PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday 5 March 2020

Examination of proposed expenditure for the portfolio areas

MENTAL HEALTH, REGIONAL YOUTH AND WOMEN

UNCORRECTED

The Committee met at 9:30.

MEMBERS

The Hon. Greg Donnelly (Chair)

Ms Abigail Boyd
The Hon. Wes Fang
The Hon. Emma Hurst (Deputy Chair)
The Hon. Trevor Khan
The Hon. Natasha Maclaren-Jones
The Hon. Tara Moriarty
The Hon. Penny Sharpe
The Hon. Walt Secord

PRESENT

The Hon. Bronnie Taylor, *Minister for Mental Health, Regional Youth and Women*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000

The CHAIR: Welcome to the public hearing for the inquiry into the budget estimates 2019-2020 further hearings. Before I commence, I acknowledge the Gadigal people who are the traditional custodians of this land. I pay respect to the Elders past and present of the Eora nation and extend that respect to other Aboriginals present, or those who may join us later today or who are viewing on the internet. I welcome Minister Bronnie Taylor and accompanying officials to the hearing. Today the Committee will examine the proposed expenditure for the portfolio of Mental Health, Regional Youth and Women. Today's hearing is open to the public and is being broadcast live via the Parliament's website.

In accordance with the broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also remind media representatives that they must take responsibility for what they publish about the Committee's proceedings. The guidelines for the broadcast of proceedings are available from the secretariat. All witnesses in budget estimates have a right to procedural fairness according to the procedural fairness resolution adopted by the House in 2018. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In those circumstances, witnesses are advised that they can take a question on notice and provide an answer within 21 days.

Any messages from advisers or members' staff seated in the public gallery should be delivered through the Committee secretariat. I remind the Minister and the officers accompanying her that they are free to pass notes and she may refer directly to advisers seated at the table behind her. Transcripts of this hearing will be available on the web as soon as possible. Finally, could everyone please turn their mobile phones to silent for the duration of the hearing. All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. I remind Minister Taylor that she does not need to be sworn, as she has already sworn an oath of office as a member of Parliament. I also remind Ms Koff, Dr Lyons, Mr Minns, Dr Wright, Ms Lourey, Mr Body and Ms Walker that they do not need to be sworn as they were sworn at an earlier budget estimates hearing before this Committee.

ELIZABETH KOFF, Secretary, NSW Health, on former oath

NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, NSW Health, on former oath

PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, on former oath

MURRAY WRIGHT, Chief Psychiatrist, NSW Health, on former oath

CATHERINE LOUREY, NSW Mental Health Commissioner, on former affirmation

CHRIS HANGER, Executive Director, Regional NSW, Department of Planning, Industry and Environment, affirmed and examined

ANTHONY BODY, Director, Office of Regional Youth, on former affirmation

SIMONE WALKER, Deputy Secretary, Strategy Policy and Commissioning, Department of Communities and Justice, on former oath

TANYA SMYTH, Director, Women NSW, Department of Communities and Justice, affirmed and examined

The CHAIR: Welcome to the hearing. The Committee has previously resolved that there will be no Government questions. The hearing today will be conducted from now until 11.30 a.m. with the Minister, then with departmental witnesses only from 11.40 a.m. to 12.40 p.m. and 1.40 p.m. until 4.20 p.m. If there are any changes to that by virtue of the way the questions are flowing we will immediately communicate that to you. In addition, the Committee has previously resolved to discharge departmental staff from the Regional Youth and Women portfolios after the first hour of the second session of the hearing. I declare the proposed expenditure for the portfolios of Mental Health, Regional Youth and Women open for examination. As there is no provision for any witness to make an opening statement before the Committee commences questioning, we will begin with questions from the Opposition.

The Hon. TARA MORIARTY: Good morning, Minister and team. Welcome back. Minister, I am sure that you have been following public statements and have engaged with the member for Bega, Andrew Constance, in relation to recent bushfires. This week he said, "I got the mental health Minister down yesterday and the first question I asked was, 'How many people have been seen?' We are supporting 150. There are 60,000 people who live in this area. They have all been fire-affected and traumatised. I am seeing it. There just isn't the breadth of support services there. We have got people who have just seen too much, been through too much and I don't want to see that trauma convert to long-term depression and mental illness." Minister, do you agree with the member for Bega that there are just not enough support services in Bega?

The Hon. BRONNIE TAYLOR: Thank you for the question. It is a very good one. I was down with Minister Constance not last Friday but the Friday before. I went down to Bega with him and we held a roundtable. We also brought Professor McFarlane down with us. I am happy to talk more about that later. To address your question directly, the number of 150 that Mr Constance used in his interview referred to—what the Federal Government has done in terms of its bushfire response is it has talked about giving the funding to allocate to have 10 free sessions to anyone who needs it, which actually allows them to bypass that mental health plan so that they can have easy access to that. That number of 150 refers to the data at the end of January. We are expecting to see that increase. I will be very transparent about this issue of the Federal Government's bushfire response. I think that it is a really good one and I think using 10 sessions and opening that up is a really fantastic initiative. But I think what we are finding is that in rural and regional communities people do like to access—their first port of call is usually their GP. I think that we need to have the opportunity to look at this.

I was really fortunate to be at COAG in Melbourne last Friday. I was the only mental health Minister there in Australia, which was pretty exciting, but it was about talking about the bushfire response. I actually did raise with Minister Hunt the need to maybe re-look at how those sessions are available for people in our communities. I think the intent is very good but I think that perhaps we can widen that up. In saying that, and also referring to your question where you specifically mentioned the population of that area, which I think you said 60,000, that is one really small part of that 150 of the bushfire response. That number of 150 solely refers to the data that was collected at the end of January by the primary health networks [PHNs] about accessing those particular services. But there is a range of services that are in place in southern New South Wales and in northern New South Wales. That is really one very small component and that is exactly what Minister Constance was referring to when he said that.

The Hon. TARA MORIARTY: I accept that there are more fire-affected areas than just the area of Bega, and I hear your answer—of course there would be more people across the State who have sought help—but essentially the member for Bega is saying there is just not enough support in that local area, which has been probably one of, if not the most devastated. Do you agree that there is just not enough support?

The Hon. BRONNIE TAYLOR: I think what Minister Constance specifically referred to was that 150 number with the funding that was coming via the PHNs to the services to bump them up on the ground. That number was at the end of January, to be fair. I think we just need to be very factual about that. I know this is going to be a very long-term response and I know that in the acute phase of the response—and I know there are some people who use a different terminology; I am sorry, it is just that the terminology that I use is "acute" because it is my health background—but in that initial phase, that is where we have concentrated on. We are actually moving through to different phases now.

When we had the roundtable down there I think—you know, to be very honest, I think that there are always things that we can do differently, but that is why we have got Professor McFarlane. He has actually been through all of this before. He has got a wide breadth of experience. He is an international expert on bushfire response. I think in talking about this I am actually really, really proud of NSW Health and the local health districts [LHDs] and what they have done in this acute response phase. I can honestly say, in all the years that I have worked in health, I have never seen a response quite like it. I have never seen the ability for city LHDs to come down and help rural and regional LHDs, and for it to work so effectively. I know you have been on the ground and have seen that as well. We have to understand that this bushfire response is a whole response. It is not just the LHDs, it is all of the NGOs—it is the community services. Andrew Constance talks about—I am not sure if it is Batemans Bay or one of the other ones down in that end of the electorate—a surf lifesaving club that has been running bacon and egg roll breakfasts every morning. That has been something that people have benefited from because it allows them the opportunity to get together to talk about what has happened to them.

When we look at this response, we also have the Rural Adversity Mental Health workforce. It has been presenting to those community events, not in a big, flashy way—not investments or anything like that—but working within those communities to embed them in the response. The evidence about bushfire response clearly tells us that what really needs to come is strengthening our communities from within and strengthening those abilities and those groups that are there on the ground, so that therefore that can build in our response, as well.

The Hon. TARA MORIARTY: Minister, we can all agree that the support needed in bushfire-affected communities will be a long-term proposition, so there will need to be investment and supports over the long term. I accept that part of your answer, but the member for Bega, a member of your Government, is saying that there is not enough actual support from the Government on the ground. I am glad that we have heard that there is an expert involved in providing advice. I am pleased to hear and we all agree there should be ongoing support, but in terms of what is happening right now, not what might happen in the future or what might be invested over a period of time—people have suffered trauma, the local member has suffered trauma and is advocating well on behalf of his community, saying that there is not enough support now. Are you satisfied that your Government is doing enough and providing enough resources, not just in Bega but in all of those areas right now?

The Hon. BRONNIE TAYLOR: With absolute respect, I think you are interpreting Andrew's comments. Andrew made a very clear comment—

The Hon. TARA MORIARTY: But I am asking the question. To be clear, I am using his comment, but it is my question.

The Hon. BRONNIE TAYLOR: I understand that, I am not trying to be—I am just saying that he clearly said that there were 150 people that had accessed, 150 occasions of service that had accessed that service. He was not referring to—and I know, because I have spoken with him about it. So, I actually know that as a fact. Andrew is not saying—he is stating a fact about that Federal response. We have had an enormous response on the ground from our LHDs and people. Will there sometimes be people who maybe ring up or are not sure where to go? Absolutely. But that is why we have invested an extra $15.2 million in this response. That is why we are in the process of employing bushfire response coordinators. That is why we are looking at these all the time. I can tell you from that meeting—and I know that Andrew feels exactly the same way because we were there together and we talk a lot. During that terrible time and those few days, Andrew ended up at my place for dinner. I was in the middle of that whole thing between those fires.

I know that what he said is a fact about those services, but in terms of services on the ground, I can honestly say to you that I think NSW Health has had an outstanding response to that—and not just NSW Health, but all of the organisations that are doing that on the ground. I mean it is an unprecedented situation. We are

learning and we will learn from this. But we have to look at the response from those LHD teams. I know you know this, but the people who work within those LHDs within those mental health units put their hands up and said, "We want to go and help". I met with them down there. They were incredible. There was a clinical nurse consultant [CNC] from Westmead, whose specialty is education—she does not work on the wards all of the time. She was doing a shift on the ward at Bega hospital in the mental health unit so that she could run some education sessions for the staff. So to say that those responses are not there and that NSW Health has not absolutely stepped up to the plate, is just not accurate. It has and it continues to do so.

The Hon. TARA MORIARTY: Sure, but his comment and my question are about the breadth of response. As part of your answer, you just said that there has been an enormous response in those communities. Can you give us some details about what that is?

The Hon. BRONNIE TAYLOR: Yes, certainly.

The Hon. TARA MORIARTY: You just touched on—and I know in Parliament last week you told us that health professionals had been moved from Sydney down to those areas. Are they still there? How long will they be there? Have they come back to Sydney? What are the actual resources that have been put in place?

The Hon. BRONNIE TAYLOR: Yes, sure. What we have been doing is that the teams have been working on a rotational basis. Obviously, in the initial response that was a lot more conglomerated and a lot more people in those responses. That is continuing as we speak—that we have constantly had cover over those districts. In terms of exact numbers of people deployed, I might ask the secretary if she could comment.

Ms KOFF: Yes, and I will ask Dr Lyons.

Dr LYONS: I can confirm that we deployed teams from 6 January, basically after the terrible events that occurred on the South Coast. We came together with our directors of mental health across the State to look at what specialist mental health teams we could put together to redeploy to support communities on the South Coast. During the course of that first week in January, we deployed six teams of six clinical professionals from different districts to support the southern part of New South Wales. They came from a range of different other different districts. They have been working on a rotational basis and have actually been resident down in those communities since that time on a seven-day basis and rotating out every week or two depending on their personal circumstances. Those teams have had a broad brief, which has basically been to provide additional support, not just for the acute mental health and community mental health services specialist teams, but having a roving commission to be involved in community events, supporting evacuation centres—all of the response that was critical to ensuring that there was a resource available from the mental health side.

Those teams have been and continue to be there. As of 5 March, there are still 24 of our clinicians deployed down in those environments. As time is going by, and as we are seeing fatigue set in for those teams and the requirements of their own services continuing, our ability to maintain those additional resources will be a challenge, but we are committed to the long term in supporting the recovery efforts. As we have moved now into the recovery phase, we are turning our minds to how we will implement the $15.2 million that the Government has provided to deploy additional resources out into the districts. We have deployed and allocated those resources out to all of the districts affected and asked them to immediately commence recruitment to additional roles to support that recovery effort. We understand that those bushfire recovery coordinator positions are actively under employment at the moment, or recruitment or are deploying existing positions to ensure that we have a resource available on the ground to support recovery efforts.

In addition to the appointment of Professor Sandy McFarlane to provide us advice and support, we are also ensuring that we connect in with the Commonwealth, because the Commonwealth has also made an investment through the primary health networks for bushfire recovery coordinators. We want to make sure that we intersect with the resources that the Commonwealth has provided and the resources that we are deploying to give the best benefit to the local communities. We are committed. There are resources that are actively deployed and have been active in providing supports and will continue to do so.

The Hon. TARA MORIARTY: Can I just clarify—and correct me if I am wrong, I am just trying to do the maths in my head based on what you have just said—that we started at 6 January with six teams of six that were rotating—six people at a time rotate out, six people come in. So we had six lots of those teams and, as of now, there are 24—so what is that? Fours sixes?

Dr LYONS: No, there are 24 staff now. There were 36 initially—

The Hon. TARA MORIARTY: Are they still in groups of six, rotating in and out?

Dr LYONS: No, they are not. They are in different groups. They are deployed at a range of places. There are three in the group from the Sydney Local Health District; five in the group from Central Coast LHD; Hunter New England LHD has sent four down; Northern Sydney LHD has six still going down; South Eastern Sydney LHD has two who are currently deployed—and that was one of the first teams to be deployed in response; and Western NSW Local Health District has four. I can tell you where they are actually located. The Sydney team are based in Tumut at the moment, those three clinicians—

The Hon. TARA MORIARTY: No, that is helpful but you can put that on notice. I am more interested in—there has essentially been a drop of at least one-third since January—not the resources that have been in place, but what resources will continue to be in place. The questions is, if they are still rotating in and out of other areas, that means that other areas do not have the people that they would normally have because they are rotating into bushfire-affected areas and rotating out. My question is more about the allocation of resources. First of all, how much will there be in bushfire areas on an ongoing basis? It has already dropped significantly since January. What kind of permanent or longer term placements will there be? The follow-up question to that is, if they are being taken out of other areas, what effect is there on those other areas?

The Hon. BRONNIE TAYLOR: That is a very good question. Obviously in the acute phase of the response we obviously had to have a much higher number of clinicians out there. We are in an acute phase and as you all know it was very intense and it was very distressing and there were high levels of trauma experienced across the community. Therefore we bumped that up as we could. If I could flick to the second part of your question where you asked about the existing clients from the local health districts that were being deployed, because this was an unprecedented event that was so widespread, as you know. I do not say this facetiously but we did not have people sitting around waiting to be deployed ready for something like this because it was so massive and across such a wide scale.

But what we did see happen is people really wanting to help and wanting to put their hand up to come from the Sydney LHDs. One lady that I spoke to in Moruya did not want to go back and she was actually told by the LHD she needed to go back because she had reached the seven days and we needed to look after her. The fact that we are seeing not that huge volume from the LHDs come out is perfectly in line with the response that we are doing. In terms of your question about, "Well, who was covering the load of the people that were deployed?" I am really proud to say, and I am sure that everyone in this room would share this, that every single mental health clinician across the State stepped up; they all helped each other. We had a situation down the South Coast, as you would know, where many of our clinicians were actually affected themselves. So they found it really hard to provide that support to people that were undergoing what they had gone through when they lost their homes.

We have actually been really successful and we owe an enormous debt of gratitude to our staff and many of the people sitting at this table for the fact that those teams were able to be deployed. They were existing resources, you are exactly right. They were deployed into different parts of the State and yet we were able to step up on the ground where we had to. To my knowledge there have been no ill or adverse effects to any of our people as well. I think that is exactly what has happened and it is a perfectly reasonable response. Can I say as well that if we get to a situation where we have an exacerbation of mental health issues in any one of our affected communities we will absolutely step up that response. These people are on the ground not thinking, "Oh, it is my time, so I am going back". Every single day they are assessing the situation and the need and the demand and we are titrating to that level. It is our responsibility to do that.

The Hon. WALT SECORD: Minister, I would like to ask you some questions about regional youth in your capacity as Minister for Regional Youth. I would like to know what is the Government doing to help country kids access university and post high school study if they are in regional communities?

The Hon. BRONNIE TAYLOR: I think the Government is doing a great deal in terms of that. I was actually yesterday just out at Bathurst, Charles Sturt University, talking to a bunch of students. It was really exciting. Charles Sturt University has the highest rate of women doing engineering this year.

The Hon. WALT SECORD: That is wonderful.

The Hon. BRONNIE TAYLOR: I thought it was absolutely terrific.

The Hon. WALT SECORD: Universities are Federal. I wanted to talk about State programs. I will take you to the Country University Centres [CUCs]. That would be a State Government responsibility, would it not?

The Hon. BRONNIE TAYLOR: That is correct, Mr Secord, and I know you are very well aware of the wonderful model that is the Country University Centre.

The Hon. WALT SECORD: How many of them are there?

The Hon. BRONNIE TAYLOR: May I ask my department?

The Hon. WALT SECORD: Is it five or six?

Mr HANGER: We will take that on notice. I am sure it is about five or six.

The Hon. WALT SECORD: Minister, when was the last time you had an update on the effectiveness of the CUCs.

The Hon. BRONNIE TAYLOR: I have had no formal information or formal briefing about any updates on the CUCs. As you know, Mr Secord, we have a Country University Centre in Cooma. It was the first Country University Centre established in New South Wales, with no government money. I was actually the deputy mayor of the Cooma Monaro Shire Council when we started that through the kind philanthropy of Snowy Hydro. Every day I talk to people that are at the Country University Centre in Cooma that tell me how it has changed their lives, how it has given them the opportunity that they would not have had because they could not go away to university for a myriad of reasons.

The Hon. WALT SECORD: Is your husband still involved in the CUCs?

The Hon. BRONNIE TAYLOR: Yes, Mr Secord, my husband is still involved.

The Hon. WALT SECORD: What role does he have in the CUCs?

The Hon. BRONNIE TAYLOR: He is the voluntary chief executive of the CUCs.

The Hon. WALT SECORD: You would discuss CUCs with him occasionally?

The Hon. BRONNIE TAYLOR: Mr Secord, what I discuss with my husband is really a matter for me.

The Hon. WALT SECORD: I will return to that.

The Hon. BRONNIE TAYLOR: I look forward to it.

The Hon. EMMA HURST: I have some questions in your role as Minister for Mental Health. I wanted to talk a little bit about the bushfires and the effect of bushfires on mental health. I want to ask you about wildlife carers alongside firefighters, police and other first responders. Wildlife carers have been one of the key groups at the front line dealing with death and injuries for animals within the bushfires. A study that was published in November last year found that Australia's 20,000 wildlife carers spend up to $800,000 of their own money in their life time supporting wildlife and the studies lead author, Bruce Englefield, said that, "Without additional financial support the sector is heading for a crisis", which he referred to as "compassion fatigue" and "burnout". Are you familiar with that study at all?

The Hon. BRONNIE TAYLOR: I am not, sorry.

The Hon. EMMA HURST: What about the mental health issues faced by wildlife carers. Can you respond to the concern around the compassion fatigue and burnout for individuals?

The Hon. BRONNIE TAYLOR: Absolutely. Have they not been doing the most amazing job in this bushfire response? I have many people I know in my own local community, and as we are at the base of Kosciusko National Park there have been a lot of people needing to step up in that area. It has been horrific in terms of wildlife loss in the bushfires. Having animals ourselves, and I spoke about this in the Chamber, our property at Adelong was over 95 per cent burnt out and my husband was there moving the animals to make sure they got out of harm's way. I know how stressful that was for him because we all care about our animals. It is a terrible thing. It was really interesting to hear his response to that in the fact that the cattle were actually calm in their approach and easy to move and muster.

The sheep became very panicked and boxed because it is a natural instinct for them. I think that is why we have seen the terrible stock losses with sheep. In terms of looking after our wildlife carers, what we have done in our response to bushfires is that we have put in a range of measures and they actually cover anyone and everyone that needs to look at those and needs to be able to access those services. I will refer to Dr Wright.

Dr WRIGHT: I think you raise a very important point but if I can generalise from that a little bit. I think there are all sorts of individuals across the whole State who have experienced very, very confronting issues around the bushfires. I think wildlife carers are a very good example because they come from anywhere and everywhere. Part of our responsibility as a State is to make sure we address the need in the areas directly affected by the bushfires and the people who have had obvious firsthand losses but we do not overlook the importance of

addressing the needs of all the different kinds of people who have responded. Another obvious one is the Rural Fire Service.

I am preoccupied with the response of our mental health clinicians and as the Minister said they have come from everywhere. We were deploying clinicians from Broken Hill, all parts of the State. They were just as confronted and challenged by what they saw as the individuals trying to assist and rescue the wildlife. I think that the importance is that we have a plan which is robust, considers all the different kinds of trauma that people experience and is closely enough monitored so we can respond if we have not addressed all the needs or have not properly anticipated what is going to happen for the future. Because, quite frankly, this was a disaster. It is unprecedented—and I do not want to overuse that word—but we have never seen anything like this before.

We have scaled up our previous responses. I have never experienced such a wideranging response to a disaster from the mental health perspective. We are very reliant on having good structures at ground level everywhere. We are very reliant on the integrity of the integration and collaboration between our State-funded mental health services, private sector services, primary health networks and the Commonwealth-funded initiatives. As the Minister said, they are exactly what we need but we need to make sure that they work. That is really down to the monitoring and responding at a local level. All the bushfire-affected areas have local recovery committees, which have all agencies represented, including health and mental health. Their task is to keep track of exactly the kinds of individuals you are describing and addressing any needs that emerge.

