 of budget paper 3?

Gabrielle WILLIAMS: Sure. Thank you, Mr O'Brien. What you can see there is that expenditure for AOD services in 2023–24 is going to total \$372.4 million, which is an increase of 21.5 per cent on last year. That also builds on previous investments made to implement the royal commission's recommendations that all mental health services offer integrated mental health and AOD care, which is a very important recommendation – to go

to point I know I have laboured a couple of times now about co-occurring issues – ensuring that our AOD services are given not only visibility but are a feature of our mental health services as a key part of the work that is currently underway. Research shows us that AOD investment returns about \$7 for every dollar spent on avoided health, justice and social and economic costs –

Danny O'BRIEN: Thanks, Minister. Can I come back –

Gabrielle WILLIAMS: I am getting to the budget investment and to be able to detail some of that for you, Mr O'Brien. This budget invests an additional \$255.2 million for AOD treatment, rehab and harm reduction services. That involves \$45 million to continue the medically supervised injecting service in North Richmond, plus \$11.7 million for related outreach services in North Richmond and in the CBD. Now, this is something you –

Danny O'BRIEN: Sorry, I was specifically asking about AOD beds with the organisation.

Gabrielle WILLIAMS: I am getting there as my next point, Mr O'Brien. There will be \$63.9 million to continue the 145 essential residential rehab beds to ensure that people can access the services they need closer to home. That includes 57 adult beds across six metro, rural and regional locations and 80 treatment and withdrawal beds for adults and young people across three facilities in Corio, Traralgon and Wangaratta. There is also \$1.5 million –

Danny O'BRIEN: Are they the existing facilities, Minister?

Gabrielle WILLIAMS: Bear with me, Mr O'Brien. There is also \$1.5 million to continue Turning Point's AOD Pathways program to ensure that people are efficiently matched with the services that they need. I have just spoken to the \$10 million to expand opioid pharmacotherapy services. It is really important to note that any bed-based service has as a wraparound –

Danny O'BRIEN: I understand what is important. I have only got limited time, Minister, and I just want to know about beds.

Gabrielle WILLIAMS: And I have touched on some of that, Mr O'Brien.

Danny O'BRIEN: You have touched on it. Can I now ask where exactly they are going to be –

The CHAIR: Mr O'Brien, please pause for a moment.

Danny O'BRIEN: Oh, come on, guys, seriously –

The CHAIR: Mr Hilakari on a point of order.

Danny O'BRIEN: You are going to make this really unpleasant if you keep doing this.

The CHAIR: Mr O'Brien! Mr Hilakari.

Mathew HILAKARI: You have asked a question on beds and AOD beds, and the minister is going directly to those, outlining the number and the place. The minister should be entitled to answer the question.

Gabrielle WILLIAMS: Yes, and I am getting to your exact –

Nicholas McGOWAN: On the point of order –

The CHAIR: Mr McGowan, please wait till you are called. On the point of order.

Nicholas McGOWAN: On the point of order, if we are going to ask the ministers questions and all they are going to do is talk out our time, then it defeats the entire purpose of us being here. Mr O'Brien has asked the question on numerous occasions. The minister continues to wax lyrical about things that are completely irrelevant. Furthermore, other members of this committee taking points of order, taking up Mr O'Brien's time – including mine now, which I am very conscious of and have held off doing – wastes the entire process today and for the next couple of weeks. We may as well shut it down.

Gabrielle WILLIAMS: I am really eager to add to it, but if you guys want to keep arguing among yourselves, please go for it.

Danny O'BRIEN: Can I move on, Chair?

The CHAIR: Mr O'Brien, I have not ruled on the point of order.

Danny O'BRIEN: Can I please move on?

The CHAIR: On the point of order, you have asked the minister a question, and she is now saying that she is trying to respond to you. Would you please afford her the time to respond?

Gabrielle WILLIAMS: Directly to beds, if you would like me to respond to that, it is really important to note, like so many sectors at the moment, that part of any response around adding additional beds also goes to – beds are not literal beds. Beds mean workforce, and we are proactively trying to add to the workforce, which adds our capacity in the system. I have gone to great lengths to explain the beds that are currently on line and being continued, and obviously across the mental health system and AOD system we are adding supports. But a key part of that, Mr O'Brien, is our investment into new, in this particular case, AOD workforce positions – I have talked about them a little bit – which then allow us to be building our capacity in the system.