The other part of this is that we are moving to a recovery so we need to make sure we have resources in place for the longer term. Again, the duration of that is something we know we are talking about in years. Some of the resources that have been put in place have that capacity to do that. The initial deployments we were talking about before do not have that capacity and are not appropriate for that longer term recovery. They are deployments from outside of the local district. But between the Commonwealth-funded resources and the State resources, we are absolutely tuned into and hoping to respond to any needs that arise from any person who has provided assistance, including animal welfare individuals.

The Hon. EMMA HURST: Will those local recovery committees also look at providing more financial support? I only ask because the study was in regard to the lack of financial support. I have been out and met with many of the wildlife carers and part of the reason they are feeling so much stress and burnout is because they do not have the finances. I met with one couple that are literally living in a caravan because they cannot afford anything else because all their money is going towards the expenses to actually rescue wildlife. That puts great stress on their lives. Is that something that the local recovery committees or the State Government in any way will consider in regards to mental health for these wildlife carers?

The Hon. BRONNIE TAYLOR: Regarding mental health responses, as Dr Wright said we have people on the ground in all different aspects and we are going to look after everyone that presents to us that we can offer assistance to.

The Hon. EMMA HURST: Does that include financial support?

The Hon. BRONNIE TAYLOR: I can only talk in terms of mental health. In terms of financial support for wildlife carers, that would be a question for Mr Kean under Environment. I am not entirely sure, but I would imagine that as my remit is mental health. So in terms of providing mental health care to those carers, we are absolutely providing that.

The Hon. EMMA HURST: Would it not fall within both portfolios? Obviously the financial support falls into his but what I am seeing and what the research is saying is that it is the financial strain that is causing mental health issues for these people.

The Hon. BRONNIE TAYLOR: You are exactly right and I completely acknowledge that. It is the same thing when we talk about mental health. We cannot talk about mental health in terms of the recovery unless we talk in terms of the physical recovery, actually getting communities back up on their feet, rebuilding and clearing houses. You are absolutely right. But to be honest and transparent with you, in terms of funding for a mental health response that is mental health-related at this current time. We have to remain open to everything and as we move into those different phases we will have to continuously reassess and continuously look at it. If we are finding that is an issue in terms of carers, that organisations out there on the ground are not able to provide that support and that is something they need, then I think we absolutely have to look at that.

The Hon. EMMA HURST: You talked a little bit about some of these more long-term plans after this unprecedented event. Considering most of the care for the animals was done on a voluntary basis, is that something

that will also be considered? Might the Government take some of that strain off general community workers having to step in to help wildlife?

The Hon. BRONNIE TAYLOR: I can really only speak on the mental health response in terms of wildlife and carers because that is in my portfolio.

The Hon. EMMA HURST: Yes, I mean from a mental health perspective.

The Hon. BRONNIE TAYLOR: From a mental health perspective, in terms of—

The Hon. EMMA HURST: Because of the strain that it puts on wildlife carers to feel that responsibility, to have to take it all on, and the long-term effects that causes.

The Hon. BRONNIE TAYLOR: I think it is something we will have to look at in terms of going forward into the response. As Dr Wright said, this is a huge, widescale problem on a massive basis that we have not seen before. When we look at the Tathra fire, which was just horrendous and affected animals as well, it was in a concentrated area and we were able to have a concentrated response. We were able to bring everyone in to that concentrated response. This is so huge and so massive that we have to keep looking at it, and in terms of animals, in terms of carers, we absolutely have to look after their mental health and look after them because they are doing a tremendous job under extremely difficult circumstances.

I was speaking to someone at the Koala Hospital the other day and the things they have seen have just been horrendous. I remember driving through Nerriga after the fires. I did what you are absolutely not supposed to do but you would be pleased that I did it, Ms Hurst. I have a real love of echidnas. I do not know why, I just love echidnas. This echidna was going across the road and Nerriga was just like a war zone—

The Hon. WALT SECORD: Who doesn't, Bronnie? Who doesn't?

The Hon. BRONNIE TAYLOR: —and I really love echidnas. It really looked like a war zone in Nerriga. Not only that but all the Army were out as well so it really did look like a war zone. I was going along and this echidna came across the road and I stopped. The guy behind me got really cross. We both ended up stopping and I said, "I am really, really sorry but it was an echidna." Anyway, we both stopped and we made sure that he got across the road. He had a little bit of a burnt foot because they burrow into the—so I think what people are dealing with is really difficult. One thing I would like to say, and I am not at all discounting the enormity of the tragedy to our wildlife, but it is really wonderful to see so much of it springing back and to see that echidna with his burnt feet. There he was crossing the road to a better spot and I am sure that he is fine and he is thriving. Yes, we have had tremendous losses, devastating losses, and that affects us all because most people really love animals, as you would know having been elected to Parliament—

The Hon. EMMA HURST: Thank you.

The Hon. BRONNIE TAYLOR: Sorry about the echidna thing, I just really love those animals.

The Hon. TREVOR KHAN: That was a good use of time.

The Hon. EMMA HURST: I enjoyed it.

The Hon. BRONNIE TAYLOR: Thank you.

The Hon. WALT SECORD: It was her time. I don't mind. You can tell more animal stories, I don't mind.

The Hon. EMMA HURST: Minister, in the last round of budget estimates I raised the concerns around the mental health of vets and the fact that they have far higher suicide rates than the general population. In response to my question, and I will quote you if you do not mind, you said, "I will have regular contact with the New South Wales veterinary board to make sure that our vets are okay and that they are receiving the support that they need." Are you able to provide me with an update on your communications with the New South Wales veterinary board since the budget estimates last year and how many times you have spoken to them in regards to mental health issues?

The Hon. BRONNIE TAYLOR: I cannot tell you the exact amount of times, Ms Hurst. But I can tell you that both myself and my office have been in contact with them. As I declared last time, I actually sat on the New South Wales veterinary board for over three years. So I know them quite well and I sometimes communicate in other forms of communication instead of formally. But we have contacted them, we have spoken to them and my advice was that they had plans in place where they were supporting each other and they were doing that through their internal profession. I have not had any further issues raised with me where we have needed to—

The Hon. EMMA HURST: Sorry to interrupt but do you have any details about how they were going to do that?

The Hon. BRONNIE TAYLOR: I do not, I am sorry, Ms Hurst. But I would be really happy to take that on notice.

The Hon. EMMA HURST: Could you also take on notice the number of actual formal meetings that you have had?

The Hon. BRONNIE TAYLOR: Sure.

The Hon. EMMA HURST: Sorry, I think you were still talking?

The Hon. BRONNIE TAYLOR: No, that is fine.

The Hon. EMMA HURST: Obviously the veterinary profession, similar to wildlife carers, has been also under greater strain after the bushfires. They have been described by the President of the Australian Veterinary Association most recently as a profession in grief. Is there anything that the Government is going to do specifically to support the mental health of vets, particularly now with the bushfire crisis?

The Hon. BRONNIE TAYLOR: I would refer to my previous answer about the mental health response broadly across the spectrum and that that is available to everyone and anyone who needs that support. In terms of a specific program for vets in relation to the bushfire response, we are just doing an all-of-community, all-of-human response.

The Hon. EMMA HURST: Do you think that considering vets are under a very specific type of strain, though, that maybe the Government would be open to considering looking into that area specifically, given obviously that if they have the highest suicide rate of every profession, there must be very specific to what they are having to deal with?

The Hon. BRONNIE TAYLOR: I think in terms of suicide prevention and rate of suicide, one person that completes a suicide action is one person too many. What the Government is doing in terms of suicide prevention is a $87 million package over three years that we are doing. Recently I was down in Victoria, in Melbourne, and I went to what they call a Safe Haven Cafe that they use down there in terms of looking at different models of care and different ways of doing things, because one thing we do know is that people need a safe place. We know in terms of suicide prevention that an emergency department is not the best place for people. We will be rolling out a number of those Safe Haven models this year to look at that. We are also in the process of doing suicide prevention across our communities.

Obviously vets would be targeted in that. I was actually speaking to the men's shed yesterday. There is a concerted effort by the Rural Adversity Mental Health practitioners to go in and train people within the men's shed to then go out and train—do that sort of training in the men's sheds. That will also apply for vets and for anyone who requires that training. We are going to be rolling out quite a significant program in that area. I think, too, in terms of that that it really is a community response as well. We are all heightened about the strain that not only vets but also our farmers and people in our communities who have seen these are under. I think, in terms of specifically to the bushfire response, that there are many groups within our community that have been under unprecedented trauma.

I think that vets are often the first on site but I also mention our Local Land Services [LLS] people who I have been talking to. They have done a lot of first on site with animal response as well. I know speaking to them myself—I spoke to them two weeks ago—that they are feeling supported by the system and they are feeling able to get help both within the local LLS and through those vets who actually work for the LLS as well.

The Hon. EMMA HURST: Do you mean through the current availability for support rather than the new one—the $87 million?

The Hon. BRONNIE TAYLOR: Yes, I do.

The Hon. EMMA HURST: I am glad to hear that vets will be specifically targeted in that new program. Are you aware of the charity Love Your Pet Love Your Vet, which runs a specific program for veterinary, wildlife and animal shelter workers who have been treating and caring for injured and sick wildlife and animals as a result of the bushfires?

The Hon. BRONNIE TAYLOR: I am not but I would love you to tell me because that sounds great.

The Hon. EMMA HURST: The program aims to refer those workers who may be feeling overwhelmed or struggling to cope to a registered psychologist for free and support via telephone or online. Is this sort of program something that the department would consider funding or giving assistance to for that kind of service to roll out to groups like vets and other frontline animal carers?

The Hon. BRONNIE TAYLOR: Ms Hurst, I appreciate your advocacy to get me to allocate funding in my budget estimates. I would love to hear about that program if you would like to tell me and get that to myself and have a look at that. As I said before, we are open and looking forward to all sorts of aspects. I think that is terrific. To bring up a really important point in terms of the response from people right across New South Wales, when you look at psychologists, I have been contacted by many psychologists and allied health workers who actually say that they cannot physically go to these bushfire response areas, but that they would really like to help.

The Rural Doctors Association, which actually covers all rural health practitioners even though it is called the Rural Doctors Association, has set up a website where it has all the names of people who are willing to help, whether that is by teleconference or video link. Importantly, for those psychologists in those areas—we know that in some of our areas there is not a high number of psychologists so that is an issue, but they are able, exactly as you said, to provide phone support. Not only that, they are also able to provide into those practitioners who live in those communities who are very busy at the moment. We are looking at all of those aspects. I think it is terrific that that actually did not come from me; it came from the sector itself. They contacted me and said, "Bronnie, what do you think? We really want to help. Can you help us set something up?" I am really grateful to the Rural Doctors Association for doing that.

The Hon. EMMA HURST: Would you be willing to meet with some of the people who are using this Love Your Pet Love Your Vet program?

The Hon. BRONNIE TAYLOR: Absolutely 100 per cent. If you tell me that you want me to meet with them, I will do that, and I would like to.

The Hon. WALT SECORD: Minister Taylor, I would like to return to the subject of the Country Universities Centre, which we did not get to continue on because the bell rang. Tell me, are you familiar with the Goulburn CUC?

The Hon. BRONNIE TAYLOR: Yes, I am.

The Hon. WALT SECORD: Who is Louise Clegg Taylor?

The Hon. BRONNIE TAYLOR: Who is Louise Clegg Taylor?

The Hon. WALT SECORD: Yes.

The Hon. BRONNIE TAYLOR: Louise is my sister-in-law.

The Hon. WALT SECORD: It was reported on 22 July 2019 that she was on the board of the Goulburn CUC.

The Hon. BRONNIE TAYLOR: I believe she is.

The Hon. WALT SECORD: Is she still on the board?

The Hon. BRONNIE TAYLOR: I honestly could not tell you.

The Hon. WALT SECORD: Okay.

The Hon. BRONNIE TAYLOR: I do not speak to Louise about the CUC in Goulburn.

The Hon. WALT SECORD: You do not speak to her about the CUC. Your husband runs the CUC, your sister-in-law is on the board of a CUC and you are on the public record saying that you have no involvement in any grant allocation or any funding involving the CUCs. Give me this opportunity before I continue to ask a series of questions in this regard. Would you like to make a statement or clarify anything involving the CUCs today?

The Hon. BRONNIE TAYLOR: Mr Secord, I have made all of my declarations in accordance with the New South Wales Parliament. May I point out to you that this is budget estimates and the Country Universities Centre does not sit within my portfolio?

The Hon. WALT SECORD: It does and in the last hearings, Ms Taylor, you took substantial questions on this. It involved regional youth employment. This is clearly within your responsibilities. You have answered questions at the previous budget estimates hearings on this.

The Hon. BRONNIE TAYLOR: The Country Universities Centre sits under Minister Lee. I suggest that you direct your questions—

The CHAIR: Excuse me, Minister, with the greatest respect, you do not rule which questions are in and which are out. It is not a matter for you to have an exchange with Mr Secord.

The Hon. BRONNIE TAYLOR: I beg your pardon, Mr Chair. I was just clarifying that it does not sit within my ministerial responsibility.

The CHAIR: That is not a matter either for you to determine, with the greatest respect.

The Hon. BRONNIE TAYLOR: Okay.

The CHAIR: The way that the budget estimates hearing works is that you are presented with a question and you have the opportunity to answer the question in the way you see fit, but not to have an exchange over whether or not there is a legitimate or an illegitimate question that has been asked.

The Hon. BRONNIE TAYLOR: Sure.

The Hon. WALT SECORD: Minister, on ABC's South East NSW regional radio, on 25 July 2019, you said, "I had no involvement in any grant application or any funding", of the CUC. Do you stand by that comment?

The Hon. BRONNIE TAYLOR: Yes, I do.

The Hon. WALT SECORD: Are you aware that there has been a call for papers that occurred in the Legislative Council, which related to the Country Universities Centre. That substantial amount of documents contained correspondence and press releases. I will give you two examples of the two press releases: The Deputy Premier allocates $8 million; the Deputy Premier announces a further $8 million. That is $16 million to the program. That is amongst the documents. But there is a number of other email exchanges between people, including Deputy Premier John Barilaro's office to you. I will go through this very slowly because it is important that we get that time line correct. A number of questions were asked in the Legislative Council to the Hon. Sarah Mitchell. She gave deferred answers, saying that you had no involvement. We have emails here now.

The exchange goes like this, just to help you. I would like a response from you. In July 2019 you said, when the ABC approached you, "I had no involvement in any grant application or any funding." That was in July. The Minister makes the announcement in April 2017. You say that you have had no involvement whatsoever. At 4.31 p.m. a staff member for John Barilaro sends an email with a one-word response, "Finally!" Twenty-one minutes later, you and John Barilaro, the Deputy Premier, receive an email with talking points, telling you and your husband what to say about the Country Universities Centre. Do you stand by your statements in the public arena, Ms Mitchell's comments in the Parliament in written answers to questions, deferred answers, do you stand by your claims that you had no prior knowledge, no involvement, showing in fact emails were sent directly to you? I will wait for your answer and then I will read your reply into *Hansard*.

The Hon. BRONNIE TAYLOR: I have always been a huge supporter of the Country Universities Centre model, always. As I said to you I was deputy mayor—

The Hon. WALT SECORD: That was not my question.

The Hon. WES FANG: Point of order: The Minister is providing a response to a question.

The CHAIR: The Minister has commenced her response.

The Hon. BRONNIE TAYLOR: I have always been a huge supporter of the Country Universities Centre model. I was one of the people who really supported that model when it was funded by Snowy Hydro in Cooma because I know the benefits that it brings. But I have never had any decision-making power in terms of its funding. I will say as well that the Country Universities Centre model is absolutely changing lives. May I point out to you that in Broken Hill—and I know that you were the shadow Minister for Health for an extensive period of time and I know that you would understand how difficult it is sometimes to get health professionals into rural and regional New South Wales and to get them to stay, and that is why we often have to have fly-in and fly-out workers—it is particularly evident in the area of mental health.

In Broken Hill, solely due to the Country Universities Centre, they now have their first resident psychologist because of the model of the Country Universities Centre. So to answer your question, I have always been a very big supporter of the Country Universities Centre.

The Hon. WALT SECORD: It is quite clear.

The Hon. BRONNIE TAYLOR: But I do not have any decision-making powers in terms of its funding. I was the Parliamentary Secretary for southern New South Wales in my prior position, so I am obviously going to be very excited and pleased about any benefits that come to southern New South Wales.

The Hon. WALT SECORD: Okay, but how do you reconcile your claims that you had no involvement in the grant application process, no involvement in any of the procedures? However, in July 2019 you say, "I had no involvement in any grant application or any funding", emails come through. The Deputy Premier on 7 April 2017 announces the program at the Young Nationals conference in Moree. On 17 March 2017 an email comes from John Barilaro's office with a headline "Finally!" Twenty-one minutes later you and Mr Barilaro receive an email from Fiona Dewar in Mr Barilaro's office with talking points. It is a program that you said you had no knowledge of, but they are providing you—

The Hon. TREVOR KHAN: That is not what she said.

The Hon. BRONNIE TAYLOR: No, it is not.

The Hon. WALT SECORD: So no involvement in it, but they provide you with talking points. At 4.57 p.m. Ms Bronnie Taylor replies, "Great – thanks. JB", referring to John Barilaro, "can have fun at this dinner. It allows Dunc"—Dunc, I assume, is your husband—"to be positive about the possibilities and not to break his contract of no talkies that he signed." I will continue, "He's a much better person than I and sticks to the rules. Also a law degree makes him this way. Lucky my ATR wasn't near enough, ha. It's hot in Griffith. Thanks again. It's all very exciting. B.", applying to you. That shows a person with intimate knowledge of this.

The Hon. BRONNIE TAYLOR: Mr Secord, oh, my goodness.

The Hon. WALT SECORD: How do you reconcile? Your husband runs it—

The Hon. BRONNIE TAYLOR: I have said to you very clearly I have and I am a passionate supporter of the Country Universities Centre model.

The Hon. WALT SECORD: No doubt you are.

The Hon. BRONNIE TAYLOR: I am so proud of my husband who works as a volunteer chief executive of the Country Universities Centre. I know all of those students out there when all of this questioning started and these insinuations, how disappointed—I do not understand what it is that you do not appreciate about the Country Universities Centre and how it is changing people's lives. As I said to you, I am a huge supporter of the Country Universities Centre and I am a huge supporter of my husband, who was actually the southern New South Wales volunteer of the year for his services to the Country Universities Centre. I am a big supporter of the Country Universities Centre and I did not have any influence over any of the decision-making in terms of the funding. If you have a question about the process of the funding then I would ask that you direct that to the department.

The Hon. WALT SECORD: You allowed Minister Mitchell and the Deputy Premier to mislead the Parliament—

The Hon. BRONNIE TAYLOR: I did not.

The Hon. WALT SECORD: —in officially written answers to questions without notice in the Parliament. You said that you had no involvement. This document shows that in fact—

The Hon. BRONNIE TAYLOR: I stand by my comments.

The Hon. WALT SECORD: You get an email telling you less than a half-hour after it is approved telling you that your program has been approved.

The Hon. BRONNIE TAYLOR: That is right because I would not have known whether it was going to get approved. You are answering your own question.

The Hon. WALT SECORD: Who, who has no involvement in a program, gets notified by the Deputy Premier's office within a half-hour of the decision being made and then speaking notes are sent to them 21 minutes later? I think it is quite obvious.

The Hon. BRONNIE TAYLOR: Mr Secord—

The Hon. WALT SECORD: You can sit here and deny it, but please answer the question.

The Hon. BRONNIE TAYLOR: I have answered the question, Mr Secord, and you can ask as many questions as you like, as you have been for quite an extensive period of time about my family, about my family's jobs that they do. You have SO 52'd every single document that you possibly can.

The Hon. WALT SECORD: And this is what the documents have revealed. The documents reveal—

The Hon. BRONNIE TAYLOR: And now, again—

The Hon. TREVOR KHAN: Point of order: The point of order is simply this: Hansard has a job of recording this and we are involved in a multi-layered conversation at this stage.

The CHAIR: That is correct. The process is a question followed by an answer and back and forth accordingly.

The Hon. WALT SECORD: I will continue.

The Hon. BRONNIE TAYLOR: Can I just go back to—

The Hon. WALT SECORD: Minister, what is your response—

The CHAIR: Order! I said to present the question and then the answer can follow.

The Hon. WALT SECORD: Minister, you have said today at budget estimates that you had no involvement in the grant process, but you were informed three weeks before the grant is announced at The Nationals conference. Why would a member of the Deputy Premier's office send you an email telling you the exciting news with the headline "Finally!" if it was not something that you were engaging in behind the scenes and lobbying and working on? This is probably the biggest coincidence I have encountered this week.

The Hon. TREVOR KHAN: This week?

The Hon. BRONNIE TAYLOR: This week? You have very big weeks.

The CHAIR: It is budget estimates week.

The Hon. WALT SECORD: It is budget estimates week. How do you reconcile?

The Hon. BRONNIE TAYLOR: I reconcile it really very simply. For me, Mr Secord, do you know what, it is actually about the people on the ground.

The Hon. WALT SECORD: No, this is about probity.

The CHAIR: Order!

The Hon. WALT SECORD: I am sorry, this is about probity.

The CHAIR: The Minister will be given the opportunity to answer the question. This is not a discussion between the two of you. It is a discrete question followed by an answer and back and forth.

The Hon. BRONNIE TAYLOR: I care about southern New South Wales and I care about the opportunities for regional students. We know that regional students have less opportunities than those in metropolitan areas. We know that they have a much lower rate of attending university. We now have across New South Wales, I understand, in excess of 1,000 students at Country Universities Centres. That is 1,000 students that never would have taken the opportunity to go and do further tertiary study. The Country Universities Centre model is a fantastic story, it is a great story. I am a very big supporter of it and I have never had any influence or decision-making power in terms of the grant funding.

The Hon. WALT SECORD: I think you would be interested to know that when the proposal was put forward originally New South Wales Treasury had questions about the effectiveness of the program.

The Hon. BRONNIE TAYLOR: Yes, I understand that. I was told that. That has been proven incorrect, has it not, Mr Secord?

The Hon. WALT SECORD: For a program about which you have very little knowledge—you have been tracking this for a number of years. Is it a coincidence that 21 minutes after the Minister's office approves it, a personal email goes to you? Was it an overzealous staff member deciding, "Maybe I should tell the Taylor family that the CUC program is up and running?" Was it an overzealous staff member?

The Hon. BRONNIE TAYLOR: Mr Secord, I think that the focus should be on the benefit of what the Country Universities Centre model has done.

The Hon. WALT SECORD: No, this is about probity and the use of public funds.

The Hon. BRONNIE TAYLOR: Probity? My husband is a volunteer. My husband has never received any remuneration for his role.

The Hon. WALT SECORD: You have raised that matter. Your husband sought to be paid until it came to light publicly that he was going to be paid. On 9 March 2017 he wrote a letter saying that he would then do it in a voluntary capacity. That was only after it was revealed in the public arena. I will seek leave to table the email correspondence and the documentation so it can enter the public arena. There are too many coincidences here. Who gets informed by email 21 minutes after a decision is made, with the headline "Finally"? Your reply indicates a knowledge and conversations that have occurred in relation to this area? This is not a coincidence. Someone does not receive an email to that effect, headlined "Finally", and then your reply shows a very deep and intimate knowledge of this. Your husband runs the program. Your sister-in-law is on the board.

The Hon. BRONNIE TAYLOR: Is that a question?

The Hon. TREVOR KHAN: Is that a question, Mr Secord, or is this a speech?

The Hon. WALT SECORD: No. I am going to ask her: How do you reconcile this?

The Hon. BRONNIE TAYLOR: Mr Secord, as I have said, my husband was nominated as the Southern NSW Volunteer of the Year. We should be thanking him for the enormous impact he has had on so many lives. It was his decision to not accept payment for the role and I commend him for that. As I said, I am a very big supporter of anything that helps rural and regional students. I would hope, Mr Secord, that you and the Labor Party, who have such a fine and long history in supporting education, would be too.

The Hon. WALT SECORD: Ms Taylor, what is your response to an email which, in response to you saying, "Great"—you welcoming it—John Barilaro's office then says, "Sorry we spelt Cooma incorrectly," then it goes on "messaging for the New South Wales Government for support of Country Universities Centres". And it gives you proposed speaking points. Why would the Deputy Premier's office send you and your husband, outside of work hours, speaking points on a program about which you have not made representations or lobbied for or pushed for? This is a coincidence beyond belief. How do you reconcile that?

The Hon. BRONNIE TAYLOR: Mr Secord, I think if you spoke to my husband he would not require any speaking points when he talks about the Country Universities Centre.

The Hon. WALT SECORD: According to them, he did.

The Hon. BRONNIE TAYLOR: Those are things that are sent. That is something you can direct to the department or the sender of the email.

The Hon. WALT SECORD: But why would they tell you the program is approved 21 minutes after it was approved and send you speaking points for something that is announced three weeks later? Usually during office hours or outside of office hours correspondence is sent, and you are a Parliamentary Secretary at the time. You live in Cooma, your husband is running this program, your sister-in-law is in Goulburn, and the Deputy Premier announces it three weeks later at the Young Nationals conference in Moree, and you get informed 21 minutes after it is approved. Do you wish to correct the record today?

The Hon. BRONNIE TAYLOR: No, I do not, Mr Secord.

The Hon. WALT SECORD: So you stand by your claims—

The Hon. BRONNIE TAYLOR: I completely stand by—

The Hon. WALT SECORD: You stand by your claims, "I had no involvement in any grant application or any funding", involving the CUC? Will you say that in Parliament on *Hansard* that you had no involvement in this? I am giving you the opportunity now.

The Hon. BRONNIE TAYLOR: Mr Secord, I stand by all of the statements that I have made.

The Hon. TARA MORIARTY: Minister, returning to the bushfires—

The Hon. BRONNIE TAYLOR: That would be great. I think it is pretty pertinent.

The Hon. WALT SECORD: I have more if you want.

The Hon. TARA MORIARTY: The Government announced $1 billion overall for bushfire recovery. How much of that is allocated to mental health support?

The Hon. BRONNIE TAYLOR: In terms of mental health support and bushfires, we announced an $11.3 million initial response. That has risen now to $15 million in terms of mental health from the New South Wales State Government.

The Hon. TARA MORIARTY: Is it out of that $1 billion?

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: Over what period of time has that money been allocated?

The Hon. BRONNIE TAYLOR: That is an immediate response and that is what has happened now. As I said, we put that up to $15 million to put in more coordinators around the State.

The Hon. TARA MORIARTY: So has that money been spent to date?

The Hon. BRONNIE TAYLOR: It has been spent, yes. These are new positions. They are not existing positions. This is new funding.

The Hon. TARA MORIARTY: Sure. We do not have a breakdown of what money the Government will allocate to what services out of that $1 billion. Is that what we can expect the total allocation for mental health support to be out of the money that has been allocated for bushfire recovery?

The Hon. BRONNIE TAYLOR: We will be constantly assessing that and the spend and where it needs to go. As I said, we started off with this initial response and we are bumping that up to $15 million because we see that we want to have more of those coordinator positions in place.

The Hon. TARA MORIARTY: I will come back to this, but just to wrap this question up quickly, there is $1 billion allocated so does that mean that the rest of the money in that allocation has not been allocated to other portfolios? Is there still a chance to get more money for mental health support or is that it?

The Hon. BRONNIE TAYLOR: There has been $1 billion that has been put on the table for bushfire relief, and we are allocating that based on need. I would not want to see us spend the $1 billion in the first two months, or all of the mental health—this needs to be a long process and a long response.

The Hon. TARA MORIARTY: The question is: Has it been allocated to other things?

The Hon. BRONNIE TAYLOR: I can only speak on behalf of the mental health budget.

The Hon. TARA MORIARTY: But you are in Cabinet. Has it been allocated to other things?

The Hon. BRONNIE TAYLOR: This is budget estimates. It relates directly to my portfolio and I can only speak in terms of the mental health budget.

The Hon. EMMA HURST: Minister, I want to ask you about some of the mental health hotlines. The NSW Health website has a resource called "Managing your mental health during and after a bushfire". It lists a number of hotlines people can call if they are experiencing mental health issues. I notice that while there is a kids' helpline and a men's helpline, there is no hotline dedicated specifically to women and the particular mental health issues that they face. That seems like an oversight to me. Are there any plans to set up a hotline dedicated to women's mental health?

The Hon. BRONNIE TAYLOR: At this stage, specifically to women, there is not. There is a general mental health line that is available. There is also the Lifeline number as well.

The Hon. EMMA HURST: Why do you think we need a specific kids' and men's hotline but not one for women?

The Hon. BRONNIE TAYLOR: If it is all right with you, I might refer that to Dr Wright to answer.

Dr WRIGHT: There were a number of discussions, particularly in the first week of this year, around how best to ensure non-confusing access to services via telephone for people. We tried to keep the contact numbers to a minimum so as not to—because the main issue is to make sure that someone can get the advice that they need. My opinion is that trying to have a point of confluence through the telephone so that a person is seeking advice on practical support after the bushfire—that is not mental health support but there may be a mental health component—and so the idea of having a plethora, if you like, of contact lines could mean that the person does not get connected up with what they need.

We have always got the mental health 1800 number across the State. That has continued throughout this process and is available to people affected by the bushfires and have a mental health issue as much as it is available

to everybody else. The specific bushfire response, I think the important thing there is that we were conscious that people who might need a mental health service might actually be wanting to get some practical assistance as well in the first instance. We wanted to combine those resources with a more generic one. I do not think that there is a necessity to have a particular contact line for women or other groups.

The Hon. EMMA HURST: Does that mean that the Kids Helpline and the men's helpline might collapse in the future?

Dr WRIGHT: No, they will not. I do not think they are going to collapse but I think—

The Hon. EMMA HURST: Collapse into a more broad one rather than having specific ones for children and men?

Dr WRIGHT: I think all of these things need to be monitored continuously because, as I said before, we set these things up wanting to make sure that we had all the possibilities covered without creating too much confusion. Those things will be monitored and if there is an abundance of calls to one of those lines and they are appropriate calls, then I have got no doubt they will be continued. But if the contacts are either a trickle or there are inappropriate calls, then that decision would have to be reviewed.

The Hon. EMMA HURST: Is there any research to suggest that there is a need for a kids-specific line and a men-specific line but not a women's one? It just seems a bit odd.

Dr WRIGHT: I think there are lots of good reasons why you need kids-specific services. That is why we have got headspace services. There is very, very good evidence that particularly adolescents and young people are very sceptical of, if you like, the traditional ways of accessing services. I cannot speak to the men-specific issue but I do think that the kids one is likely to endure. The funding for the Kids Helpline—that is not just bushfire related—is ongoing and I think that is a very, very good initiative.

The Hon. EMMA HURST: Minister, as women's Minister do you have any concerns around the way that that would look to have a children's and a men's and no women's?

The Hon. BRONNIE TAYLOR: I understand the question and I do understand the points that you are making and the way that that perhaps could be perceived. But we do know that often men do find it a bit harder to communicate and to express, and we know that they often have high rates of suicide, particularly in the regions. It is a particular, really big issue that we are looking at at the moment. In terms of children, I absolutely support that we need that special line. We need to get those services very specialised because there are special needs incorporated with that. As Dr Wright said, we know that because it is demonstrated through headspace and the success of that program and our child and adolescent programs.

To be completely honest with you, that is the first time that anyone has raised it as an issue—that there is not a specific women's line and that we know that people are accessing those lines. I think what we are finding too is that we did not see a huge uptake in the mental health line during the crisis situation because I think people were seeking supports locally and seeking that camaraderie and friendship. I know for me as a woman, if I may say, and having a husband who was over in the middle of a fire front and a lot of my friends who were experiencing the same thing with their sons and their daughters also fighting the fires, we actually found our own way of supporting each other. We would meet in town every morning for a coffee and just make sure that we all had that support and that we all knew what was happening on our different places and how all of our families were going.

I think women are good at seeking that type of support in terms of a crisis. I certainly saw that in my own community. We ended up having quite a session every morning in one of the local coffee shops and I found that personally really beneficial. Definitely again, Ms Hurst, I do not mean to answer another question the same way, but if we felt that that was a particular issue for women then we would absolutely look at that and make sure that those services were available. But, to be completely honest, it certainly has not been raised with me. Has it been raised with any members of my department?

Dr WRIGHT: No.

The Hon. EMMA HURST: Thank you. I want to talk to you about domestic violence. I recently held a round table to hear from experts and victims and survivors of domestic violence about the critical and often overlooked link between domestic violence and animal abuse. You may recall we discussed it a little bit last budget estimates. One of the attendees at the round table was Women's Safety NSW, who surveyed their member organisations prior to the round table specifically about women's issues around domestic violence. They published a briefing paper. Have you seen the briefing paper by Women's Safety NSW?

The Hon. BRONNIE TAYLOR: I do believe I have looked at that, but I could not give you any detail. I am sorry.

The Hon. EMMA HURST: That is alright. I just wanted to go through some of the recommendations in that report with you. Did you need a copy of the report?

The Hon. BRONNIE TAYLOR: That is fine, Ms Hurst. I would have to say, Ms Hurst, that as I have said before, the portfolio of Domestic Violence sits with the Attorney General. I absolutely appreciate that I am the women's Minister and of course it is of concern to me. But in terms of any questions about specific domestic violence policy—I do not know if I am allowed—but it does sit within the remit of the Attorney General, who is the Minister for the Prevention of Domestic Violence.

The Hon. EMMA HURST: Even though a lot of domestic violence issues are surrounded by women? Obviously this was done by Women's Safety NSW. Would that not fall under your portfolio as well? I know that in the last budget estimates we did discuss it a little bit in regard to how it affects women.

The Hon. BRONNIE TAYLOR: In terms of domestic violence it does not sit under my portfolio. My job as women's Minister is to have an across-government response to issues that affect women. The things that I am really concentrating on as well in terms of my role as Minister are, for example, women's economic empowerment. That is actually part of our NSW Women's Strategy. One of the things that we know is that often in cases where women are vulnerable, and particularly in a whole range of issues, it is their financial literacy and the ability to have and control their own finances that is missing. That is something that I feel really passionately about as the women's Minister—that we have to do better on that.

I have a Council of Women's Economic Opportunity that reports to me, as the Minister. That is made up of a group of people from the community that advise me. What we have actually gone and developed specifically to look at targeting this—things for prevention of a range of issues for women. We have actually developed a women's financial toolkit and I am actually really proud of it. If anyone would like to go and look on the Women NSW website and click on the financial toolkit, I would be really excited. I would suggest that all of your friends do too. We have had an amazing uptake. We have had amazing interest and involvement from banks, from NGOs and from women's groups as well.

What this is targeting is making sure that women have that opportunity to be financially literate and have that financial independence so that if they are faced with a situation—for example, they find themselves in a violent relationship—they are able to leave because they have that financial ability to do so. That is one of the things I am concentrating on as well. I also am really passionate obviously about health, being the nurse for the long time that I was. That is also in our Women's Strategy—to look at women's health. I was at a women's health centre on Tuesday out in Bathurst. It was great because it dealt with a lot of women's health issues, but it also talked about things of rehabilitating women who had been in correctional services and what we can do to better do that.

Of course domestic violence was one of those things. But what we were talking about is that we want to reduce those rates. Those rates are too high. They are too high. But we need to look at doing things—we need to be brave enough to try a few different things. That is why I am really proud of what we are doing in terms of economic empowerment and financial literacy. I think it is essential.

The Hon. EMMA HURST: I actually spoke at a vigil last night in regard to domestic violence and I spoke with a range of women's services who also spoke who said that they felt that the issue of domestic violence was not being taken seriously enough by government. We have lost nine women already this year to domestic violence situations and obviously that is nine too many. Their concern is that—this was how they expressed it to me—they felt it was being swept under the carpet because it was a women's issue. Do you have any thoughts around that?

The Hon. BRONNIE TAYLOR: I would completely disagree, although I acknowledge and I understand their feelings and their sentiment with the numbers, and particularly the recent stats that have come out. I can assure you that I believe the Attorney General is taking this role very seriously. He has spoken publicly about that. He has actually just convened two round tables. He was the first domestic violence Minister to sign up to Our Watch, which I know was very, very supported by the sector. I think that he has come out very strongly in terms of recent events and said that this is a community responsibility. This is something where government must absolutely play a vital role.

I think we need to start having the conversations that we all have a role to play. I point out the amazing interaction that happened the other day with that young schoolboy who was travelling on a bus and saw someone

behaving really badly to their female partner. He stopped the bus, he got off—he was a quarter of that fellow's size—and he went up there like Hercules and said, "This is not okay." He was threatened, he was grabbed, but he did it because what was happening was not the right thing and he stood by that. I think that, as a young man, he has set an incredible example for all of us to follow.

The Hon. EMMA HURST: One thing that Women's Safety NSW brought up was the issue around women in rural areas, in particular, and the difficulties they faced trying to leave domestic violence situations. Obviously they often remain in these situations to protect animals. They cannot flee with the animals because we are talking about 12 horses or something like that, so they remain in very dangerous situations. Are you aware of the Government program Staying Home Leaving Violence?

The Hon. BRONNIE TAYLOR: Yes.

The Hon. EMMA HURST: Can you tell me what the program does and how it protects women to stay in their homes?

The Hon. BRONNIE TAYLOR: What I might do is go to the director to elaborate on that program, but before I do that I just want to draw to your attention that in February 2020 the Attorney General also directed the department to commence a review into the connection between animal abuse and domestic violence and to provide specific advice on reforms to better protect survivors and their pets. I think that is an incredible initiative and I commend the Attorney General for doing that.

The Hon. EMMA HURST: He did that after our meeting.

The Hon. BRONNIE TAYLOR: Well done to you. I just think that is really terrific because we know that it is a huge issue and we know that perpetrators will often use the animals and perpetrate violence on them to get to the woman, which is just despicable. In terms of the details of the program, may I ask Ms Walker to deal with those?

Ms WALKER: The principles of Staying Home Leaving Violence are ultimately that women, in the majority, are absolutely supported to stay in their home, in their community, their children being enabled to stay in their school, stay with their pets, and the perpetrator is required to leave the house. It is strongly supported by the NSW Police Force, and we know that it means that women are not fleeing to crisis accommodation where their lives are more disrupted than they already are. They are the principles behind the program.

The Hon. EMMA HURST: Do you know if there are any plans to expand the program? I know it had a lot of support by Women's Safety NSW but they said it was still at a very small and minimal stage at this point.

Ms WALKER: It commenced in 2004 and it is currently in 33 locations across New South Wales and six new sites were contracted in March 2019 through the NSW Homelessness Strategy.

The Hon. EMMA HURST: Do you know what level of funding the program receives each year?

Ms WALKER: I can take that on notice and give you the detail.

The Hon. EMMA HURST: Thank you. Do you know if there are any plans to increase funding or to expand the program?

Ms WALKER: I think we are all in a position where budget time is coming upon us, so all parts of the department are advocating for their different programs.

The Hon. EMMA HURST: Minister, would you be willing to meet with the people at Women's Safety NSW to talk a little bit more about the issues for women around domestic violence?

The Hon. BRONNIE TAYLOR: Of course, Ms Hurst. I have met with many groups that advocate and do that on behalf of domestic violence as well. I have a list of them, but I do not want to bore you with that. I definitely have met and, of course, absolutely, I am always happy to meet with anyone.

The Hon. EMMA HURST: In regards to domestic violence, and this might be something for Ms Smyth, I want to ask about the Tackling Violence program that is being undertaken by Women NSW. As I understand it, rugby league clubs are being offered $3,000 in sponsorship to sign a code of conduct that commits them to penalising players for domestic violence offences and displaying the Tackling Violence logo. Is that correct? Is that what the program is?

Ms SMYTH: The program is around a code of conduct around behaviour that is required to be able to continue to play. I would have to take on notice around the $3,000, but that is the premise of the program.

The Hon. EMMA HURST: Do you know what the penalties are that the club is required to impose?

Ms SMYTH: I believe they are about suspensions in playing.

The Hon. EMMA HURST: Do you have any plans in place to measure the success of the policy going forward?

Ms SMYTH: Yes, it will be evaluated. There has been some evaluation to date, which we will be sharing with the providers for implementation going forward.

The Hon. EMMA HURST: You might need to take this on notice, but do you know how much money in total has been spent on the program so far and how much you expect to spend on it in total when it is completed?

Ms SMYTH: I will take that on notice, but the program is continuing.

The Hon. EMMA HURST: Minister, the topic of animals in research has been in the media a lot in the past week due to the three research baboons that escaped at Royal Prince Alfred Hospital.

The Hon. TREVOR KHAN: This was earlier with the Minister for Agriculture—it was the last question.

The Hon. EMMA HURST: I want to ask about the mental health of scientists who conduct experiments on primates and other animals. There has been a lot of overseas research that shows that participation in animal experiments inevitably affects the mental health of animal researchers. Are you aware of this problem and is the Government doing anything to address mental health issues for anybody who is involved in medical research in New South Wales?

The Hon. BRONNIE TAYLOR: Any government employee that is experiencing any issues with mental health, in whatever capacity or department they work to, has resources available to them through the employee—

The Hon. EMMA HURST: What about non-government? There is a lot of animal research obviously that would be non-governmental.

The Hon. BRONNIE TAYLOR: With animal research? Are there things that are specifically available to people for their mental health, specifically for animal researchers? I might have to ask my department. I am unaware.

Dr LYONS: I think we will have to take that question on notice. I am not aware of any specific programs or services.

The Hon. EMMA HURST: When funding medical research involving animal experimentation, would the Government take into account the mental health suffering of anybody that may be involved in that—the human mental health suffering?

The Hon. BRONNIE TAYLOR: I think in any workplace, particularly within the New South Wales Government, we take the mental health of our workers very seriously and we ensure that we provide them with the best working environment that we can and the best mental health care that we can. That sits across for any employee. That would be my expectation.

The Hon. WALT SECORD: Minister Taylor, I would like to continue with the Country Universities Centre. In your email where you reply to the Deputy Premier's office, where they said, "Finally!", 21 minutes later in your email you quote and say, "His contract of no talkies". What is the non-disclosure agreement that you are referring to?

The Hon. BRONNIE TAYLOR: Mr Secord, I stand by all of my previous comments that you have asked me about on this and I ask you to refer to those.

The Hon. WALT SECORD: I am sorry, Ms Taylor, this is very serious. This is $16 million provided by the Deputy Premier to an organisation run by your husband, with your sister-in-law, the spouse of Angus Taylor, in the Goulburn—

The Hon. BRONNIE TAYLOR: Who is also a volunteer, yes.

The Hon. WALT SECORD: Involved in this organisation. You say you had no involvement in representations. You get advised 21 minutes afterwards by email. You are a parliamentary secretary. If you were not involved, why would you have knowledge of the non-disclosure contract involving your husband? You make

reference to it in your email. How do you reconcile that? Your comments earlier were that you had no knowledge of the funding arrangements. Non-disclosure relates purely to financial relationships—

The Hon. TREVOR KHAN: That is rubbish, Walt. You are making it up as you go along.

The Hon. BRONNIE TAYLOR: I know.

The Hon. WALT SECORD: Was that a point of order?

The CHAIR: I am not sure.

The Hon. WALT SECORD: It is her words, not mine.

The CHAIR: Order! Present the question specifically, permit the response and we will see where it goes from there.

The Hon. WALT SECORD: What are you referring to in the documentation when you say, "His contract of no talkies"?

The Hon. BRONNIE TAYLOR: As I said, I refer to all of my previous answers. I fully disclosed everything that I need to. I remain a huge supporter of the Country Universities Centre model and the outcomes that it is getting from rural and regional students.

The Hon. WALT SECORD: No, you mentioned disclosures.

The Hon. BRONNIE TAYLOR: My husband is a volunteer. My sister-in-law, who you referred to, is a volunteer. If you have questions about anything with the contract, then I suggest—you have SO 52d everything, so—

The Hon. WALT SECORD: And it is quite enlightening.