Danny O'BRIEN: Okay. I wanted to know about new beds. Can I ask: is there funding in the budget for additional AOD residential beds in Warrnambool, Shepparton, Frankston or the Latrobe Valley?

Gabrielle WILLIAMS: I can give you the extensive list of where our beds are, if that helps you, Mr O'Brien. We have residential rehabilitation beds in Lower Plenty, in Lucknow, in Healesville, in Box Hill, Traralgon, Corio and Wangaratta; and as I have outlined, Mr O'Brien, significant work going to increase our AOD workforce, which is entirely designed to be able to boost our capacity, which goes to beds; and also to add to that, Mr O'Brien, a new AOD facility opening in 2025 in Mildura, which may also be of interest to you. So we have lots of work in train to be opening additional services, including in regional and rural Victoria. A key part of that, though, is never to confuse the idea of a bed as being a literal space, a literal bed in a hospital. It is entirely about workforce, and so you cannot talk about one without the other. You have to be able to be nimble and intellectually bright enough to accept that 84 new AOD workforce trainee positions are going to that exact issue of capacity, which is what you are talking about with beds.

Danny O'BRIEN: Okay. Minister, the areas you have just listed – could you provide to us on notice the beds for each of those areas, as well as for Mildura?

Gabrielle WILLIAMS: In terms of the number of beds in each of those areas?

Danny O'BRIEN: Yes.

Gabrielle WILLIAMS: I can provide those to you. I had those handy just before. Lower Plenty is 16 beds.

Danny O'BRIEN: Sorry, this is new beds funded in this budget?

Gabrielle WILLIAMS: I have explained to you that those are continued funding for beds, plus the work –

Danny O'BRIEN: No, I am asking specifically new beds in this budget.

Gabrielle WILLIAMS: As I have outlined to you, Mr O'Brien, we have got a new facility coming on line in 2025 in Mildura –

Danny O'BRIEN: Okay.

Gabrielle WILLIAMS: Hang on, Mr O'Brien. We have also got significant work into workforce –

Danny O'BRIEN: No, I am asking in this budget. If the minister is not wanting to give me that –

Gabrielle WILLIAMS: You cannot look at the funding for beds without also looking at the funding for workforce, Mr O'Brien. That is what I am trying to say. Your issue goes to capacity in the system, and we are investing in capacity in the system through significant investment into workforce, which grows our capacity.

Danny O'BRIEN: Can I please move on?

Gabrielle WILLIAMS: You cannot separate out the two, and to try to separate out the two, Mr O'Brien, would be very –

Nicholas McGOWAN: So what is the additional capacity?

Gabrielle WILLIAMS: Eighty-four additional workforce trainees funded through this budget, Mr McGowan, which is a significant boost to our workforce capacity in the system. You cannot have a bed without having a workforce to service that.

Nicholas McGOWAN: If you have no beds, then they have got no-one to service. You can have all the employees in the world.

Gabrielle WILLIAMS: But of course we have a range of different workforce initiatives across our mental health investment which are designed to be able to grow the capacity.

Nicholas McGOWAN: If you have no new beds, it does not matter how many staff you have.

The CHAIR: Mr McGowan, you have repeated that a number of times.

Gabrielle WILLIAMS: I think I have spoken about what is underway, Mr McGowan, specifically in Mildura.

Danny O'BRIEN: Can I move on in the brief time I have got left, Minister?

Gabrielle WILLIAMS: But you need to understand that to grow capacity in the system we need to be able to grow our workforce.

Danny O'BRIEN: You need to understand I have got no time, Minister. You have not answered my question, and I want to move on to something else.

Gabrielle WILLIAMS: That is one initiative, but I should also highlight that there are a range of others across the mental health –

Danny O'BRIEN: Okay, just keep talking, then. Just keep talking. Do not worry about answering questions.

The CHAIR: Mr O'Brien, please ask your next question.

Danny O'BRIEN: I have got 3 seconds left, Chair.

The CHAIR: Thank you, Mr O'Brien. Your time has expired.

Danny O'BRIEN: This is a joke. You guys are a joke.

The CHAIR: We will go to Mr Hilakari.

Danny O'BRIEN: You have got no interest in accountability or transparency, and you should be embarrassed about yourselves.

The CHAIR: Mr O'Brien, your time is up. Mr Hilakari.

Mathew HILAKARI: Minister and department, thank you very much for your attendance this morning. These are not always easy things to attend, so I thank you for that time. Minister, I would like to draw you to high-quality and therapeutic beds and bed-based services in budget paper 3, page 55, if you are minded to go there. Can you explain why the implementation of this initiative is so important and particularly related to mental health clinical care?

Gabrielle WILLIAMS: Sure. Thank you, Mr Hilakari. Look, the royal commission reforms will ultimately see more people treated in the community, and there will always remain, sadly, some people who require a period of care in an acute setting. It is actually a nice segue from that previous discussion, because while we

often emphasise those acute settings, and they are very important, obviously the idea would be to provide people with supports earlier on in their trajectory to keep them out of those acute settings. That is very much at the heart of the royal commission's recommendation, with the \$6.5 billion of investment into our mental health system so far.

But to your question around bed-based services, we know, and I am sure you are familiar with the fact, that they provide care to the acutely unwell in the mental health system or those at risk of becoming acutely unwell but also those in recovery from being acutely unwell. So the term 'bed-based service' is used to describe various settings, and I think that is worth noting, where residential mental health treatment, care and support are delivered. That can include, for example, in a person's home. It can be in the community or in a hospital. Although we know that for some, who may not be as familiar with the system, our minds tend to go straight to hospital, bed-based services move beyond just hospital settings.

The royal commission's interim report recommended that the government address immediate needs of the system by providing funding to deliver 170 additional youth and adult acute mental health beds to address those critical demand pressures that it spoke to in its report. This includes a recommendation for more home- and community-based alternatives. The 2023–24 state budget helps deliver on this recommendation by providing \$156.6 million over four years to increase the availability of bed-based mental health services in Victoria. This includes funding to make operational the 22 new mental health beds at the Royal Melbourne Hospital as well as the 24 Hospital in the Home beds at Orygen and Barwon Health, fully implementing the Victorian government's commitment to provide 144 new acute mental health beds in the north-west metro region and Geelong following the release of the royal commission's report. The funding also includes almost \$17 million to open the state's first publicly funded residential eating disorders treatment centre and for Orygen to undertake a strategic business case for a potential new youth acute inpatient unit at the Parkville youth mental health precinct.

In recognition of what we know about mental illness not occurring in isolation to other health conditions – I know a point I have laboured several times already – close to \$5 million has also been provided in the budget for increased consultation liaison psychiatry services, which provide mental health services to patients in physical health wards who may also have significant mental health problems or clinically significant distress associated with their medical illness. I think that is really important – that we are looking at how to connect up different systems. I spoke before about needing to close the cracks that people slip through. I think our consultation liaison psychiatry services are a really important way of doing that, acknowledging that our mainstream health system, for want of a better term, provides a great opportunity to be able to identify where other challenges exist and therefore be able to ensure that people are connected to the services that they need, and that is one way of doing it.

But that is not all. This budget will also operationalise 28 beds delivered by Bendigo Health and Western Health plus an additional 10 beds currently under construction at Westside Lodge, which I think is in St Albans, from memory. That offers residential treatment to adults experiencing co-occurring mental health and substance use and addiction issues, which also goes to the previous discussion we were having around beds. In some respects, increasingly, it is probably going to be a bit artificial to be talking about just AOD in isolation without also acknowledging that part of our work is to acknowledge where there are co-occurring issues, which means that there are opportunities to address AOD challenges for those who may find themselves in the mental health system and have their AOD issues identified in there. Again, building a connected and nimble system is at the heart of our reform agenda and is very important in terms of ensuring the best possible outcomes for patients.

We do not live our lives in silos, despite the fact that government organises itself in silos, and so so much of this reform agenda is about closing those gaps, making sure that we are operating in a more integrated way. We know that co-occurring mental health and alcohol and other drug issues add complexity to assessments, to diagnosis, to treatment and also to recovery, so that operational funding that I referred to is an integral part of our commitment to deliver that comprehensive, integrated treatment for people with co-occurring experiences of mental ill health and substance use, which goes directly to one of the royal commission recommendations, recommendation 35.

The royal commission also recommended that government fund 170 new acute mental health beds. Since that interim report in 2019, because you will remember we started that work as a matter of priority – it includes funding in this budget as well – we have funded 179 new beds. We have effectively exceeded what was asked

of us by the royal commission. In addition to the beds described above, we have funding for other services, including the 16 beds at Barwon Health, which are now open; 30 acute mental health beds at Northern Hospital, which are opening this year; 52 acute mental health beds at Sunshine Hospital, opening later this year; and 35 public acute mental health beds providing a specialist women's mental health service in partnership with a private provider. This investment will ultimately help to reduce acute care waiting times and ensure that more Victorians can get the mental health support they need closer to home.