The Hon. BRONNIE TAYLOR: Yes.

The Hon. WALT SECORD: It shows that you were involved in this from the very beginning.

The Hon. BRONNIE TAYLOR: What it shows, Mr Secord, is the enormous success and enormous decision-making abilities to be able to fund a program that is helping regional and rural students. Have you been to one, Mr Secord?

The Hon. WALT SECORD: Minister, it shows your husband ran an organisation. He has made representations to get funding for it. You obtained funding for it. Twenty-one minutes after it is approved you are alerted by email with the headline "Finally". You reply, they give you speaking notes. Minister, if you were not involved, it beggars belief. You are deep into this project. You mentioned disclosures. Did you disclose in your Parliamentary Secretary to the Premier or to the Deputy Premier your husband's involvement in this organisation?

The Hon. BRONNIE TAYLOR: Mr Secord, as I have stated numerous times—

The Hon. WALT SECORD: It is a yes or no question.

The Hon. BRONNIE TAYLOR: May I answer the question, please, Chair? As I have stated to you numerous times, both in the Legislative Council and in budget estimates, I have complied completely with my disclosures. I have nothing further to add.

The Hon. WALT SECORD: Why did the Deputy Premier's office provide you, 21 minutes after it was approved, with speaking notes if you had no involvement in it?

The Hon. TREVOR KHAN: Point of order: This has been asked I think in the order of half a dozen times and there have been answers to that. I think we get to the point of boringly repetitive in terms of where we are going.

The CHAIR: It has been a theme that has been prosecuted.

The Hon. WALT SECORD: To the point of order: I just want to say that I disagree with the Hon. Trevor Khan. However, we are getting stonewalling from the Minister on this. I will defer to my colleague the Hon. Tara Moriarty to return to other matters. But I am being stonewalled and I will accept it. I do not want to get the same answer for the next three hours.

The CHAIR: Thank you. We have resolved that, at least presently, anyway.

The Hon. WALT SECORD: Presently. I reserve the right to return to it.

The Hon. TARA MORIARTY: Minister, I will continue with my colleague's theme in terms of your portfolio and being the Minister responsible for women.

The Hon. BRONNIE TAYLOR: All right then.

The Hon. TARA MORIARTY: I note your response and I know that this has been asked in various forms in terms of your responsibility for domestic violence in New South Wales. I note that that falls within the remit of the Attorney General.

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: But in your capacity as the Minister responsible for women, have you been briefed on the Bureau of Crime Statistics and Research [BOCSAR] which released a report—I think this week—with some pretty shocking statistics on the increase of domestic violence in New South Wales. There has been a 50 per cent increase in parts of Sydney. There has been a 79.2 per cent increase in the Snowy Mountains area in terms of domestic violence reporting just over the course of one year, the last year of statistics. As the Minister responsible for women, what are you doing about it?

The Hon. BRONNIE TAYLOR: Well, as I said in my last question—and also thank you for acknowledging that this portfolio sits within the remit of the Attorney General, who I do not believe has had his budget estimates yet but I could not say that for sure—I am aware of the recent BOCSAR results that have come out. I agree with you: They are terrible. The only small hope—and I do not mean to diminish it by any way when I say this—there are conversations around the fact that we are getting much better at reporting so that could have also explained the spike. But, as I said, because domestic violence does not sit under my remit as the Minister responsible for women, I could not categorically say that. But I understand that we are hopeful that that is the case.

In terms of what I am doing as the Minister responsible for women, as I said to Ms Hurst, what I am concentrating on are things through the women's strategy that we have done. We talk about economic empowerment. I spoke about the financial toolkit that we are doing. I think that if we can empower women, we can look at issues that affect them and that lead to these results of being in these situations and not being able to leave. That really sits with me to work across government to do that. I am constantly doing that. I think, too, that in terms of our strategy looking at women's health as well, making sure that women are as well—and their mental health as well. I mean, if you are in a relationship where you are having violence perpetrated against you, whether that is physical or mental, that would actually play a great role in people's mental health and their ability to cope with that. As the Minister responsible for women, that is something I am certainly concentrating on. In terms of specific policy issues in terms of domestic violence, that would be a question for the Attorney General.

The Hon. TARA MORIARTY: I would hope that as the Minister responsible for women you would have some input or advocacy on behalf of the women who are suffering this.

The Hon. BRONNIE TAYLOR: Look, I certainly do.

The Hon. TARA MORIARTY: But to the Attorney General? We would love to hear about it.

The Hon. BRONNIE TAYLOR: To be fair, that is not what I insinuated at all.

The Hon. TARA MORIARTY: No, I am not suggesting that. I am saying that I hope you would have some advocacy for women.

The Hon. BRONNIE TAYLOR: Of course I do. I am a woman, you know. I am a person.

The Hon. TARA MORIARTY: You are a Minister in this Government who has the ability to direct funding or at least advocate for it.

The Hon. BRONNIE TAYLOR: That is correct, but as I said, we are working very hard in terms of women's economic empowerment and other things that we are able to do within this portfolio space. But there is also an enormous amount of policy work. I commend the Attorney General for the things that he is looking at and the way that he is advocating. But in terms of policy that is specifically related to issues of domestic violence, that sits in the remit of the Attorney General.

The Hon. TARA MORIARTY: Can I get some clarification on what your role is as the Minister responsible for women? You have talked about some areas of women's health, financial literacy and financial education. What is your responsibility as the women's Minister?

The Hon. BRONNIE TAYLOR: Even on Tuesday I was out at the Charles Sturt University, as I said. I was talking to the highest number of engineer students that are women that has ever taken place in New South Wales at Charles Sturt University. My job is to go out there and advocate for women. Today I came from the New South Wales Women's Awards where we had some just amazing women there who have won awards both in each of their electorates. We announced the Regional Woman of the Year Award, who is Krystaal Hinds. She is a firefighter from Gunning. She has increased women's participation by 30 per cent in her brigade. I am looking at women's empowerment, their economic opportunity and their health. It is my job as the women's Minister to sit across government and to make sure that women's issues are heard and I am working with all other departments to progress the general status of women.

The Hon. TARA MORIARTY: The women's department—

The Hon. BRONNIE TAYLOR: Women NSW.

The Hon. TARA MORIARTY: —works inside the Premier's department. Is that correct, or can you give me an idea of where it fits?

The Hon. BRONNIE TAYLOR: Sure. Women NSW sits within the cluster of Communities and Justice. I can ask the director to answer that question as well.

The Hon. TARA MORIARTY: Yes. That is fine.

Ms WALKER: Women NSW, up until the last machinery of government change, sat in Families and Community Services, now sits in Communities and Justice as part of my division.

The Hon. TARA MORIARTY: How many staff are allocated to your department?

Ms WALKER: I will take that on notice.

The Hon. TARA MORIARTY: You do not know how many staff you have?

Ms WALKER: No. I actually do know how many staff I have but I think the important thing about the work of Women NSW is that it goes across a broad part of the policy area of Communities and Justice, and I want to make sure that we capture all of the people who are working towards this priority.

The Hon. TARA MORIARTY: That is fine and you are well entitled to take things on notice. I am not critical of that. In terms of the actual department of women—

Ms WALKER: Women NSW.

The Hon. TARA MORIARTY: You cannot say now how many are specifically allocated to that? I acknowledge that you will come back to us with people who might perform roles in other parts of government.

Ms WALKER: No. I will come back to you with the exact number of people who sit in Women NSW and other numbers of people who are working towards the priorities of Women NSW.

The Hon. TARA MORIARTY: Thanks. How long has your department been in the Department of Communities and Justice?

Ms WALKER: The announcement of the larger machinery of government change occurred in April last year and the big movement occurred in June last year.

The Hon. TARA MORIARTY: Can you let us know this: Are there any changes planned or earmarked in terms of the staffing of women or Women NSW?

Ms WALKER: I think you might be referring to, in my area, which is strategy policy and commissioning that sits across Communities and Justice. We are looking at structural changes and realignments that we need to look at as part of the larger machinery of government changes of bringing Justice, and Family and Community Services together.

The Hon. TARA MORIARTY: Does that mean that people will be losing jobs in your sector, in your area?

Ms WALKER: The structure of the area will change and we are looking at some roles not going forward because we will need to work within our budget in the next financial year.

The Hon. TARA MORIARTY: Again, I am not critical because you are able to take this on notice, but if I can just clarify this: We do not know how many people are working in this department but there is confirmation that there will be some structural changes and some of them will not be going forward.

Ms WALKER: I cannot agree with the premise that we do not know how many people. We absolutely do, but I want to be really specific because I know that this is an area of concern that has been raised outside of this room as well by staff.

The Hon. TARA MORIARTY: I am happy to accept a rough answer for the purpose of the discussion. You can clarify for the record.

Ms WALKER: I would prefer to bring it back on notice, thank you.

The Hon. TREVOR KHAN: Yes, accuracy is always good.

Ms WALKER: I am really clear, and I have sent emails to staff in the recent weeks being really clear about the process of the restructure that will occur in our part of the department—

The Hon. WALT SECORD: To assist, maybe I suggest that you get a staff member to get those numbers and provide it to us so it can inform our further questions today, rather than waiting until 21 days?

Ms WALKER: I would prefer to take it on notice, but I can come back to you this afternoon—

The Hon. WALT SECORD: I think it would be possible for you to find out how many people—

The Hon. BRONNIE TAYLOR: Ms Walker has stated she will take the question on notice.

The Hon. WALT SECORD: Minister, there is a meeting tomorrow of the council of Australian Ministers for women. Will you be attending that?

The Hon. BRONNIE TAYLOR: No, I will not.

The Hon. WALT SECORD: It has been convened in relation to domestic violence, convened by Minister for Women Marise Payne and social services Minister Anne Ruston, a special meeting of State and Territory women's Ministers on Friday.

The Hon. BRONNIE TAYLOR: No, Mr Secord. As you would be aware, it is NSW Women's Week. I have had a very full program this week.

The Hon. WALT SECORD: You will not be attending the national summit on domestic violence with the Ministers for women?

The Hon. BRONNIE TAYLOR: Mr Secord, as I have stated previously—but you perhaps may have been out of the room—the portfolio of domestic violence sits with the Attorney General. I am the women's Minister. What you are referring to in that conference tomorrow that refers to domestic violence—no, I will not be attending. I will be sitting on the Telstra Business Women's Awards panel and I am really excited about it.

The Hon. WALT SECORD: Just for clarification: On *ABC AM* this morning it was the ministerial council of women's Ministers. Thank you.

Ms ABIGAIL BOYD: Just following up on that question: Yes, it was reported as being Ministers responsible for women, but in this case would it be Minister Speakman who would be attending?

Ms WALKER: Yes.

The Hon. BRONNIE TAYLOR: Can I ask my department to answer, because they actually have the exact title of the conference and what it refers to.

Ms WALKER: It is the Women's Safety Meeting. It is a regular meeting of States and Territories and I will be attending on the teleconference with the Attorney General.

The Hon. BRONNIE TAYLOR: So that is the Women's Safety Meeting.

Ms WALKER: The safety meeting, not a meeting of women's Ministers.

Ms ABIGAIL BOYD: Okay. Slightly misreported by *Radio National*, I think.

The Hon. TREVOR KHAN: Oh, gracious!

Ms ABIGAIL BOYD: I know, right? Just one more question in relation to domestic violence, which I completely acknowledge is not your portfolio.

The Hon. BRONNIE TAYLOR: Thank you, Ms Boyd.

Ms ABIGAIL BOYD: I am interested, though, in whether you think that the current split in responsibilities across Ministers for domestic violence is creating an obstacle to greater action on this from the Government. I am looking at, obviously, the Attorney General having responsibility for the Prevention of Domestic and Family Violence; and Minister Ward, I believe, has responsibility for some of the crisis accommodation and frontline services funding. Do you think that there is a disconnect that I guess divides the focus of this Government on domestic violence?

The Hon. BRONNIE TAYLOR: I honestly do not. I suppose I cannot really comment on what used to happen before because I have only been a Minister for almost a year—this is my second budget estimates. But I think what it actually does with the machinery of government [MoG] changes and when we talk about mechanism of government is that we are put into clusters. The Minister responsible for women—that is, myself—sits within that cluster of Community and Justice. When we have meetings and when we are discussing policy change and things moving forward we are all around the table together. It actually gives me the opportunity then to discuss those issues about how they might affect women or how they might affect housing with Minister Ward or, indeed, if it is a domestic violence issue, with the Attorney General.

I am a very big one for coordination and for everyone—and I think you have hit it on the head in that fact that it is not just one issue. Certainly domestic violence is not one issue that just defines women, and I think that is really important. The portfolio of Women and what women are doing is so much more. It is such an essential thing that we address this. I completely acknowledge that and I completely acknowledge that the recent statistics are very alarming. But I think the way to actually look at improving this is to actually all work together from all those different facets.

Ms ABIGAIL BOYD: Do you think that there is sufficient coordination at the moment between Minister Ward and Minister Speakman in relation to domestic violence?

The Hon. BRONNIE TAYLOR: I do. May I say as well that Minister Speakman constantly will consult myself and my office on what we think about things. We actually do a lot of things together, even though, as I said, domestic violence does not sit with me. I attended the ceremony—I think it was actually in this room—when we signed up to Our Watch, things like that. Absolutely, he is very inclusive and he is also the cluster lead, so it is an important issue for him.

Ms ABIGAIL BOYD: I note that while you are the Minister for Mental Health, Regional Youth and Women you do not have administration over any Acts that are specifically related to women or issues that disproportionately affect women. Do you have any plans for bringing forward legislation in relation to women-specific issues? I am thinking here of, for example, the Victorian legislation that I think went through one of the Houses quite recently in relation to gender equality.

The Hon. BRONNIE TAYLOR: Personally, from my own point of view and regarding my role as women's Minister, I do not have any impending legislation. However, I certainly think that there has been—this last year saw a landmark passing of the reproductive health bill that was just such an absolute privilege to be part of.

The Hon. TREVOR KHAN: That was easy.

The Hon. BRONNIE TAYLOR: I was such a great supporter of that. I commend the Hon. Trevor Khan and his leadership and everyone's leadership in the House. Just because legislation is not brought in by me as the women's Minister it does not mean that I am not working very hard to advocate for those changes.

Ms ABIGAIL BOYD: In relation to that, and I am glad you have mentioned the reproductive health changes, recently I have heard from a number of doctors in regional areas that there has been no mass rollout of training for doctors to perform terminations, either medical or surgical, similar to what you would see when there have been other types of legislative change, and also that they are simply not getting the resources in order to provide that access. Further, in some areas there is still a concerted campaign against the doctors who are providing the abortions. What are you doing to ensure that women have access to reproductive health care across the State?

The Hon. BRONNIE TAYLOR: I am aware of those. I am particularly aware of an article that came up about Wagga and what was happening there. That actually sits under Minister Hazzard in the general Health portfolio. I will definitely be looking at that and making sure that those things are available. I was as alarmed as anyone else that someone would not have access to the health care that they need close to their community. I definitely will be asking him about that.

Ms ABIGAIL BOYD: Thank you.

The Hon. BRONNIE TAYLOR: And also you could too, if you want to.

Ms ABIGAIL BOYD: Yes, I will.

The Hon. BRONNIE TAYLOR: Sorry, I did not mean to be rude.

Ms ABIGAIL BOYD: That's alright. No, not at all. In the NSW Women's Strategy year one final report you note that you are on track to meet the target for increasing the proportion of senior leadership roles in the New South Wales government sector to 50 per cent by 2025. This is not a statistical analysis, but my observations of senior public servants attending budget estimates in the past—I note that this witness group is probably the most equal representation from women we have had—

The Hon. BRONNIE TAYLOR: It is fabulous, isn't it?

Ms ABIGAIL BOYD: But I routinely sit through estimates where there are no women from departments, or perhaps one if I am lucky. Are you on track to meet that target? What is that percentage looking like at the moment?

The Hon. BRONNIE TAYLOR: I think we have a really great story to tell in terms of the public service and women in roles. As a government, we are actually setting that bar very high. The lag behind in women in senior executive roles is actually—in the private sector. As you would know, it is actually one of the Premier's Priorities to drive public-sector diversity in that space. I think one of the most important things is that we need to look at what we need to do to support that target. One of those things that often comes up as well is flexible workplaces. That is actually a policy of the New South Wales Government, that we have a flexible workplace. I know in my own office I am very adamant about that. My office is actually all female, bar two. I am pumping that average up.

Ms ABIGAIL BOYD: That is fantastic.

The Hon. BRONNIE TAYLOR: But what is actually really important is that is what people are telling me in terms of flexible work practice. I know for myself that I needed to have that—that actually meant more to me than extra financial remuneration at the time, because I wanted to stay in the workforce.

Ms ABIGAIL BOYD: I really hate to cut you off but I have limited time. I could talk about this all day.

The Hon. BRONNIE TAYLOR: Yes, sorry.

Ms ABIGAIL BOYD: I just wanted to know what the current percentage of senior leadership roles in New South Wales government is for women?

The Hon. BRONNIE TAYLOR: I may ask Ms Walker.

Ms WALKER: In 2019 some 40.3 per cent of senior leadership roles in the New South Wales public sector were held by women. That was up from 38.7 per cent in 2018.

Ms ABIGAIL BOYD: Up from 38.7 per cent in 2018. So in two years there had been about a 1½ per cent increase?

Ms WALKER: That is correct, yes.

Ms ABIGAIL BOYD: We have only got five years left to get to 50 per cent. What are the plans in place to boost that increase in representation?

The Hon. BRONNIE TAYLOR: I appreciate that it sounds like a small percentage, but any percentage heading in the right direction is a good one. We have started the NSW Leadership Academy, which is a whole-of-government initiative run by the Public Service Commission to increase the skills of high-potential future leaders. We also have a policy of having at least one woman on all executive recruitment shortlists and a stretched target of 50 per cent on all shortlists.

Ms ABIGAIL BOYD: Have those programs and targets been in place since 2018 or are they new to try to increase the uptake? I am interested in what is being done to accelerate that increase.

The Hon. BRONNIE TAYLOR: Because it was before my time—

Ms WALKER: I think we will have to take it on notice. Some of these have been evolving as we get more information and more data because there has certainly been considerable behavioural insights work as well, about how to promote women into leadership roles.

Ms ABIGAIL BOYD: I will move on. Also in the NSW Women's Strategy year one final report you mentioned you completed the target of maintaining a 50:50 gender target across New South Wales Government screen development and funding programs, and that was done by June 2019. Can you explain what that means and whether you have actually met that 50:50 target now?

The Hon. BRONNIE TAYLOR: As that is a specific program, I might ask the director to talk about that particular one.

Ms WALKER: Did you say the screen—

Ms ABIGAIL BOYD: Yes, the screen development and funding programs 50:50 gender target.

Ms WALKER: We might have to take that one notice for the detail.

Ms ABIGAIL BOYD: You have identified the need—again, this is from the NSW Women's Strategy—to respond to the homelessness crisis affecting older women, and point 2.5 states that you have completed the target to encourage new housing proposals through the Social and Affordable Housing Fund that target older women. What has actually been achieved in that space?

The Hon. BRONNIE TAYLOR: Recently I met with a group—I will have to take the name of the group on notice because I cannot find it—that was running a program where it developed specific housing for women who had been homeless before. It was out of the NGO sector and supported with private and government funding. I love hearing about things like that because there is a real opportunity there. I said to them that I am happy to work and partner with them to look at it. The recent articles and data about homelessness in middle-aged and older women is very alarming. One of the consequences that we know of—that the evidence tells us—is that women find themselves in an impoverished position and then find themselves homeless. I have spoken with many women who have come to my office and expressed this to me.

As I said before—but it was probably before you came in—one of the things we are really concentrating on is empowerment. Part of that empowerment is financial literacy because we know that often women are in long-term relationships and do not have any clear and concise and detailed information about their financial status. They then find that when the relationship breaks down—and I know you know all this—they not only have nowhere to go but also have no financial capacity. One of our strategies is the NSW Council for Women's Economic Opportunity, where we have created a financial literacy toolkit. That sits on the Women NSW website and I would love you to go on and have a look.

Ms ABIGAIL BOYD: That is fantastic and I love seeing those sorts of programs that are aimed at prevention. But given that the homelessness rates of women in that older group of over-65s is increasing so markedly—over 50 per cent in the five years to 2016—what are the plans to address homeless women now, in terms of specialist shelters, crisis and medium-term accommodation and extra housing stock. What is being done?

The Hon. BRONNIE TAYLOR: As the Minister responsible for women those particular policy areas do not sit with me, but I have constant conversations with Minister Ward and Minister Pavey to look at solutions that we can find, particularly for this demographic that you speak about. It is too high and we need to do more. I look forward to working with them to do more in that space.

Ms ABIGAIL BOYD: So it is a "to do"?

The Hon. BRONNIE TAYLOR: It is in progress. In terms of specific things that are happening, that would have to be a question for them. But it is absolutely on their radar and it is absolutely something we continue to work towards.

The CHAIR: There is 10 minutes for additional questions to be presented to you as the Minister. I am conscious that it has gone 11.30 a.m.

The Hon. BRONNIE TAYLOR: Has it?

The Hon. TREVOR KHAN: Time flies.

The CHAIR: Time flies when you're having fun. Are you are agreeable to taking another 10 minutes of questioning from the Opposition, or not? You would need to be agreeable to that additional 10 minutes.

The Hon. TREVOR KHAN: Do it. It gets it out of the way.

The Hon. WALT SECORD: It is Tara, not me. Or you could come back this afternoon.

The CHAIR: Thank you, but I ask the questions.

The Hon. BEN FRANKLIN: We would not interpret that as a threat, would we, Mr Secord?

The CHAIR: It is an opportunity to free you up for the rest of the day.

The Hon. BRONNIE TAYLOR: Mr Chair, I would be delighted to take an extra 10 minutes of questions from the Hon. Tara Moriarty.

The CHAIR: Thank you very much.

The Hon. BRONNIE TAYLOR: Be nice, Ms Moriarty, since I have been such a good girl and said yes.

The Hon. TARA MORIARTY: I want to ask some specific questions in relation to Shellharbour Hospital. In November 2019 it was revealed that five mental health beds were closed due to nurse shortages at Shellharbour Hospital. I assume you are aware of that situation?

The Hon. BRONNIE TAYLOR: I am, yes.

The Hon. TARA MORIARTY: It was reported that there were further bed closures over the November-December period. Do you know how many beds have been closed since November and for what period of time?

The Hon. BRONNIE TAYLOR: Yes, my understanding is that as of today there is one person awaiting a bed at Shellharbour, which they will have by midday. There is no-one waiting for a bed at Shellharbour.

The Hon. TARA MORIARTY: But are all of the beds reopened or are some still closed as they were over the summer months, from November to February?

The Hon. BRONNIE TAYLOR: My understanding is that there are still—off the top of my head—beds that have not resumed. But I absolutely stress, again, that there is no-one in the Shellharbour district awaiting a mental health bed.

The Hon. TARA MORIARTY: Sorry, can I clarify, are all of the beds open and available or are they still closed as they have been for a couple of months?

The Hon. BRONNIE TAYLOR: There are still beds closed, that is correct.

The Hon. TARA MORIARTY: You can take it on notice to find out how many.

The Hon. BRONNIE TAYLOR: Yes, I will take that on notice because it has changed over time and because of your questioning in the House I have been keeping a very close eye on this. That is why I have checked already just this morning to make sure. Some beds are definitely closed but if you would indulge me to take that on notice to give you the exact number as of today.

The Hon. TARA MORIARTY: That is fine. My understanding is that part of the reason for the bed closures was a shortage of staff, particularly experienced nurses. Is that still an issue at the hospital, or have those roles been filled or are the people who were off back at work?

The Hon. BRONNIE TAYLOR: I went out to visit Shellharbour about two weeks ago and I spoke with all of the staff and the management team. They have had issues with staffing levels. As you know, that is why those beds were closed—to ensure safe staffing levels. I am excited to say, and I will have to take on notice the exact number, they have in excess of five new graduates starting at the hospital in the new graduate program. They were commencing—I believe they were starting orientation just recently when I was down there. I was really pleased to hear that and I might also say that they have implemented some really great measures to look at all of their practice and all of the things that have been happening. They have had some incidents down there but they are putting into place some really good practices to improve their outcomes.

It is really exciting that they are taking on new graduates and looking at that. I spoke to the staff down there, who are doing a really terrific job. I saw one of the areas that has had funding from the therapeutic environment funding scheme, which was a $20-million program. I am sure you have probably seen how some of those places have made an enormous difference to the way they are able to practise, because a lot of our mental health facilities were built a very long time ago, and they were not built according to best practice. Now we have these fantastic environments and fantastic areas that are used for de-escalation, which is fantastic to see.

The Hon. TARA MORIARTY: I am pleased to hear about the five graduates.

The Hon. BRONNIE TAYLOR: I do not know if it is exactly five?

The Hon. TARA MORIARTY: You can come back with the specific number. If that is not correct that is fine. It is a welcome addition but graduates are not experienced staff and there is a shortage of experienced staff for various reasons, which I am sure you are aware of but I am not going to go into today. There are not enough of them already. What is being done in terms of getting the experienced staff back to work or replacing them?

The Hon. BRONNIE TAYLOR: I understand that with some of the staff there have been absolutely programs to get them back to work and where they want to. I understand one of them has just recently joined one of the community mental health teams and is making an enormous contribution to that.

The Hon. TARA MORIARTY: Can I clarify, over the summer when beds were closed—and they are not all reopened now—is it true that when people could not access beds over the summer they were admitted to surgical wards? They were put in other parts of the hospital that staff felt made them more vulnerable. It was a big issue for their safety.

The Hon. BRONNIE TAYLOR: My understanding over the summer period is that they have been able to adequately service all patients who have presented with a mental health issue. I will go to the director and chief psychiatrist on this because when there are cases in any situation on a surgical or medical ward if you have a gastro outbreak and every bed is taken you will have to put people in other areas of the hospital. I cannot comment on that particular case. I ask the chief psychiatrist if he would like to comment.

The Hon. TARA MORIARTY: I welcome your comments. I understand that people need to be moved around in hospitals, particularly at a time of crisis, which I assume, unfortunately, is probably coming with the virus we are dealing with. My question is specifically into mental health patients being put into surgical areas. It is about their safety and the safety of staff.

Dr WRIGHT: I am not aware of any particular incidents. I will say that people do not present with a pure mental health problem or a pure surgical problem. They often have comorbidities. We always look to find the most appropriate and least restrictive place for people who require inpatient care. I would be happy to look into any particular incidents where people thought that was not done in the best interests of the consumer or the other patients. I think the need for us to have the ability to manage people with complex mental health and behavioural problems in non-mental health units, that is actually a really important issue.

We do not want to go back to the days where we put people with mental illness in asylums and our general hospitals refuse to take them. That kind of stigma is something that we have to deal with from time to time. Really it is about making sure that the staff on the general medical and surgical units have some capability in managing people who have mental health issues. Having said that, if there was a particular issue of someone who ought to have been managed in a mental health unit I would be happy to look into that.

The Hon. TARA MORIARTY: I am happy if you could take that on notice. I understand the general comments about people who might present with different issues. Specifically in terms of Shellharbour hospital over the period the beds were closed over the summer, my understanding is that people were placed into surgical wards which put staff and patients potentially in harms way. If you could take it on notice and look into that incident but that is what I am interested in getting some information about.

The Hon. TREVOR KHAN: Are you able to provide some specifics?

Dr WRIGHT: I am not aware of any incidents in relation to that. We would need to have a specific issue to investigate. A general comment is a difficult thing to investigate.

The Hon. TARA MORIARTY: It is not a general comment. You have acknowledged that beds were closed at Shellharbour hospital in the mental health unit over the summer. The Government has agreed to that. It is a fact. Some of the beds are still closed. My question is in relation to where patients who were admitted with mental health issues were placed while those beds were closed?

Dr WRIGHT: The difficulty is that we do not have, if you like, pure samples of people who have mental health problems without any other comorbidities. Unless there is a specific instance of individual patients being, in someone's view, inappropriately placed in a medical or surgical unit it is not something that we can investigate in a generality. All I can say is that to this point we have not heard of any concerns being raised about that. We are aware that the management in Illawarra Shoalhaven we are monitoring the bed demand and capacity on a daily basis.

The Hon. TARA MORIARTY: Again, I am happy for you to take this on notice and come back to me. I know that the staff have complained about this because they have also raised it with me. That is as much detail as I will provide now but I am happy to provide more detail to you. It is a matter of public record that the staff

have complained that while these beds were closed over the summer, and while they are still closed, patients were placed in situations that the staff in that hospital did not feel were appropriate and those complaints have been made. If you can investigate those and come back with an answer that would be useful.

The Hon. BRONNIE TAYLOR: Dr Lyons, do you want to add anything?

Dr LYONS: Just a couple of general comments that might assist in interpreting. While we have not got the specifics of what you raised, they have not been escalated to us, the process for where patients are cared for in any clinical environment is one where the management and the clinicians involved in providing that care would make an assessment about what is the appropriate environment. If there were concerns around safety or harm for the patient or staff where that patient is cared for would be titrated. If they were in an acute situation that needed an acute inpatient bed in a mental health facility then, in that situation, they would have been in a mental health facility or transferred to one that was required. There must have been an assessment made at that point in time that they felt the patients were appropriate to be cared for in a different ward environment. I make that general point. While the staff may not have been entirely happy with that and may have expressed that to local management, they would be the sorts of principles that would define how decisions are made in that situation.

The Hon. TARA MORIARTY: Beds at Shellharbour were closed and beds at the next nearest facilities at Shoalhaven were closed. There were a number of closures across a number of facilities in this general area for a couple of months over the summer. I would ask you to look into the specific of it and you can come back with a response.

The Hon. BRONNIE TAYLOR: May I just add one thing? The Illawarra Shoalhaven LHD achieved a 96 per cent—that is excellent—for their mental health services. They are actually the best in New South Wales as community health and that is really nice.

The CHAIR: Thank you, Minister.

(The Minister for Mental Health, Regional Youth and Women withdrew.)

(Short adjournment)

The Hon. WALT SECORD: I will put this question to the NSW Chief Psychiatrist. I am asking this question in the spirit of bipartisanship. Putting politics aside, I have had a number of parents raise with me and ask what should they do? A number of parents and teachers with young children say that the students are currently deeply traumatised and worried about the future, especially with the coronavirus. What do you say as Chief Psychiatrist for New South Wales, as the chief medical officer in psychiatry, I guess. What advice can you provide to teachers and parents with young children who are at the moment worried about the coronavirus?

Dr WRIGHT: That is a good and important question. The response is not that much different to the responses we have been trying to get into the public sphere following the bushfires and following other disasters. We are very aware in the 24/7 media news cycle and in the social media world that people can be exposed to alarming and at times misinformed and exaggerated information. Even if the information is accurate and correct, exposing particularly young children to that information over prolonged periods, without adequate contextualisation and explanation and limit setting, can actually contribute to a fair bit of trauma.

There are a number of statements we have put out in relation to bushfires. I think it is pertinent to raise it in relation to the coronavirus because it is an extension of this concern that particularly to primary school aged and younger children this can sound like Armageddon or a catastrophe. The advice is pretty straightforward. It is to limit the exposure, make sure that if children are watching television that they are always supervised, provide them with explanations and ensure that you answer their questions to give them that kind of context. It is something schools are very aware of. We have also got good and longstanding relationships between our mental health services and schools through our School-Link programs. Our schools are also very tuned into these concerns. But it is worth raising because it is also worth all of us being careful about how we couch our statements in relation to the implications of these sorts of things.

The Hon. WALT SECORD: When you mentioned limit setting, what do you mean by that?

Dr WRIGHT: Limit the amount of time of the unrestricted access to conversations and discussions about whatever kind of disaster it is. The coronavirus as a pandemic can have impacts on our systems not dissimilar to other kinds of natural disasters. So there is a tendency for that to be not just the headline in news programs and other programs but to take up an enormous amount of time. Particularly with small children and particularly with other vulnerable individuals, it is wise to be alert to the fact that complete immersion and endless time spent in these things can do harm.

The Hon. WALT SECORD: Through the Director-General, if you could redirect this to the appropriate person. Who has carriage of the Regional Youth Taskforce? What is the status of the Regional Youth Taskforce? Is it in existence? Is it operating? Does it meet?

Mr BODY: I am happy to answer that question. The task force was established on the advice of the Minister. It was approved by Cabinet in September last year. The task force contains 18 members, young people from regional New South Wales, from the North Coast, from the New England north west, from the Hunter, from the Central West Orana, the far west, the Riverina Murray, the south east and the South East and Tablelands, the Illawarra, Shoalhaven and the Central Coast. The task force has priority groups represented on there, Aboriginal young kids, children and young people from a cultural and linguistic background, people with a disability, LGBTIQ+ as well. The task force met last year.

The Hon. WALT SECORD: So it has met once.

Mr BODY: It has met once. On 12 and 13 October last year. It is meeting again on 15 March in Queanbeyan. The initial meeting was held in Sydney and the task force has been engaged on three issues out of session, in partnership with the NSW Advocate for Children and Young People [ACYP].

The Hon. WALT SECORD: How do issues get put on the agenda? Is the Minister involved? Or is it completely separate from Government?

Mr BODY: We consult with the Minister's office. We also consult with the office of the NSW Advocate for Children and Young People and we consult with agencies through our steering committee for regional youth.

The Hon. WALT SECORD: Is drug law reform one of the areas of discussion involving the youth task force?

Mr BODY: Not at this stage.

The Hon. WALT SECORD: Has it come onto the agenda?

Mr BODY: It was not on the agenda for the meeting in Sydney on 12 and 13 October and the meeting that is planned for 15 March is around connectivity for young people in regional New South Wales.

The Hon. WALT SECORD: Was there any discussion of ice or pill testing at this youth task force?

Mr BODY: I am not aware that there was any discussion around ice or pill testing at the task force so far.

The Hon. WALT SECORD: Does the Minister restrict or vet the topics discussed at the task force?

Mr BODY: That is not my understanding.

The Hon. WALT SECORD: So how does one get an issue put on the agenda?

Mr BODY: The agenda is developed in consultation with the Minister's Office, in consultation with the ACYP and the Office for Regional Youth. We then consult with the task force. At the initial meeting, there was a broad discussion around priorities, regional priorities, that each of the members brought from their regions.

The Hon. WALT SECORD: Was youth unemployment one of the issues discussed at the youth forum?

Mr BODY: Yes, it was.

The Hon. WALT SECORD: What was the take out from that?

Mr BODY: The youth unemployment rate in regional New South Wales is higher than metro. Most statistics are relative to that.

The Hon. WALT SECORD: I have got them here.

Mr BODY: The take out from that meeting was that there still needs to be work done in the regional framework. It identifies the WorkReady pillar as one of the key pieces of work that we need to work on.

The Hon. WALT SECORD: From your understanding of that data, where is the highest youth unemployment in New South Wales?

Mr BODY: The highest youth unemployment in New South Wales at the moment is in the Southern Highlands and shire, Shoalhaven. It is 22.8 percent.

The Hon. WALT SECORD: That is 22.8 percent. How do you determine that? Does that include young people who work one hour a week? Are they employed?

Mr BODY: That depends on the classification. The data we received is from a NSW Department of Premier and Cabinet [DPC] dataset that comes to us.

Mr HANGER: They will use the Australian Bureau of Statistics [ABS].

The Hon. WALT SECORD: ABS—sorry, I did not hear it fully. What was the unemployment rate in the Shoalhaven Southern Highlands?

Mr BODY: That was 22.8 percent.

The Hon. WALT SECORD: That is 22.8 percent. Using ABS data, that would include someone who works one hour a week. What would be the underemployment rate or people who wanted to actually work? Would it be much higher than that?

Mr BODY: I would have to take that on notice.

The Hon. WALT SECORD: If you can take that on notice and if you could provide it for Sydney Blacktown, Sydney south west, the Illawarra, the mid North Coast and the Southern Highlands Shoalhaven?

Mr BODY: Our gamut is regional so three of those—

The Hon. WALT SECORD: Thank you very much.

The Hon. WES FANG: Labor considers western Sydney regional, doesn't it?

The Hon. WALT SECORD: I would like to talk to the person who is responsible for the Premier's Priorities towards the target of zero suicides. Who would that be?

Ms KOFF: Dr Lyons.

Dr LYONS: I can take those questions.

The Hon. WALT SECORD: What is the current youth suicide rate in New South Wales per 100,000?

Dr LYONS: I will have to take the specifics about the youth suicide rate on notice, but what we do know is that the Premier has set a target for a 20 per cent reduction on the suicide rate for 100,000 of general population between now and 2023.

The Hon. WALT SECORD: You will reduce it by 20 per cent?

Dr LYONS: We are working towards that reduction rate. We know that youth suicide is a particular area that we need to focus attention on, so there will be some specific activities targeted towards youth suicide.

The Hon. WALT SECORD: I was looking on the Premier's website last night. In 2017 it was 10.9 per 100,000. The Premier's target is to cut it by 20 per cent by 2023, which would be 8.7 per 100,000 by 2023. When you are taking it on notice, could you provide what it is currently? How are we tracking towards the Premier's Priorities in that area, and how are you tracking?

Dr LYONS: It is fairly early on in relation to responding to that priority but we are very active in working within Health, across Health and within Mental Health to think about the areas that we can work on. We have a number of strategies that we are actually going to implement. The Government was very forward-thinking in allocating additional funds for a suicide prevention framework that we had developed in 2018. There is $87 million over the next four years for investment into suicide prevention activities. There are five major components of that within the Health portfolio and there are a number of strategies—about eight other strategies—that will involve cross-government and community groups.

We are working on implementation strategies for all of those. It is early days in terms of what we are investing in and what the strategies will do. We know that this is going to be a long-term change that is required. How we analyse and assess progress, particularly in the early stages, is going to be around identifying what activities we are undertaking, making sure we are meeting the milestones and that we are getting the investments into the right place. Over time what we will be doing is looking at the cohorts and monitoring what the suicide rates are and what we need to do to address particular groups in that strategy.

The Hon. WALT SECORD: Are you aware of the concept of suicide clusters?

Dr LYONS: I am aware of that.

The Hon. WALT SECORD: As part of the Premier's Priorities, is the Government looking at suicide clusters?

Dr LYONS: There are a few things that we are doing in relation to that. First is that at the moment there is not good data that allows us to be pre-emptive in looking at what we need to do to respond. Sometimes it takes a while for the information to go through the process. If there is unfortunately a suicide, by the time it gets reported through and goes through the coronial process, there can be some delays in actually understanding if we are seeing some patterns. We are establishing a suicide register. That is one of the initiatives that has been invested in.

The Hon. WALT SECORD: Where is the suicide register being held?

Dr LYONS: The suicide register will be for the whole of the State.

The Hon. WALT SECORD: But who will have administrative responsibility for that? Health?

Dr LYONS: It will not be within Health.

Ms KOFF: The Coroner.

Dr LYONS: The Coroner is going to be responsible for that and we are working with the Coroner's office at the moment about how we get that implemented.

The Hon. WALT SECORD: What is the description or definition of NSW Health or the Coroner of a "suicide cluster"?

Dr LYONS: I might ask the Chief Psychiatrist about the definition.

The Hon. WALT SECORD: Yes, thank you.

Dr WRIGHT: It really amounts to an occurrence of multiple suicides over a short space of time usually within a defined geographic area. I think Dr Lyons has talked about the importance of the data and the register in helping us to understand more about how and when clusters occur and how we can prevent them. But I think also there are other initiatives that, in my view, are going to be just as important, if not more so. That is about the regionalisation of responses to suicide prevention, which is also consistent with the Fifth National Mental Health and Suicide Prevention Plan, and the idea that every local community is different in terms of what the issues are. Suicide is a multi-factorial issue. It affects the whole of the community and whole of government.

Local communities generally know what the tensions and the issues are that might be contributing to increases in suicide. So it is important that we set up an apparatus so that we can encourage those local collaboratives, who then develop their own suicide prevention plans. These are built around the Primary Health Networks and the local government authorities and the health systems. So the idea is that the register will help to better understand that on a whole-of-State or, indeed, a whole-of-country level, but you cannot overstate the importance of that local knowledge and local information, particularly when it comes to issues around clusters, to have an earlier awareness that there seems to be something happening that might become a cluster if action is not taken.

The Hon. WALT SECORD: Who determines it? Does it come under NSW Health or do you have involvement? What do you do? What are the steps that you take when you discover or it comes to your attention that there may be a suicide cluster? What happens?

Dr WRIGHT: I can give you an example. There was a well-publicised concern two or three years ago on the far North Coast in the Clarence area. That was around a concern that there was a cluster of suicides amongst young people. The response to that was that it is not any one agency's responsibility; it has to be the whole of the community and it has to be the whole of government. In fact, our preference is that Mental Health is not the lead agency because I think if everyone waits for Mental Health to solve the problem, then some of the underlying issues, which can be access to education, access to employment, housing or justice issues, will not get addressed. In case of Our Healthy Clarence, which is the name of the project, it was led by local government. All the other agencies were very actively involved.

The naming of it is important because I think there is an element of nihilism that contributes to suicide clusters. So it is about creating a healthy Clarence, as opposed to trying to address an unhealthy Clarence. I raise it because I think it is actually a very good model to be implemented in other areas if similar concerns arise.

The Hon. WALT SECORD: To give context and perspective, how many suicide clusters are we looking at in New South Wales at the moment?

Dr WRIGHT: It is actually very uncommon.

The Hon. WALT SECORD: Is it very uncommon?

Dr WRIGHT: Yes, it is very uncommon. That is why they are memorable when they happen because it then creates a very high level of concern across our agency and also all other agencies. There is a mobilisation of effort at the local level. I cannot emphasise enough how important it is to do that locally.

The Hon. WALT SECORD: Are there certain trends? For example, do suicide clusters tend to be dominated by young men, young women or Indigenous kids? Are there any trends that you have been able to see?

Dr WRIGHT: I think internationally I would say the areas that we are all alert to are areas of disadvantage, broadly defined. I would not identify any particular groups but individuals, areas and regions where there is a lot of social disadvantage and marginalisation of groups within that community are quite vulnerable.

The Hon. WALT SECORD: You talked about internationally. Is there world best practice or other jurisdictions that New South Wales is looking to?

Dr WRIGHT: We are always looking to examples from elsewhere. My opinion is that the example that I have already described is one of the best examples that I am aware of. It came out of a bad place but it was actually a very, very positive program at the end of the day. When I talk about social disadvantage, there is often quite a lot of community disintegration. By working together on an issue like this, it actually helps the community to become more coherent and more integrated as a result.

The Hon. WALT SECORD: What was the size or the scale of young people taking their own lives in the Clarence? I guess I am trying to get an indication of the size.

Dr WRIGHT: Every single suicide is an absolute tragedy and, without being ageist, I think when it is a young person it is really devastating. It was a relatively small number of people, but it was across a fairly short space of time and there seemed to be connections between these individuals, and that is when you do become aware because they were all young adolescents and youth.

The Hon. WALT SECORD: They all knew each other and had connections?

Dr WRIGHT: I cannot comment on whether they all knew each other. One of the issues is the role of social media and the publicising. We have worked very hard over a number of decades to try and be very careful about how we publicise self-harm and suicide and a lot of that has been kind of thrown off course by social media sharing information, which is not always in everyone's best interests.

The Hon. WALT SECORD: Thank you, Doctor.

The Hon. EMMA HURST: I think these questions are best directed to Ms Koff, but I am happy for anybody to answer them. In early January it was announced that the Government is deploying teams of mental health clinicians to support people suffering from the bushfire crisis to help rebuild their lives. How many bushfire recovery clinicians have been deployed to bushfire-affected areas, and also how long will they remain out there? Is there a specific time frame around this project?

Ms KOFF: If I may refer to Dr Lyons, who earlier quoted the information and if he has it at the ready?