I have always been really open about the fact, as I was in my opening remarks, that we have a very significant 10-year reform agenda. It may not always be fully appreciated, particularly by our opposition members, but what this royal commission reform agenda sets out is a from-the-roots-up transformation of our system. It is incredibly comprehensive. It is incredibly complex work. And of course side by side, while we try to invest in the infrastructure that we need and the system change we need – and of course that involves putting the voice of lived experience at the heart of this reform agenda as well, while also working closely with our clinical workforce and other community-based workforces – we need to grow those workforces in very challenging environments where we know across our health system and across our social services system there are very significant workforce shortages. I labour that just to emphasise that we should never be flippant about either what we have done but also how much work there still is to do and how much work is involved in building the capacity of our system for future generations.

Mathew HILAKARI: Thank you.

The CHAIR: Thank you, Minister. I will now hand over to Ms Sandell for the next 8 minutes.

Ellen SANDELL: Thank you, Chair. Good morning, Minister. I would also like to take you to budget paper 3, pages 54 and 60, around the medically supervised injecting facility. Have you met with Mr Lay to discuss his findings?

Gabrielle WILLIAMS: No, not yet, Ms Sandell. Having only recently received his report – and as I said, it is quite comprehensive – I am still working my way through that report. We will have more to say about that once we have also been able to devise our government response to it, but I have not spoken to him directly about his report as yet.

Ellen SANDELL: And you have not spoken to him previous to him giving you the report?

Gabrielle WILLIAMS: I had spoken to him after I of course came into this portfolio about the work that he was doing but obviously left him to do his work given it is a very comprehensive piece of work that has been significantly interrupted by a pandemic along the way, which of course also threw up the possibility of changes to the environment that he had been looking at. So that was the latest iteration of his work – to look at whether there was any change in patterns of drug harm through the city given the changes to the city, which I know, given your electorate, you will be well familiar with some of those changes. I am sure I will get an opportunity to speak to Mr Lay at some point.

Ellen SANDELL: Has he requested a meeting with you to discuss this report?

Gabrielle WILLIAMS: No, not at this point that I am aware of. I am sure at some point I will have an opportunity to thank him for his work, because being about three-quarters of the way through that report and going through it with a fine-tooth comb at the moment, I can see how much work he has put in.

Ellen SANDELL: Yes. Given that you have spoken to him previously, I am sure you are very aware of the drug harm that is happening in the city at the moment. My understanding is about one person a month is dying of an overdose, which is devastating not just for those families but also for the people who live around those areas as well. So I guess the question is: what is there in this budget, perhaps in that \$51.2 million, to address drug harm happening in the CBD while we wait for the government's response?

Gabrielle WILLIAMS: Thanks, Ms Sandell, and I know that this is an issue that you are genuinely very passionate about. Indeed, you referenced not just Mr Lay's work around looking at drug harms in the CBD but the existing service providers, and they are obviously service providers that I would meet with – most recently Cohealth, for example, who run a range of services in the CBD and who are always very willing to share with me the data around drug harms. And you are right: they persist, and the data is very concerning. I do not think

anybody sitting here in my position could say anything otherwise. In terms of what is in the budget, you would have seen a budget item line around outreach services, which are split into two parts, one around North Richmond but the other around Melbourne CBD. That will go to continuing the work of services like Cohealth to ensure that they can continue the outreach that they are doing in the CBD, which is obviously important for a range of reasons and no doubt would have been important to Mr Lay in his work to get a sense of those patterns of drug harm as well. I look forward, following my comprehensive consideration of the Lay report, to saying more on the issues that you are talking to.

Ellen SANDELL: And I guess my understanding is that drug harm has only increased in the city since the pandemic, so you talk about changing patterns of drug harm, but I think it has been pretty clear for a long time that there has been significant harm. So why the delay? I know you talk about the changing patterns of drug use, but actually it has only got worse, so why not just make a decision?

Gabrielle WILLIAMS: Look, that goes to the very work that we are considering at the moment with the review by Ken Lay, noting what I alluded to before, particularly with the impact of the pandemic: making sure that whatever solutions we might come up with or might wish to invest in reflect the environment as it is today, not the environment as it was prepandemic. I know your concern around rising drug harm is one that is shared by the service providers in the city, and of course they are great partners to the government in ensuring that we are offering the adequate supports to people, but I think in light of the report that is currently sitting with me from Mr Ken Lay, there will be more opportunity for us to have greater comment on those issues in the future once we consider his recommendations and issue our response to it.

Ellen SANDELL: Thank you. I appreciate that. You mentioned that the government is not considering medically supervised injecting facilities in other areas of the state. The Hamilton review, which you mentioned, did show that while the harm was greatest in the CBD there are many other areas across the state, from Dandenong to St Kilda to Geelong, that are also experiencing drug harm, so why isn't the government considering medically supervised injecting facilities in these areas? Presumably where you live you still have a right to be resuscitated and a right to receive health care, wherever you are.

Gabrielle WILLIAMS: Thanks for your question, Ms Sandell. I think I was very clear that we have been very prescriptive at this point about plans, and that has been based on drug harm data and where we can see in the system that it is particularly acute – North Richmond obviously being part of that and Melbourne now, following the Hamilton review, being the other part. These are significant undertakings, and I do not think that can be underestimated. A lot of work goes into not only standing up a service but ensuring that we get it right, and obviously the North Richmond Community Health service and its work in the medically supervised injecting room there has provided some good insights to us – and the Ryan review itself goes to this – in terms of the improvements that need to be made, while also reassuring us that the service itself is achieving its objective. The prediction is that that has saved up to 63 lives so far and avoided some 6000 overdoses, and it should be worth noting on that that in avoiding 6000 overdoses that is more than 6000 ambulance call-outs avoided, because usually it is not just one ambulance called out; it is often two. So the data is very compelling, but the service composition is also very complex. It is not just the injecting service; it is obviously ensuring that you have got the wraparound supports there as well.

Ellen SANDELL: I might just – sorry to interrupt you –

Gabrielle WILLIAMS: Sorry, I will get to it. The work taken to get us to this stage of being able to consider the Lay report I think highlights how complex this work is and gives us plenty to be moving forward with in the period ahead.

Ellen SANDELL: And in relation to eligibility criteria around the North Richmond facility, people who are under 18, people who are pregnant, people who are on court orders and people who need peer or partner assistance with their injecting are not able to access this facility. Presumably these people have every right to be resuscitated and receive health care as much as anybody else who is using drugs, so why are we excluding them from the North Richmond site?

Gabrielle WILLIAMS: I think it is worth noting on that one that those are very challenging issues for a couple of reasons. There are some really complex medical issues associated with some of those cohorts, and –

Ellen SANDELL: Therefore they need the care that that service provides.

Gabrielle WILLIAMS: Yes, I will get to other ways of supporting them. The overarching remark is that there are some medical complexities around some of those cohorts. There are also some social complexities, particularly with peer and partner injecting. And I say this with a former hat on, that of the Minister for Prevention of Family Violence: coercive behaviours in that context can be insidious and hard to necessarily identify or observe, and what we would not want to see is a situation where a coercive behaviour is being facilitated or encouraged. So that goes to some of the social challenges. In saying that, your broader point about these people needing support too is right, which is the very reason we have been looking to enhance our outreach services in those areas for those who are not using the injecting service for whatever reason. For some, they may not wish to; for others, they may not meet the eligibility criteria. But it is ensuring that we still have options to give them support.

The CHAIR: Thank you, Minister. The time has expired. The last 8 minutes will go to Mr Hamer.

Paul HAMER: Thank you, Minister. Thank you, officials. I would like to talk about suicide prevention, and before I begin, I would just like to say to anyone who is watching this broadcast and might be distressed that support is available and you can contact Lifeline on 13 11 14.

I noticed that there has been an increase in suicide numbers in 2022 compared to previous years, and I noticed that part of our budget response is in 'Priority suicide prevention and response efforts', which is in budget paper 3, page 64. I was wondering if you could just explain that initiative a bit more and how that will address suicide frequency.

Gabrielle WILLIAMS: Thank you, Mr Hamer. And thank you for your thoughtfulness in highlighting where support can be gained, because these are challenging issues that can be triggering for many. I am very mindful of that in speaking about these issues at any time. I think it is more than fair to say that any death by suicide is one too many, and the impact on family and friends and local communities of any death by suicide is simply devastating. The impacts indeed run deep, and I have seen this within my own extended family.

As you have mentioned, the increased frequency of suicide in Victoria is very troublesome, and we are also seeing it, sadly, replicated in other jurisdictions as well. It appears to be an upward spike that is certainly nationwide and I imagine may well even be global. I will say this at the outset before answering your question more substantively: we should be cautious about drawing any conclusions about that upward trend, as many of those deaths are still under investigation by the coroner to understand the complex factors contributing to those deaths. So I will not get into speculation, although of course as a policymaker those issues are always of interest in due course.