Dr LYONS: In the initial deployment we responded by providing six teams of six out to the bushfire-affected areas for the immediate crisis response in addition to the on-the-ground teams that exist. This was to supplement the mental health teams that already are in place, both within community mental health teams and inpatient teams. We have at the moment still got those teams operating, providing support, but the numbers involved in those teams have come down from the initial allocation to 24, and that—

The Hon. EMMA HURST: Sorry, that was 24 people in each of the six teams?

Dr LYONS: No, across those teams, 24 people. I think, as we highlighted in the previous session, there is going to be a challenge in continuing to have those teams because they are coming out of other services and are being backfilled, and ensuring that we can continue to maintain that input is going to be a challenge. There is now a $15.3 million allocation that has come out of the bushfire recovery government allocation that is going to be allocated and has been commenced to be allocated out to all the bushfire-affected areas to allow them to employ additional clinicians to have an ongoing role, and those are going to be continued beyond the next financial year most likely as we know this is going to be a long-term issue. So the districts are now in the process of recruiting to those additional positions for bushfire recovery clinicians.

There have been two tranches of allocation already as the allocation from government has been increased, and we were advised this week of a further increase up to the $15.3 million. So what we have highlighted—and

I have had personal conversations with the local health district chief executives about the criticality of having these people employed quickly and those resources deployed to enable the communities to be supported through recovery, and we have talked about whether or not there can be existing clinicians that are allocated into these new roles and are backfilled from their previous roles—it is important to have clinicians that have an understanding of the community, that have an understanding of the resources available, are able to link in with the other investments that are being made by government, particularly the Commonwealth Government, and some of the things that they have announced through primary health networks.

Bushfire recovery coordinators have also been employed through the PHNs. So our bushfire recovery investment needs to be linking in with the other investments that are being made to support communities so that we get a holistic approach on the ground for those communities. We are very keen to continue the support, continue the investment, to make sure that those are up and operating as quickly as they can, recognising that if we were to start from scratch and try and recruit clinicians into some of these rural and regional environments it is a challenge to get mental health clinicians into those environments as it is, so how do we use existing staff as best we can and then backfill as required, because we do need a very strong focus on bushfire recovery.

The Hon. EMMA HURST: The best revision as these numbers drop, is there any kind of way of—because these are new roles—gathering the effect that they had?

Dr LYONS: That is a very good question and a really important part of what we are attempting to do, which is to say we need to constantly be revisiting what is happening. Those teams that were deployed as an initial response will be coming out of that additional funding that is being provided, but as those teams are no longer required we can reallocate the resources that we had used to have those teams up and operating to other initiatives. So we will be constantly reviewing what the needs of the community are. As we talked about earlier, there is now a long-term plan for recovery where we have communities and an expert in Professor Sandy McFarlane, who is going to provide advice about what we need to do to provide that ongoing support with a focus on wellbeing and resilience in communities, and what resources we need to support that will be an ongoing assessment.

The Hon. EMMA HURST: This has already been partly answered by what you just said, but a lot of the discussion, in the media particularly, has been about managing the short-term mental health impacts of these bushfires. Research after the Black Saturday fires in 2009 show that one in five people in affected communities experience persistent post-traumatic stress disorder and that it was four times higher than people in unaffected communities. What are we doing to prepare for those long-term mental health impacts from these bushfires?

Dr LYONS: That is very much a part of what we are doing, which is to develop this strategy which will be around the long term, because we are very conscious of that research that was undertaken through previous experiences and what the findings of that were, and that is going to very much inform the approach we take. Some of the other interesting things that came out of that research were that we need to be really conscious that each community is very different, so the approach we take needs to be tailored to an assessment of the needs of individual communities and we should not go in assuming things and providing supports in a way which we think is going to meet their particular needs.

In fact, we need to go in and work with them first to understand their starting position, what they have got in terms of local supports already, their level of resilience, and then add to that based on their particular needs. That will need to be a part of this assessment process. It cannot just be a plan that is accepted as the way we are going to do everything for everybody; it will need to be tailored to specific communities and we need to assess their relative positions.

The Hon. EMMA HURST: I have got another question for Women NSW in regard to domestic violence. When I was at the vigil last night a man got up and was talking about the need for men to also work in the space of the issue of domestic violence towards women. Is that something that has been included in any of the initiatives in this area?

Ms SMYTH: Are you talking not about men accessing services; it is about being provided with services by men?

The Hon. EMMA HURST: They were not that specific; it was much broader. He was saying that domestic violence towards women is a men's issue and that obviously the problem is men and the solution is men when you are talking about domestic violence for women and that it should be targeted at them rather than women fighting for it.

Ms SMYTH: There are groups of men that provide services to men and that peer-to-peer support does seem to have value. So it is something that is considered. Some of the men's behavioural change programs have found that having both a man and a female deliver supports can provide a good outcome.

The Hon. EMMA HURST: But there are no specific programs, or maybe just not within that portfolio?

Ms SMYTH: There are programs and there are groups around—Strong Aboriginal Men, for example—who do advocate for men providing those services and are getting involved in that space. But maybe we could get some more information on that.

The Hon. EMMA HURST: If you would not mind. That would be great. Thank you very much. Dr Wright, I just wanted to ask you about the medicated use of amphetamines for children with attention deficit hyperactivity disorder [ADHD]. This was something that was quite topical back in the days when I used to be a psychologist. I know there was a lot of media criticism around that at the time and I was wondering if you had some updates on where that is at and whether there has been some more progress in regard to alternatives to drug use.

Dr WRIGHT: I can give you a more detailed answer on notice but what I would say about attention deficit hyperactivity disorder [ADHD] among young people in particular—because it goes across the lifespan—I know there have been concerns from time to time about whether or not there is inappropriate prescribing of stimulants to that group. I think there is very good evidence and evidence-based practice would dictate that appropriate treatment starts with very careful assessment. It is not just assessment of the child. It is assessment of the whole family and their educational experience. The treatment should be multimodal. A lot of attention deficit disorder [ADD] can be managed with cognitive behavioural treatments, which as a psychologist you would be well aware of. But practitioners who are working in that area are very much aware that it is not just a treatment with medication alone. I do not think the evidence base on that has changed dramatically over time. I think it is more a matter of individual concern about whether practitioners fully explore with both the patient and their family what a comprehensive treatment package should look like.

The Hon. EMMA HURST: This is going back a while but at the same time there was a dramatic increase in diagnosis for ADD and ADHD in children. Has that stabilised over the years?

Dr WRIGHT: I should probably take that on notice. I am aware that my knowledge of it is probably as dated as yours and that is that there certainly was a concern. These sorts of things increase. One explanation is that our case detection is better.

The Hon. EMMA HURST: Discovering things, awareness, yes.

Dr WRIGHT: I think it is fair to say that there are a lot of people who went undetected and untreated. As you are aware, untreated attention deficit disorder causes all manner of educational, social, criminal justice and substance abuse problems. I would not want it to be seen that we are critical of the diagnosis or assuming that it is an over-diagnosis. I think that it could be good case detection but I do emphasise that appropriate assessment and treatment involves a multimodal treatment, not just a reliance on stimulant prescription.

The Hon. EMMA HURST: This might be another question to take on notice: Has there been a reduction in the use of medication for children with ADD and ADHD over time?

Dr WRIGHT: I do not have that information to hand so I will have to take that on notice.

The Hon. EMMA HURST: Thank you. I have one other question. During the last budget estimates hearings you and I spoke about there being quite a lot of research around post-traumatic stress disorder [PTSD]. There is now more and more emerging research around perpetration-induced stress disorder, which is a form of PTSD that relates to somebody being forced to do something. A lot of the research is about people working in slaughterhouses, for example, developing a very specific type of PTSD. Are you aware of any research or movement in that area to have it recognised as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders [DSM] or does it still need more research?

Dr WRIGHT: I am not aware of any demand for that as a subcategory of PTSD. Again, you are probably aware that the diagnostic and statistical manual is a product of the American Psychiatric Association. They are up to number five. The first one was in about 1975. It takes an awfully long time and a lot of wrangling to update that. What often happens is that the evidence of emerging mental health issues or subcategories of existing conditions, that information and that evidence often happens well ahead of changes to the DSM or, indeed, to the ICD. But I am not aware of any particular information in relation to that.

The CHAIR: For the purposes of Hansard, what does ICD stand for?

Dr LYONS: The International Classification of Diseases.

The CHAIR: That concludes crossbench questions. The Opposition will continue.

The Hon. TARA MORIARTY: I return to the issue of bushfire support funding. The Minister and health officials referred to $15 million a number of times today. The publicly available amount is $11 million. Can you tell us what the difference is, what it is for and whether that information is publicly available yet?

Dr LYONS: It probably has not been updated because, as I indicated in response to another question, it was $11 million up until this week. This week we have been advised by the Office of Emergency Management of another $4 million. That takes it up to $15.3 million.

The Hon. TARA MORIARTY: How were you advised of that?

Dr LYONS: There was a letter provided to us this week.

The Hon. TARA MORIARTY: What is it for?

Dr LYONS: It is for additional resources to go into bushfire recovery. How we see fit to deploy those resources, it is up to us to decide how best to allocate those to ensure that people are getting access to mental health and mental health recovery in the bushfire-affected regions.

The Hon. TARA MORIARTY: How do you see fit to spend that money?

Dr LYONS: I do not know if you were here for my previous response but I was indicating that we are developing a plan which will need to look at the long-term impacts based on evidence that has been published over previous bushfire events. We need to have ongoing involvement in supporting communities, their wellbeing and resilience. It is not just around what we do on mental health but mental health will be a very important component of that. These positions will initially be about providing additional supports into those communities so that there can be access for counselling, appropriate support and support access to other mental health support services that might be available. And recognising that it is not just the State response; there is also a Commonwealth response.

There has been additional Medicare benefit schedule items that have been announced that will mean that people can access 10 counselling sessions through psychology or social work. That will be supported for bushfire-affected communities. There are additional investments that have been provided to the primary health networks as well so that they can commission additional services into those communities. And we are working very closely with our colleagues at the Commonwealth to ensure that at the State level and at the local level between our services and the PHNs and the GPs we are able to ensure that the communities are being appropriately supported.

The point I was making before is that this is going to be a long-term effort and we are assessing the investment we are making and what resources we have deployed, and recognising that our initial response to have specialist teams go in to provide that crisis response will change over time—in that we will reallocate the resources that we are providing to other things, based on the planning we are doing but it needs to be tailored to the needs of individual communities. The evidence that came out of the previous bushfires was that each community will have a different need and it is very inappropriate just to have a blanket response for every community. We need to go and work with the community, understand their specific needs, look at what resources and supports they have available locally and then look at what we need to do to add supports in. That is what we are doing in the longer term. This bushfire recovery money that has been announced is over future financial years as well, so it is not going to be just this year. It is going to be ongoing.

The Hon. TARA MORIARTY: Over what period of time?

Dr LYONS: It is not clear at this point but it makes it clear that it will be beyond this financial year. There is a recognition that this is going to be a long and slow process and that we need to continue investment.

The Hon. TARA MORIARTY: We have heard about the reassignment of existing staff during the early stage of the bushfire crisis. I think you said from 6 January—I am happy to be corrected—

Dr LYONS: That is right.

The Hon. TARA MORIARTY: —there were six teams of six by six. We have established that that has been reduced. Some of the money that has been allocated is covering that and then some of the money will cover longer term support?

Dr LYONS: Bushfire recovery clinicians who will be employed by the local services. We have already made an allocation out to them and enhanced that. As a result of the advice we have received this week, we will be going out with further advice about what resources are being made available to support additional clinicians to be employed.

The Hon. TARA MORIARTY: You are calling them bushfire clinicians. Can you tell me what their specific role will be? What skills are you looking for?

Dr LYONS: So we have had discussions with the local health districts about how we can get these people employed quickly because that is another challenge in rural and regional environments—how you get people with these particular skills in those roles quickly. We have actually talked about redeploying maybe existing roles into these positions, but we are looking for senior clinicians who have an understanding of the mental health services that are available, either allied health or nursing predominantly at a fairly senior level. They need to be able to not only work with the services that we are responsible for but also make sure they are connecting in with some authority to the other services and that they are able to ensure that when people need care that we are able to direct them to the most appropriate place for that care, whether that is one of our services, whether that is a non-government organisation that we have commissioned or the PHN has commissioned, whether that is through private services that are available or how do we ensure that they get access to care?

We have actually got a job description that came out of some work that was done with one of our LHDs in the early days. We have made that available to all the bushfire-affected local health districts so that they can use that as a basis of ensuring that we have the right sort of person in those roles who has got the skills and also understands what we are asking them to do.

The Hon. TARA MORIARTY: I know that this is a work in progress but do you know how many you are looking to employ?

Dr LYONS: I have to take that on notice. We have made an initial allocation out. We actually allocated in the first phase but we have added to that so it has been added to.

The Hon. TARA MORIARTY: What is the initial allocation?

Dr LYONS: It has been three or four clinicians into the major bushfire-affected districts at this point but we will need to be adding to that as we make the changes to those crisis response teams as well.

The Hon. TARA MORIARTY: So these are existing clinicians that have been moved?

Dr LYONS: They will be over and above so they are additional. They are additional because it is funding for additional positions.

The Hon. TARA MORIARTY: I understand that going forward, but in terms of what has happened to date, are they existing?

Dr LYONS: Some of the districts might have employed somebody if they were able to recruit, but we are very conscious of ensuring that we have these positions available quickly. We were very conscious, as you have outlined, of communities expressing concern that they needed to have additional services and supports in and we wanted to make sure there were people in these roles as quickly as we could. So we initially suggested that they might be seconded and backfilled from other roles, but over time these will definitely be additional positions over and above what was previously available.

The Hon. TARA MORIARTY: Again, I do not want to re-ask a question that you have answered, but just to get clarification: It is not completely defined what the roles will be? For example, you will have moved a particular skilled clinician from one area to another. They will go back to their area, I understand, from the immediate point of view. Are you looking for the same types of skills to fill the position on a permanent basis, or different?

Dr LYONS: I think we will assess that because we are all very conscious that this is a response which is at a level that we have not experienced before. We are testing. We actually have not responded in New South Wales at this level in terms of a bushfire response previously. We have an idea of what we want the roles to do but we need to make sure that they are actually delivering to the expectations of the community and are making a difference from our services. We will continually assess that and we can make decisions about whether or not we have got the right deployment, whether we have got the right people in those roles, whether it is actually delivering as we want to over time and titrate our response and tailor our response based on our experience. That is our anticipation.

The Hon. TARA MORIARTY: Right. But you are calling them bushfire clinicians. Will they be permanent positions, or are they going to be employed for 12 months or two years? I make the comment that in some of these areas that have been affected by fire, there already were not a lot of mental health resources, or not enough, so are these going to be permanent or are they just to deal with the bushfire trauma?

Dr LYONS: While the funding has been made available and for the next couple of years at least, we are very conscious of the fact that sometimes you need to make a permanent job to recruit somebody into a role, particularly if they are coming from outside of the area and need to relocate. The districts will be looking at whether or not they advertise these roles as a permanent ongoing role or whether they advertise them as a time-limited role. Often, as you know, with changes in staffing that occur and attrition that occurs in our services there is less risk in actually recruiting to a permanent position because over time you know that you will have vacancies that you can redeploy that person into. The districts are well aware of that and will be working out the best way to recruit those positions in, but they know full well that it is really important that we have people on the ground and delivering a service as quickly as possible.

The Hon. TARA MORIARTY: Will the local areas essentially be able to decide that for themselves, or recommend to you?

Dr LYONS: They will make decisions about whether they advertise it as a permanent position or not, recognising that over time while the funding specifically for this role may be ongoing for a few years, it may not be forever. But then we will have an opportunity to think about how we redeploy those clinicians. We are always looking for, as you say, skilled clinicians in rural and regional areas. There is often a space that we can deploy someone to within the service, if that is required.

The Hon. TARA MORIARTY: I am happy for you to take this on notice because it is potentially a detailed question, but can you tell us which areas or which health districts will be getting these?

Dr LYONS: I will give you the exact list but I know that Southern NSW, Murrumbidgee, Illawarra Shoalhaven, Nepean Blue Mountains, South Western Sydney, Mid North Coast, Hunter New England—they are all definitely in the mix for these roles.

The Hon. TARA MORIARTY: In the mix for these roles, but—

Dr LYONS: I know that they are definitely getting them and I might have left one or two out, but I will add those in if necessary.

The Hon. TARA MORIARTY: You can come back to us if there are more.

Dr LYONS: Sorry, I forgot Northern NSW. How could I forget? I thank my colleague for the prompt.

The Hon. TARA MORIARTY: Again, this is not a trick question because I have asked about the numbers before now, but can we assume that each one of those will be having one, or does it depend? Some of them might want two or three and it is up to them to make a recommendation about that?

Dr LYONS: It is more than one for each of those local health districts. Given that we have been given additional resources over the last week we will be adding to the numbers that we had initially allocated out.

The Hon. TARA MORIARTY: Within that budget or allocation of money for those positions, again noting your comments—and I agree with you that it sometimes can be a little difficult to get skilled clinicians to potentially move to some of those areas unless they are already there, which would be great—but given the urgency for those positions is there any room for incentives? We would hate to see those jobs advertised for a couple of months because we could not get people to move into those areas. Do you have that the ability to do anything to incentivise people to move?

Dr LYONS: Yes. I think if there are issues around relocation costs and those sorts of things and if there is a need to provide temporary accommodation, our districts do this already. They are very keen and they know the market they are operating in. They know that there is a need to get people on the ground as quickly as possible and so they will be working through the incentives that they have available to ensure they can get people as quickly as they can.

The Hon. TARA MORIARTY: All of us know, anecdotally and from all the discussions around the fires, that mental health comes up pretty much in every conversation and the need for mental health support. This question is directed to any of you, really. Have you done any specific work on how many people in what specific communities really do need help, or are we still at the general everyone-needs-help stage?

Dr LYONS: I think this is a really important issue. We have had a lot of conversation about this—about what is mental health and what is general counselling support and wellbeing issues. I think we are very conscious that often these are used loosely and we need to be clear about what we are offering. I might get Dr Wright to make some comments on it.

Dr WRIGHT: There is the short comment or the very long comment.

The Hon. WALT SECORD: Take your time. We have got all day.

The CHAIR: Dr Wright, is there a five-minute comment?

Dr WRIGHT: I will draw attention to the fact that the principles that we have been given by Professor McFarlane—and they are very, very consistent with the literature coming out of the Victorian bushfires of 2009—is that particularly at this point in time what we should be doing is making sure that we help our communities put themselves back together. So it is very much about practical responses. That is what will help us to reduce any kind of downstream incidence of mental health problems arising from the bushfires. We know from past experience that people directly affected by bushfires or communities can have a higher incidence of mental health problems downstream. We are trying to minimise or eliminate that if at all possible.

Right at this point it is about practical stuff. It is about trying to help people resolve their infrastructure problems, their housing, the reliability of their electricity and water, trying to put neighbourhoods back together and communities back together. When people talk about we are not attending enough to the need for mental health services, that is actually a mental health service. That has to be our main focus at this point in the recovery.

What we did in that first couple of months, starting almost straight after new year, was respond to very, very high, profound levels of community distress. That is not a mental health issue; that is actually distress. That is people who have been confronted with the possibility of dying and watching their communities being destroyed and losing some of their neighbours. That is a distress that any of us would feel. What our services did was provide support. It is one of the reasons that we do not have great numbers of what we actually did, because some of our teams were out in some of those terribly affected communities walking the streets, basically approaching people in the streets and asking them if they could help. Technically that is an occasion of service but we do not actually record that and it is not our core business, but any health clinician or, quite frankly, any human being would respond in the same way. We helped make up those numbers.

What we are now transitioning to is more about what our long-term skill sets relate to. We need to be supportive of the communities. As Dr Lyons has said, every community has a different set of priorities and needs. We need to create a process so that we are alert to that and we can respond to that. If that need is particular mental health services, then we can respond to that need. In the longer term, the roles of these mental health clinicians—as Dr Lyons has said, we need to be quite agile and adaptable to how those positions best respond. We also need to be open to learning from each other. There are eight local health districts that are going to get these clinicians. I am sure there will be examples of excellent outcomes in some of those districts. Part of our job is to make sure that we share that information fairly quickly so that district A can learn from district B so that they best meet the needs of the community with the resources that they have got. It is also really, really important that we cannot do this without our colleagues from the PHNs and the resources that the Commonwealth has established.

The way mental health for a community works is that we provide specialist secondary and tertiary services. If we do not have an adequate primary response then that is going to diminish the effectiveness of what we do. As Dr Lyons has said, we have spent quite a bit of time working with the Commonwealth to try and establish how we are going to best relate together and how we are going to problem solve as we go forward between the PHNs and the local health districts. The package that the Commonwealth has put together is exactly what we need. It is about how we actually make that work. That will help our services to focus on what their actual business is for the future. There will be more than enough for them to do that they need to work with their partners. Does that at least partially answer your question?

The Hon. TARA MORIARTY: Yes, thank you.

The CHAIR: Thank you, Dr Wright. That was a most elegant five-minute answer. That brings us to the conclusion of the session this morning and into the afternoon. We will now break for one hour and return at 1.40 p.m.

(Luncheon adjournment)

The CHAIR: Welcome back to the hearing. The Hon. Penny Sharpe joins us this afternoon to ask questions on behalf of the Opposition. With respect to Mr Hanger, Mr Body, Ms Walker and Ms Smyth, you will be released from your duties at 2.40 p.m. I confirm you have been made aware of that?

Ms WALKER: Yes, thank you.

The Hon. TARA MORIARTY: I just wanted to follow up on some questions that were asked earlier in terms of the Premier's Priority of suicide reduction. You referred to some of the plans that have been prepared. I know it is early days, but can you give us some information about what you are working on, what plans have been prepared?

Dr LYONS: There are a range of initiatives, as I said, within that strategy. Five of them will be within Health responsibilities and eight of them will be across government and other community organisations. If I give you an example of the components that were actually a part of that strategy, the first one is around having zero suicides in care. We have allocated $10.2 million of funding to help the local health districts in implementing and strengthening practices to eliminate suicides and attempts by people who are actually in our care, whether that is in an inpatient setting or whether those people are in the care of the community mental health services. That is one component.

There are after-care services; those are about improving follow-up care for people after there has been an attempt of self-harm or suicide. The evidence shows that if you provide support for those people and follow up then you can reduce the likelihood of a subsequent attempt. There is $9 million that has been allocated to that and two new services are being made available from April of this year. We have got a sort of staged implementation of those services across the State. People have talked about the Safe Haven concept, which is the alternatives to emergency department presentations. Emergency departments are often not the best place for providing optimal care and a place for someone who has made some attempt at self-harm to go to. Creating an environment where people can go, particularly if they are feeling that they are under pressure and distressed and concerned about their own welfare, means they can go to a place that is actually not an emergency department, where there is peer support, professional support available. Some $25 million has been allocated to that. Five services are going to be set up this year and 15 services set up next year. They will be across a range of local health districts in the State.

I talked about the suicide register, which is around the importance of getting better data to actually inform what we are doing, how we are doing things, where we should focus attention and ensuring that we have got data that can assess the impact of the other strategies that we are doing. There is $1.95 million that has been allocated to that. Again, the New South Wales Coroners Court will be a key part of that and will be hosting the register. We have new services for people who are bereaved by suicide. This is around how you provide support for the family and loved ones and friends of people. This is really important, because there is evidence around the importance of providing that support in ensuring that they are able to care for themselves afterwards as well. Sometimes there are patterns of what occurs; we talked about some of the associations in the earlier session. There is $4.6 million for that and we are looking for community-managed organisations or the non-government sector to be involved in providing those services for us. We will be going out to that sector and looking for a co-design process around how we implement those services.

Then there is the issue of resilience building within local communities and we have a couple of particular—there is a focus on Aboriginal communities because of the higher rates of suicide in Aboriginal communities and we are conscious of the need to target some of our interventions to support Aboriginal communities. We are currently talking to the Aboriginal-controlled community health organisations about how we should involve them and what the process should be because we want to get their advice and guidance about what the best approach to thinking about new models of service would be. There is another one which is broader and is around supporting community collaboratives. We have talked about the Clarence initiative but there are others that have been in the Illawarra, Shoalhaven and so forth where there has been a grassroots approach to making connections with sporting clubs, community organisations and building that sense of community resilience. We have $8.2 million allocated against those initiatives as well.

Then there are other things that we are tapping into—enhancing the Rural Adversity Mental Health Program. That is the program where there are counsellors that are available in rural communities to go and meet with people in their own settings and connect them up with services if there is a requirement for support. There has been an additional investment in those positions as part of the drought package. With those additional resources going in, we are looking at how we can leverage some of those to provide supports into this program as well. We also have Assertive Suicide Prevention Outreach Teams that we are investing in, which will be across a number of districts, and looking at the amount of community-based support we can provide for people who are going through a crisis and will need extra support for a period of time. They will be additional resources going

into the community mental health space. There is $21 million allocated against those over the three years of investment that we have talked about as well.

There are some examples of the sorts of things that we are working on with our service providers, the non-government sector and community-managed organisations. In addition to that, we are having some good conversations with our other government agencies about what we can do collectively with some of the other programs as well. Some of it will be about frontline worker training to give people who might be working in a range of different government services some supports for what action they can do if they are confronted with someone who is experiencing some sort of crisis and might need some connection with services. That is an example of the sorts of things we are doing.

The Hon. TARA MORIARTY: Thanks, that is useful. I did not catch all of the figures fast enough to add them up in my head. What is the total so far?

Dr LYONS: The whole package is $87 million over the three years.

The Hon. TARA MORIARTY: In terms of the time for rolling out these programs, is there a time frame for each or is it within that three years?

Dr LYONS: It is within that three years. We have it staged to ensure we can meet the funding requirements within the envelope we have over that program.

The Hon. TARA MORIARTY: So each of them will start or some of them will start later?

Dr LYONS: Some of them will be staged depending on—we will start and test some of those in some places and based on what we learn from those expand them and scale them up into other places.

The Hon. TARA MORIARTY: Is the timetable for that worked out yet?

Dr LYONS: We have indicative time frames for some of these but we will need to evaluate as we go and make sure that we have—if some of them are showing benefit, I think what we would want to do is try to focus on the things where we are seeing that there are benefits being delivered. We may redirect some resource into some of those over the life of the program.

The Hon. TARA MORIARTY: That is great. Are you able to provide whatever timetable has been worked out to date to the Committee? You can take it on notice, that is fine; we do not expect you to have it all now but at some point, within the 21 days timetable, so that we can consider it.

Dr LYONS: Certainly.

The Hon. PENNY SHARPE: I want to follow up with what is happening with the recommendations out of the NSW Child Death Review Team Annual Report 2018-19. It was presented to Parliament from the Ombudsman in October last year. I want to ask where a couple of its specific recommendations are up to. The most important one is recommendation 11, which states:

> The NSW Government should direct funds associated with the Strategic Framework for Suicide Prevention … to address gaps in the delivery of appropriate specialist mental health services for children and young people in NSW.

I am aware that the strategic framework was basically done in 2018. Are you able to provide us with information about what has changed in response to that recommendation from the Child Death Review Team? I am not sure who to ask that question.

Dr WRIGHT: I do not have any specific things on it.

Dr LYONS: I might need to take that on notice for the detail around that.

The Hon. PENNY SHARPE: Have there been changes?

Dr LYONS: The development of the strategy in response to the strategic framework has been formed by a number of components. The detail around our responses and what we will invest in has been informed as we have moved along through the course of that. I just need to check to what extent those recommendations have been incorporated into any of the activities or responses that we are proposing.

The Hon. PENNY SHARPE: I was interested because NSW Health's response to the Child Death Review Team did not mention this at all. There was, however, a letter from DPC that said, "We support this recommendation". So I am trying to work out what, if anything, has changed. But you cannot tell me today?

Dr LYONS: We will take it on notice.

The Hon. PENNY SHARPE: I want to ask about the strategic framework for suicide prevention in relation to disability. The framework does not actually mention disability at all in terms of the groups that are at higher risk of suicide and suicidal behaviour. I am conscious that often within health settings people with disabilities—and this has recently been discussed at the royal commission into abuse—their mental health issues are not necessarily being picked up. I am wondering what is happening in that space. Can you tell me specifically what you are doing around particularly people with cognitive disability.

Dr LYONS: I could start off with that and there might be some others who want to add further. In recognition of the need to provide better support for people with mental health and intellectual disability, particularly in the cognitive disability space, we have established two specialist hubs to support with that highly specialised knowledge. That would be available not only to people providing care to people with disability in our services but in the mental health space as well. Those two hubs are going to be based—

The Hon. PENNY SHARPE: They are not operating now?

Dr LYONS: No, they are in the process of being established. We have invested $1.1 million to enable the hubs to be up and running. One for a focus on children and one for a focus on adults. The one focused on children will be hosted by The Children's Hospital at Westmead, which is best placed to do that and the one for adults will be based at Concord. The idea is to recruit a multidisciplinary team into there with that specialised knowledge, which then becomes a nidus of that expertise and a resource that is available for clinical teams throughout the State, who might not often necessarily have that detailed understanding of what they need to do differently but can access that specialist knowledge from these hubs. Their aim is to provide us—

The Hon. PENNY SHARPE: I think that is great but that is quite a small investment, given the number of people who are presenting with mental health issues and who are likely to have some sort of disability. What training is provided to mental health teams in relation to disability?

Dr LYONS: Can I go on because there are actually some further things?

The Hon. PENNY SHARPE: Sure.

Dr LYONS: In addition to that we are also providing support for specialist intellectual disability services to be networked across the other local health districts just to provide the support for—and it is not just around mental health but the particular needs of how we can provide better communication and ensure that carers are more actively involved in the support of people when they come into services. There is a further investment that is being made for six specialist teams to be established and each other district will have a clinical nurse consultant or the like being established in each of those to create a connection and network of specialist services. So there are a range of things that we are doing—

The Hon. PENNY SHARPE: They are coming but they are not yet happening?

Dr LYONS: Some of those are up and running and have been operating for three years and based on—

The Hon. PENNY SHARPE: When does their funding run out?

Dr LYONS: Their funding is recurrent and we have actually added to that. It is ongoing funding and we have added to that over the last couple of years to make sure that we can expand from three teams to six teams.

The Hon. PENNY SHARPE: You are going to have to respond to the royal commission, so I will not go into that now in relation to that issue. I want to ask about the strategic framework and the issues for kids in care. Obviously we know they are highly represented in young people who lose their life to suicide. I noticed that in the priority area that young people aged 16 to 24 is recognised and you are saying that you are basically expanding the community mental health services. You can take this on notice because I understand these are detailed questions. Can you tell me how many people there are providing services to young people aged 16 years to 24 years, particularly in the work you are doing with out-of-home care providers and exit care providers?

Dr LYONS: We might need to take the request about the detailed numbers of staff on notice. In relation to some of the questions around out-of-home care we have done work with the Department of Communities and Justice and our colleagues in FACS over the last three years on how we can better provide support for children in out-of-home care, with a focus on the five-year-old to 12-year-old age group in particular where we had some major concerns about poor outcomes for that particular group.

The Hon. PENNY SHARPE: When you say "poor outcomes" what do you mean? Poor health outcomes or poor mental health outcomes?

Dr LYONS: All of those issues. There were poor health outcomes. A lot of them were actually medicated and the question was whether or not that was appropriate medication. Sometimes the assessments being undertaken on them from a health point of view were duplicated. There was not communication about what had gone on before to assess whether or not an additional medication was actually warranted. We did a whole piece of work around how we can better support from a health perspective those children in out-of-home care and what we need to do differently. There is a piece of work under way at the moment about making those improvements because we recognise they are a highly vulnerable group and we need to really ensure that we do better in providing care.

The Hon. PENNY SHARPE: What about for kids over 12? Given that the suicide rate for 15-year-old to 17-year old kids is very serious?

Dr LYONS: I do not know whether there is anything you wish to offer on that one?

Dr WRIGHT: I think there is a range of initiatives that address the needs of that particular age group, starting with our linkages between specialists for child and adolescent health services and education services through schooling. That is helping to support the education-based resources to improve the pathways to care for people who need more specialist care. I think there are also the connections between our services and the headspace services. Those are directed at that particular age group as well. There is no one layer in this area or no one service provider in this area that has all the solutions.

The Hon. PENNY SHARPE: I could not agree more, but I do speak to a lot of young people and their advocates who say that part of the problem with that is that there are so many players everyone basically sends them somewhere else.

Dr WRIGHT: I appreciate that that can be quite baffling to people. To go back to the schooling role, part of their responsibility is to try to clarify what the pathways to appropriate care are and ensure that people do not fall through the cracks. Historically it has been a challenge for our services and private sector services and the Commonwealth funded services to work in an integrated fashion.

The Hon. PENNY SHARPE: Dr Wright, these issues have been well known for a long period of time. There is nothing new in any of this, you would agree?

Dr WRIGHT: No.

The Hon. PENNY SHARPE: The Child Death Review Team has talked about the facts that in the last five years the rate of suicide for young people has risen in quite a disturbing way, and that for Aboriginal young people, particularly those aged 10 years to 17 years, 15 per cent of suicide deaths are young Aboriginal people even though they only make up 5 per cent of the demographic cohort. I am happy to hear about all things that we are going to do. I am concerned though that if I had you here five years ago you would have said you were doing all of these things now and it is actually getting worse. Where are we seeing improvement and a reduction in the numbers?

Dr LYONS: I think we are all challenged by those increases and we are responding. There are a few more things I can add to what Dr Wright has indicated. We have been investing in increased mental health and wellbeing support in schools. There are a number of schools that have got, in addition to the extra councillors that have been allocated to every school across the State, which we want to support—

The Hon. PENNY SHARPE: They are not all rolled out yet though?

Dr LYONS: No, they are in the process of being.

The Hon. PENNY SHARPE: I asked education about that.

Dr LYONS: We will be linking in with those. We have also got, in addition to the school link coordinators that Dr Wright talked about, Project Air. That project involves support for people who have got personality disorders—young people with personality disorders, which is a program that is across the State. We are also investing some further funding, $4.2 million over the next four years for a youth aftercare pilot. We are trialling a new way of providing supports—

The Hon. PENNY SHARPE: That is the four year one, when is that starting?

Dr LYONS: The youth aftercare pilot is out for requests for proposals at the moment where we are looking to the non-government sector to support and assist us in delivering two trial sites—one in a rural area and one in an urban area.

The Hon. PENNY SHARPE: And they are for three years funding, is that right? I am looking at the framework and I am looking at page 25, which is talking about the aftercare project, which was going to ask you about next. It says from 2016-17 to 2019-20 there was money for this out of the Suicide Prevention Fund.

Dr LYONS: This is a different bucket of money. This is from the Commonwealth Health Innovation Fund. We have $4.2 million over four years, which is just being implemented now. It is a slightly different take on that program targeted on youth and is going to be involving a range of people with community-based supports and assertive outreach for young people following a health service presentation.

The Hon. PENNY SHARPE: I have one more question about suicide clusters in a school environment. I asked Education about this yesterday. I am interested from your end what involvement your teams have. What work is being done on that? Where do you see that is up to? Is it just a matter for schools?

Dr WRIGHT: No, absolutely not. It is a matter for the whole community. My experience is that there is a very close relationship between the education, mental health service providers and our mental health services when it comes to any serious incident involving a school-aged child. That information gets shared fairly quickly and there is a very quick risk assessment and review of what should be done. Particularly when it is someone who is part of a school community. We are very aware of the vulnerability of everyone else and the importance of responding in a way which is going to be supportive of that community, not add any further trauma.

The Hon. PENNY SHARPE: The Child Death Review Team has identified that as an issue. I know they are doing further work on it. It is particularly an issue. When the Child Death Review Team talked about the young people who had died in the period they were reporting on—namely, 2016-17—the majority of school-aged children had been identified already at some risk through mental health or other support services. How is that being addressed?

Ms KOFF: We will take that on notice. We were not expecting child death review questions in this one. My apologies.

The Hon. WALT SECORD: This question involves youth but I direct it to Ms Koff or Dr Lyons, whoever is more suitable to answer. You would be aware that in the public arena there has been discussion about three major articles in *The Sydney Morning Herald* concerning minors accessing alcohol through online sales and delivery—under age; children as young as 12. Most recently, on 23 February it states, "Booze home delivery a cinch for minors". Have you provided any advice to the Minister in this regard? What would be your advice to the Minister considering the Northern NSW Local Health District is actually cited in the material?

Ms KOFF: I was not aware of that media clipping.

The Hon. WALT SECORD: Dr Lyons, do you have any concerns or have you provided any advice in this regard?

Dr LYONS: Have not provided any specific advice in relation to that media at all, no.

The Hon. WALT SECORD: They are recommending the introduction of requirements for age verification at point of sale and point of delivery. In the last half hour the Australian Health Promotion Association, Public Health Association of Australia, St Vincent's Hospital, Royal Australasian College of Surgeons, University of Sydney, Cancer Council NSW, AMA (NSW), Foundation for Alcohol Research Education and the Royal Australasian College of Physicians have all issued a joint statement calling on the Government to do it and they cite research from the Northern NSW Local Health District. Do you have any advice in this regard?

Ms KOFF: On principle, the basic premise of the health impact of underage drinking is well documented and we would not be advocating underage drinking at all. Consistent with the expert advice, if they are making a statement saying drinking aged under 18 is unacceptable for health, most health professionals would support that.

The Hon. TARA MORIARTY: I might just deal with some regional youth questions before we lose our witnesses. Where is the Office of Regional Youth based?

Mr HANGER: It is based across the State. There are staff based here in Sydney but there are also staff working on youth issues in the 15 offices we have across New South Wales.

The Hon. TARA MORIARTY: How is it resourced? How many staff are there? So 15 offices, you say, how many staff?

Mr HANGER: Across the entire regional network, there are about 100 staff. There are another 50 staff—this is not the Office of Regional Youth; this is the broader regional New South Wales group. Those staff will undertake a range of activities, including working on regional youth programs.

The Hon. TARA MORIARTY: Okay, but I am talking about the specific allocation to regional youth. So this is the regional youth Minister, what is the allocation—

Mr HANGER: There are probably about 12 staff specifically focused on youth issues.

The Hon. TARA MORIARTY: Regional youth issues?

Mr HANGER: Regional youth issues.

The Hon. TARA MORIARTY: And where are they based?

Mr BODY: We currently have staff in Broken Hill, in Coffs Harbour, at Port Stephens, Newcastle, Wollongong—

Mr HANGER: Albury, Armadale, Newcastle, Queanbeyan, Nelson Bay.

The Hon. TARA MORIARTY: What role does the Minister play in the department of regional youth?

Mr BODY: There are a couple of pieces of work we are working on in regard to regional youth. When the election announcement was made, there were a couple of things we needed to do. We needed to set up the Office of Regional Youth, which we have done. We needed to roll out some of the Stronger Country Communities Fund—$50 million worth of regional youth projects and infrastructure—and develop a regional youth framework. The Minister plays a key role in all those pieces of work. We work with her on a regular basis around progressing the framework and the action plan that will be going through the government systems over the first part of this year. We work closely with her, as I mentioned earlier, around the task force and the operation of the task force. We partner with the ACYP in regard to that and we meet with the Minister on a fortnightly basis around all issues associated with regional youth.

The Hon. TARA MORIARTY: On a fortnightly basis?

Mr BODY: Yes. But I talk to her office on a daily basis.

The Hon. TARA MORIARTY: Sure. You talked about a framework that is due to be prepared, so a strategy of some description. When is that due to be released?

Mr BODY: We are in the final stages of getting that through the government systems at the moment. I am hoping it will be released in the first half of this year.

The Hon. TARA MORIARTY: We are in the first half of this year. What does that mean—"working it through the government systems"? What do you mean by that?

Mr BODY: It will go through the Cabinet systems in the first half of this year to be publicly released.

The Hon. TARA MORIARTY: So is it prepared from your perspective? It has just got to go through Cabinet?

Mr BODY: It is in its final stages of going through the system.

The Hon. TARA MORIARTY: Can you tell me what you mean by that?

Mr BODY: It is in the government systems as we speak. So the document is complete and it is going through the system.

The Hon. TARA MORIARTY: I am not trying to badger you but I do not know what you mean by "government systems".

Mr BODY: It is going through the Cabinet system.

The Hon. TARA MORIARTY: So from your perspective, the public service's perspective, you have finished the strategic plan or the strategy—

Mr BODY: The framework.

The Hon. TARA MORIARTY: Okay, if you want to call it a framework that is totally fine. It has been finished from your perspective, you are just waiting for Cabinet approval?

Mr BODY: Yes, I am.

The Hon. TARA MORIARTY: And it should be released at some point. When are you expecting that? It is March—so first half of the year. When are you expecting—

Mr BODY: I cannot divulge what day it goes to Cabinet but, in essence, inherently it will be before the end of the financial year I would imagine.

The Hon. TARA MORIARTY: You cannot divulge it but does that mean that a day has been set?

Mr BODY: It is within the Cabinet system as we speak.

The Hon. TARA MORIARTY: I do not know what the Cabinet system is. I am not in Cabinet. Not to be rude, but can you tell me what you mean by that?

Mr HANGER: The Government obviously addresses major policy issues through the Cabinet process. This is an area that the Government is focused on; it has got a Minister for regional youth. As Mr Body has indicated, there is a strategy being prepared. We, as the bureaucrats, do not set the Government's Cabinet agenda. That is set by the Government. But as Mr Body indicated, we are hoping that this comes out in the first half of this year.

The Hon. TARA MORIARTY: What I am getting at is there is a Minister for regional youth and I am not quite sure what that role is. If there is supposed to be a plan in place, or a framework released for public consumption and consideration, I accept that is ultimately a matter for the Government and for the Minister and for whatever Cabinet process it needs to go through—I accept that is not your responsibility—but I am really trying to figure out what her job is in this space.

Mr BODY: Can I go back to those election commitments that I talked about? I will let Mr Hangar talk about Stronger Country Communities because that is a large bit of the work that the people in the group Mr Hangar referenced—the 12 people plus other people within the regional network—have covered off in the first half of this year. Minister Taylor's responsibility and one of those commitments was the development of a framework and an action plan which, as we have already discussed, is going through that process and hopefully it will be released. Other pieces of work is the task force and the task force role of informing the Minister on issues relative to regional young people, 12 to 24-years-old, within regional New South Wales.

So a lot of the work we have done so far is setting that up, making sure it is working and having meetings. As I said, we have had one meeting in session and three consultations out of session in the last six months around issues relative to regional youth. So things like the drought, how is the drought affecting people in regional New South Wales, all relative to some of the questions we have been talking about around suicide and mental health in young people in regional New South Wales. The other issues we have discussed with that task force over the last period was around the curriculum review and some key questions around what are the issues relative to education and education reform that are important to regional New South Wales.

The last piece of work that we worked on with them out of session was relative to a broad piece of work that regional New South Wales led, which was called A Long Hot Summer, which was around how do we provide respite for young people in regional communities—small, regional ag-dependent communities—over the summer period. So we consulted on the ideas that the bureaucrats brought to the table. They gave us their frank and fearless feedback around that, and we designed and rolled that out across Christmas time.

The Hon. TARA MORIARTY: So all that in one meeting of the task force, is that right? Can I just clarify how that has worked?

Mr BODY: No. That was not in one meeting of the task force.

The Hon. TARA MORIARTY: No, it was genuinely not meant to be a trick question. I am really trying to understand how this works.

The Hon. TREVOR KHAN: Just a quick assertion.

The Hon. WALT SECORD: That is my domain.

The Hon. TARA MORIARTY: So the task force was set up—and I know we touched on this earlier—but when was it actually set up?

Mr BODY: It was approved by Cabinet in September last year.

The Hon. TARA MORIARTY: And it has met once and that was in October?