Nevertheless, we are not wasting a day in providing the support and prevention services necessary to help reduce the risks of suicide in our community. In this budget we have committed an additional \$17.7 million over three years to support priority suicide prevention and response efforts. That includes delivering new co-designed aftercare services for LGBTIQ+ people, and I referenced previously the fact that this is a community that is disproportionately represented in suicide statistics, in suicide attempts and indeed more broadly in any measures around mental ill health, probably unsurprisingly. Sadly, more recently we have probably seen reasons why that might be more prevalent at this point in time, when there is very public discussion around the value of these communities.

We are also continuing to deliver the Strong Brother Strong Sister suicide prevention service for Aboriginal young people and continuing to deliver the Youth Live4Life suicide prevention services for young people living in rural and regional Victoria as well. This is obviously in addition to the continuation of universal aftercare services, which includes transitioning eight Commonwealth aftercare services to Victoria's hospital outreach post-suicidal engagement – otherwise known as the HOPE program – from 1 July this year. So that investment builds on our previous commitments of \$173.4 million in the 2021–22 state budget and then \$21 million in the 2022–23 state budget to implement suicide prevention and response related recommendations from the Royal Commission into Victoria's Mental Health System. I hope I would not need to say it, but it is clearly a very high priority for me, and I know that there is a significant amount of work to be done. And on that, we are in the process of developing a suicide prevention strategy that will be released – I think it is later this year from memory – which offers us more opportunities to see what is needed in our system and how we can support that work going forward in a more coordinated and comprehensive way. Obviously, these are issues that require us to not only look at community cohorts as to what is needed, particularly in over-

represented communities, but also how our system can best respond and where those early intervention opportunities are.

Paul HAMER: Thanks, Minister. On page 64 it mentions that funding is provided to continue universal aftercare services as part of a bilateral agreement between the Commonwealth and the Victorian government. I was just wondering if you could explain how that partnership with the Commonwealth is working to help address suicide.

Gabrielle WILLIAMS: Yes, sure. Thank you, Mr Hamer. So under that bilateral agreement Victoria and the Commonwealth are funding those universal aftercare services to support individuals following a suicide attempt or a crisis. We have so far invested \$100 million in this program since 2021 under that bilateral agreement, and this year the Commonwealth has provided an additional \$15 million under the agreement. So that new funding is to transition those eight Commonwealth-funded aftercare services to our HOPE program model, which I alluded to earlier, and this funding will ensure continuity of service and care for consumers and allow the government to deliver on the royal commission's interim report recommendation 3 to fund all area mental health services to offer the HOPE program, including outreach to subregional areas as well. So those eight aftercare services that will be transitioning include Bairnsdale, Bright, Dandenong, Darebin/Whittlesea, Horsham/Wimmera, Mildura, Seymour/Kilmore and Warrnambool – some very significant regions in there.

That program, the HOPE program, will provide enhanced support and outreach for people leaving an emergency department or medical ward following treatment for an attempted suicide or where they have been seriously through a planning process for suicide or indeed, you know, have expressed intent. These are people clearly in very high states of distress.

Results from the two-year HOPE program evaluation have shown that that program has reduced the rate of self-harm presentations to emergency departments and suicide-related deaths for HOPE program clients, so we know that it is achieving its objectives, which is very heartening. And we estimate that continued operation of the HOPE aftercare service at those eight sites from the middle of this year would support about 1630 Victorians each year as well.

So there is lots of work underway with our federal counterparts. It is a partnership that we are very grateful for and one that we hope to be able to build on over time, and it is one that, particularly through the HOPE program, is really delivering benefits for our community.

Paul HAMER: Thanks very much, Minister. And with 15 seconds I might just stop it there. Thank you.

The CHAIR: Thank you very much, Mr Hamer. That is the end of the questions for today, Minister.

Minister and department officials, thank you very much for appearing before the committee today. The committee will follow up on any questions taken on notice in writing, and responses are required within five working business days of the committee's request.

I will say that there have been some sensitive issues and topics talked about today, and anyone that is here or who may be listening on the live stream that needs to reach out for help, help is available, and you can call Lifeline on 13 11 14 or Beyond Blue on 1300 22 4636.

The committee will now take a short break before beginning its consideration of the ambulance services portfolio at 9:50 am.

I declare this hearing adjourned.

Witnesses withdrew.