Mr BODY: In October, and we have had three out-of-session meetings with them.

The Hon. TARA MORIARTY: What do you mean by "out-of-session meetings"?

Mr BODY: So we work with the Advocate for Children and Young People and they use technology. Young people in regional New South Wales cannot always get to where they need to get to. So we use technology. People are adept at using technology in regional New South Wales. We have had three out-of-session meetings with them to ask those questions, to do those consultations and get feedback on those. Under the terms of reference of the task force, there are four meetings a year. Two are face to face, so the one last year in Sydney on 12 and 13 October and the one in Queanbeyan will be the two face to face. Then after this period we will go back to another set of sessions where we use technology to communicate with them.

The Hon. TARA MORIARTY: And how is the agenda set for those meetings or for the task force? Are the topics to be considered determined by the task force and then the bureaucrats do the research and provide the information, or is it the other way around? How does that work?

Mr BODY: The first task force meeting was more or less a setting-up meeting. There was a lot of media training, some meetings with the Minister and an opportunity for task force members to talk directly to both the Deputy Premier and the Minister around issues relative to them, as well as early consultations around the draft framework that we were developing at that time. Under the framework, there were four pillars. One of those pillars is connectivity—connectivity from a digital perspective but also a transport perspective in regional New South Wales. We really want to focus on that because we have seen that in some of the assessment of activity across government we need to look at that issue. That is one of the ones that is less represented in the framework under those pillars. It is important that we keep focus. This has been set up in consultation with the Advocate for Children and Young People and the Office for Regional Youth.

The Hon. TARA MORIARTY: There are four pillars that the task force have set or the 12 people in Regional Youth have set?

Mr BODY: I can talk a little bit to the framework. The framework was set up after consultation across regional New South Wales. Just over 100 people were interviewed. We had 28 meetings with the young people in schools, in halls and in other areas of youth centres. Key themes and the four pillars were pulled out of that, one of which is connectivity and the other is work ready. The other is wellbeing and the other one is community.

The Hon. TARA MORIARTY: Connectivity, work readiness, wellbeing and, sorry, what was the other one?

Mr BODY: Community.

The Hon. TARA MORIARTY: Within those groups, particularly—I will pick wellbeing as an example. You have the regional youth Minister who is also the mental health Minister. Are they looking at asking for additional services in that space? Is that the remit of the task force? How would they work specifically in terms of what they might achieve?

Mr BODY: It is a good question. The task force's role is to give the Minister advice in regard to regional youth issues. Wellbeing was one of those things. At the first meeting when the Minister had an open session, wellbeing, mental health and the availability of mental health services in regional New South Wales were all brought by task force members. Going forward, there are opportunities. I will throw to Mr Hanger to talk about Stronger Country Communities because there are some good stories in that around the wellbeing pillar. There are opportunities for us to seek funding to leverage some of the regional funds grants going forward around specific things associated with wellbeing.

The Hon. TARA MORIARTY: When the task force decides what it wants to advise the Minister or call for, how publicly available is that information? When is it publicly available, or is it? Does the advice go to just the Minister or do we get to track it and see what they are interested in on the way through?

Mr BODY: I will have to take that on notice. I am not sure if the minutes of those meetings are made public; I do not think they are. I think those are open-ended discussions with the Minister and with the task force as well as the Advocate for Children and Young People. But I will take that on notice. I will throw to Mr Hanger around Stronger Country Communities about the wellbeing pillar because there are some really good stories there.

The Hon. TARA MORIARTY: Yes, I am very interested to hear about that but just so I do not forget this question: How many Aboriginal people are members of the task force?

Mr BODY: There are 18 people on the task force and there are five people from an Aboriginal and Torres Strait Islander background. Those people are from Walgett, Coonamble, Port Macquarie and Watanobbi.

The Hon. TARA MORIARTY: Thanks.

Mr HANGER: It is a really good opportunity to talk about the Stronger Country Communities program. This round, the third round of the program, is $100 million, of which $50 million was committed to regional youth projects.

The Hon. TARA MORIARTY: I am aware of the program proper but this is an estimates hearing about regional youth so could we stick to that?

Mr HANGER: In terms of regional youth projects, 600 applications were received. The announcement was made in late February by the regional youth Minister and the Deputy Premier. There have been 282 successful regional youth projects worth $53.3 million.

The Hon. TARA MORIARTY: Can you give us some examples?

Mr HANGER: I can give you examples that have been made public; not all of those have been made public. This will be literally drilling down into the details a little bit. An example of a project that was announced on the 2nd is in the mid North Coast: a regional junior golf training package in Port Macquarie. There will be a range of packages and projects, services and infrastructure across the four streams. Mr Body was talking about wellbeing. Of those 282 successful projects, 147 successful projects relate to the wellbeing pillar, 31 relate to the work ready pillar, seven relate to connectivity and 91 relate to community.

The Hon. TARA MORIARTY: What kind of money are we talking?

Mr HANGER: Grants can be from $50,000 up. They will vary.

The Hon. TARA MORIARTY: Up to what? What is the budget?

Mr HANGER: In this program it is unlimited. Youth was half of this program; community infrastructure is the other half. For projects above $1 million, obviously we will be looking for more details, but it is a minimum grant of $50,000.

The Hon. TARA MORIARTY: What is the overall budget for the section that is regional youth. What is the overall budget that you guys have to work with?

Mr HANGER: The operational budget is within the regional New South Wales budget envelope. I would say our operational budget would be approximately $20 million.

The Hon. TARA MORIARTY: You can take that on notice to provide this if you like. That would be helpful.

Mr HANGER: Great.

The CHAIR: I will direct my questions to, I think, Dr Wright. I want to ask some questions about a matter that is getting quite a bit of public attention today, and has been over the past few years. It is the matter of the treatment of gender-dysphoric children and young people. I am wondering if you have a pad and pen, Dr Wright, so you can make a note of these numbers as I go through them because I want to refer back to them. I have undertaken some freedom of information applications on the Sydney Children's Hospital Network gender clinic and, specifically, with the data around the treatment of gender-dysphoric children and young people.

I have got the information for the years 2014, 2015, 2016, 2017, 2018 and 2019. What I am about to go through is the data for each of those years. The first question put was: How many children and adolescents who are transgender or gender-diverse were receiving treatment at the Sydney Children's Hospital Network? If we start with the 2014 figures, the figures were eight in that year. They then jumped to 20. They jumped to 48 for 2016. They jumped to 65 in 2017. In 2018 they jumped to 85. In 2019 they jumped to 95 with an addendum that there are 63 on the waiting list.

Then I asked questions in regard to the stage one treatment, which you would be aware is the puberty-blocking stage. That is the first stage of the treatment. I asked a question about the numbers receiving the stage one treatment. We go back to 2014 again. In that year it was eight. In 2015 it was 14. Then it goes to 26 in 2016. It was 34 in 2017. It was 35 in 2018. It was 37 in 2019. That is the information from the Sydney Children's Hospital Network, specifically the work done at its gender clinic. That is the data. Clearly there is an increase that has taken place over that period that I have had examined.

In fact, if one goes back to the aggregate numbers of the total receiving the treatment there is a jump from eight in that year through to 95 in the last year, plus 63 on the waiting list. I am wondering, in regard to an increase like that, does this draw the attention of the department, specifically yourself as the Chief Psychiatrist?

If it does, does it alert you to anything? Does it invite you to think further or look deeper at what is going on? I pose the question to you, Dr Wright, as the Chief Psychiatrist.

Dr WRIGHT: It is a multi-level question.

The CHAIR: It is not meant to be multi-level. The first question is: Do the numbers that I have just gone through—I accept that you have only heard the numbers from me now for the first time—attract your attention and cause you to look at and consider what is happening here?

Dr WRIGHT: This issue has been the subject of discussions within the ministry for several years. I should preface this by saying it is not purely a mental health issue. It is a paediatric, mental health, endocrinology issue, so it sits across the mental health and the health areas. We certainly have a role to play there but gender dysphoria is not a mental health condition. The clinic and its clinical services are about providing assessment and treatment services to individuals who may be transgender and have other gender dysphoria issues.

The CHAIR: We are talking about children here. I am not dealing with 18 and beyond. The matter of gender dysphoria, though, is an item in the DSM-5, as you would be aware.

Dr WRIGHT: It is, but I think that the services required to respond appropriately to these individuals sit across mental health, paediatrics, endocrinology and surgery too. So the responsibility for it is one that we share. We are certainly concerned about the increase in numbers and the ability to respond. There has been quite a bit of work done within the ministry. It is in a different branch as well.

Dr LYONS: We can add a little bit.

The CHAIR: Certainly others may wish to add something.

Dr LYONS: There are services across a number of sites in New South Wales. You talked about the Sydney Children's Hospitals Network and Westmead, in particular, I think.

The CHAIR: That is the data, yes.

Dr LYONS: There is also a service available in Hunter New England out of John Hunter Children's Hospital, and there is also a service available in Western Sydney Local Health District.

The CHAIR: These are children and adolescents?

Dr LYONS: Yes, it is. It is a complex area and one where there is growing demand, as you have quite rightly highlighted. It is an area that does require a highly specialised, multidisciplinary team across endocrinology, mental health, adolescent health, so the places that you can provide that from are limited because you need to have the expertise of those particular specialties available. There has been increasing demand, as you have highlighted, and there has been a response by some increase in services available. In this year, in particular, at Westmead Children's Hospital they have allocated an additional $160,000, which is not a huge amount, but it has enabled additional time for a specialist psychologist—a full-time psychologist—to be employed for the service.

The CHAIR: Are you referring to the current financial year?

Dr LYONS: It was the 2018-19 financial year that that was an additional resource provided. That funding allowed a full-time psychologist and an additional part-time psychiatrist Visiting Medical Officer. I think both services are clearly under pressure and we will need to look at what resources we provide into the future to ensure that, as that demand grows, that expertise that is required in those sites—which is highly specialised as I indicated—is supported to enable a reasonable level of service to be provided.

The CHAIR: Does anyone else care to add to those comments? Perhaps back to you, Dr Wright, and Dr Lyons may like to respond also. What are the procedures, protocols and guidelines used by the Sydney Children's Hospitals Network gender clinic to determine whether or not a child or adolescent should progress onto stage one puberty blocker treatment?

Dr WRIGHT: I would have to take that question on notice. As Dr Lyons has said, it is a highly specialised area, so the guidelines, protocols and clinical expertise is something that is very specific to that service.

The CHAIR: Just to clarify, there are procedures, protocols and guidelines and you said clinical expertise. When you bundle that all up, is that the basis on which advice is given about whether to proceed or not? Is that how it is done? Forgive me for not knowing this. I am trying to understand this. Is advice given around that collection?

Dr WRIGHT: I am speculating a little bit but it would be a multidisciplinary, multi-stage assessment of the individual and their circumstances and their family and their medical history. But I think that it is a highly specific area and I do not want to mislead about the processes that are followed.

The CHAIR: No, and I am not inviting you to mislead.

Dr LYONS: I can add to that. This is emerging as an area where we need to have a response. There has been work, I think as late as last year, where there has been discussion with the specialist involved in the care about coming to an agreement about the optimal model of care and the approach to the stages that you have outlined to ensure that there is consistency around what we are offering in those services and getting the experts to agree on what would be appropriate. So there is work underway at the moment to gather some of the evidence around what is appropriate and agree on what our response will be.

The CHAIR: Is that a research project?

Dr LYONS: No, it is just defining a model of care, involving the clinicians and the multidisciplinary team with that expertise to ensure that we get some agreement about what it is that we are offering, who gets access on what basis and when do we progress from stage one to stage two and ensure that is being done in a way that is appropriate and consistent.

The CHAIR: Is that work likely to conclude in the not too distant future?

Dr LYONS: Yes, I imagine that would be something that will be concluded in the next couple of months. What flows from that then is what is the sort of service we should be offering and what would be the best way to deliver that service.

Ms KOFF: If I can add, Mr Donnelly, we do need a national approach. I think this is one of the issues that has been demonstrated to us because in 2018 the Royal Children's Hospital released the Australian standards of care and treatment guidelines for transgender and gender diverse children and adolescents—a big mouthful.

The CHAIR: Which hospital was that?

Ms KOFF: The Royal Children's Hospital in Melbourne.

The CHAIR: Indeed, that is where the work is done also.

Ms KOFF: The critical issue about those guidelines and the feeling was, as often happens, there was no agreement from all professional bodies about those criteria. As a result the Federal Minister for Health wrote to the Royal Australasian College of Physicians to ask them to urgently consider the advice on clinical best practice for the treatment of gender dysphoria. Minister Hazzard then followed it up with a letter to Minister Hunt in November 2019, impressing on Minister Hunt the desire and benefit of some Australian guidelines, which would be progressed by the national group.

The CHAIR: Would that normally be done through the COAG mechanism?

Ms KOFF: Yes.

The CHAIR: I have a follow-up question, which I presume you will take on notice, Dr Wright. The question is: What are the procedures and protocols used by the Sydney Children's Hospitals Network gender clinic to determine whether or not a child or adolescent should progress to stage two—gender-affirming or cross-sex hormone treatment? Once again, you might need to take that matter on notice.

Dr WRIGHT: Yes.

The CHAIR: With respect to the existing procedures and protocols—we understand something must exist—are you able to provide an answer as to where they came from? Where did the existing procedures, practices and guidelines come from?

Dr WRIGHT: The issue of gender dysphoria has been around for a very long time. There is certainly the issue of apparent increasing prevalence and demand over the last two years, but it has been around for a long time. It has been an evolving area of practice and it was there as long ago as when I was training, which is many decades ago.

The CHAIR: Without giving anything away.

Dr WRIGHT: But it certainly is an evolving area. I do think, as the Secretary and Dr Lyons have indicated, it is getting to a point where we really do need some consensus and clarification across a number of different disciplines.

The CHAIR: That is not answering my question. You might need to take it on notice. I asked you specifically where we can trace the basis upon the procedures, protocols and guidelines that are used at the children's hospital network gender clinic currently as it is operating. I thank Dr Lyons for his answer about some ongoing work. Following on from that—and perhaps this ties with Ms Koff's comments regarding the procedures, protocols, guidelines and clinical practice packed up—what Commonwealth department, authority or agency has examined the practices, procedures, protocols, guidelines and clinical practice, and has authorised, approved or endorsed their use for children and adolescence experience dysphoria?

It is being done there—being stage one and stage two treatment—and the numbers are increasing significantly in terms of percentage and absolute. What is the Commonwealth's remit in this area? What has been endorsed by the Commonwealth as far as you understand in regard to the best practice around the treatment?

Ms KOFF: If I can make a general comment about clinical practice and guidelines and guidance, when they are looking at a national approach to treatment or management of clinical conditions it is usually on the basis that the expert of the colleges and the clinical areas involved meet collaboratively across the States and Territories to come sort of to some national agreement, which is then endorsed by the Australian Health Ministers' Advisory Council [AHMAC] and then the COAG. I will take it on notice in terms of whether there has been any national discussions on this. As I said, it was referred to the Royal Australasian College of Physicians–

The CHAIR: No, you have not answered my questions. I am not asking about what may be done. Work is being done on children and adolescents out there, stage one and stage two treatment. We know what those programs involve. My question is: What authorisation has taken place at a Commonwealth level which would enunciate obviously an endorsement, support and approval of a practice that is guiding the work done out there at Westmead?

Ms KOFF: The clinical practice. Yes, understood.

The CHAIR: Will you take that on notice?

Ms KOFF: Yes, certainly.

The CHAIR: Once a child or adolescent has completed stage one or stage two treatment for gender dysphoria at the Sydney Children's Hospitals Network, what ongoing follow-up procedures are in place to monitor the impact of the treatment on the individuals? That is a very specific question and I understand if you would like to take that on notice. It is dealing with the completion of stage one—and they may not go on to stage two or they may, as the case may be—beyond that when they walk out of the hospital what is the ongoing monitoring of those individuals to establish the impact of having undergone that treatment?

Dr LYONS: We will take that question on notice.

The CHAIR: Certainly. Regarding stage one puberty blocker treatment, I gather in general terms you are aware of what that involves, Dr Wright?

Dr WRIGHT: Very general terms, yes.

The CHAIR: That is okay, which might lead you perhaps to have to deal with this answer in a particular way. With respect to stage one puberty blocker treatment, which is the blocking of the development of the natal hormones—if it is a male testosterone, if it is female oestrogen—is it reversible? Once the child or adolescent has undergone that treatment, is it reversible?

Dr WRIGHT: I would need to take advice from an endocrinologist about that. I think that is a question we ought to take on notice.

The CHAIR: In taking it on notice, will you be able to provide on notice for the Committee the answer one way or the other? You will find it is either reversible or it is not, I presume. There might be some mid-ground, I am not sure. On notice, will you provide the medical and scientific evidence to support the answer? Specifically, I want the references to peer-reviewed medical and scientific journals and books to validate the answer.

Dr WRIGHT: Yes.

The CHAIR: Moving on to the second part regarding stage two gender affirming, which is the cross-sex hormone treatment, which is the application of the alternate opposite hormone—so male-female, female-male—is that reversible?

Ms KOFF: We will take that on notice.

The CHAIR: In taking it on notice, equally, will you please provide the medical and scientific evidence to support the answer you provide—that is, the specific references to peer-reviewed medical and scientific journals and books?

Ms KOFF: Yes.

The CHAIR: It has been drawn to my attention there is a break.

The Hon. WALT SECORD: Push through.

The CHAIR: Is that okay?

Ms KOFF: Yes, certainly.

The Hon. TREVOR KHAN: However, in terms of those witnesses who we were going to let go to 2.40 p.m. —

The Hon. WALT SECORD: I have a quick question for the mental health—

Ms KOFF: She will still be here.

The Hon. WALT SECORD: Okay. Just an easy one.

The Hon. WES FANG: Maybe give her the question in advance too.

The CHAIR: There is one final question, which flows from stage one and stage two treatments which may well be the stage three treatment, which is surgery. We are dealing with children and young people who commence treatment for gender dysphoria. Obviously the ability to undergo stage three treatment can only commence at the age of majority of 18 years of age. Is that the case? They may not have surgery before they turn 18 years. Is that correct?

Dr WRIGHT: I am sorry, I do not have the detail of that.

The CHAIR: If you will also take that on notice. My understanding is that is not something that was done before they reach the age of 18 years—that is, surgery.

The Hon. WALT SECORD: Mr Chair, to assist, you may actually want to ask the number of children in New South Wales who, in fact, have undergone the procedure under the age of 18?

The CHAIR: Thank you. With respect to that question, looking at stage three treatment—and the progress from stage one to stage two to stage three—I seek a confirmation of my understanding that that is treatment that may not be undertaken until the age of 18? If you establish that, in fact, it can be undertaken before the age of 18, would you provide some figures on that, as best you can establish, from the years going back to 2014, 2015, 1016, 2017, 2018 and 2019, which is tracking those years to which I referred earlier? My final question, which is related to stage three surgery—and you might take this on notice—of a young person who has undergone stage one and stage two treatments, is there any ongoing tracking of that individual to establish that they proceed to stage three surgery?

In other words, we know they have progressed through one and two. My question is, within the records managed by NSW Health is there management of the data so that one can track if people are moving onto stage three at either the age of 18 or some age thereafter?

Ms KOFF: Certainly.

The CHAIR: Thank you. I appreciate your patience in going through that in detail.

(Ms Smyth, Ms Walker, Mr Body and Mr Hanger withdrew.)

(Short adjournment)

The CHAIR: We will return now to the last tranche of questions for the day.

The Hon. WALT SECORD: My question is to the Mental Health Commissioner. You will recall on 30 October I asked a series of questions about your meetings with the Minister?

Ms LOUREY: Correct.

The Hon. WALT SECORD: And whether you met the Minister and how often you meet the Minister. Just to recap and just to see if the situation has changed, evolved or progressed, how often do you meet the Minister?

Ms LOUREY: I continue to meet the Minister or her Minister's staff monthly.

The Hon. WALT SECORD: How about the health Minister? At the time you said that you had never formally met the health Minister, according to the transcripts. Have you met the health Minister since the October meeting?

Ms LOUREY: Yes, I have.

The Hon. WALT SECORD: Have you met the Premier since the last Health meeting?

Ms LOUREY: No, I have not.

The Hon. WALT SECORD: So you have yet to meet the Premier?

Ms LOUREY: Yes.

The Hon. WALT SECORD: When were you appointed?

Ms LOUREY: August 2017.

The Hon. WALT SECORD: And you are yet to meet the Premier. Thank you. I have a couple of questions for the Chief Psychiatrist. On 1 August 2019 health Minister Brad Hazzard made public commitments on restricting the practice of gay conversion therapy in New South Wales. What steps have been taken since then to curb gay conversion therapy in New South Wales? For the record, NSW Labor has a position to ban the practice for minors—people under 18, not coalminers.

The Hon. WES FANG: You hate coalminers too, though.

The Hon. WALT SECORD: No. If you could update us, please, on 1 August 2019.

Dr WRIGHT: I do not have any specific knowledge about that, so I would have to take that on notice.

The Hon. WALT SECORD: If you take that on notice could you say what steps or measures have been taken by the New South Wales Government to restrict the practice? Was it in fact raised at COAG? He made a promise and a commitment to do that.

Ms KOFF: I can confirm it was definitely raised at COAG. I can provide the date. I was in attendance because it came to COAG Health Council and then was referred to the AHMAC, which progressed work to see the appetite for a national approach to banning gay conversion therapy. I can provide the dates that occurred.

The Hon. WALT SECORD: I want to know what steps have been taken in New South Wales. Have there been any moves in New South Wales?

Ms KOFF: No.

The Hon. WALT SECORD: Thank you.

The Hon. TARA MORIARTY: I will go back to and wrap up the bushfire questions if that is okay. Just before the lunchbreak we were talking about what work you had been doing in relation to identifying what are mental health issues, what are the things that need to be looked at by the department. I note the answer provided by Dr Wright. Have you done any work on how many people have used mental health services so far since the fires, in terms of whether it is specifically related to that or not?

Dr WRIGHT: I do not believe we have specific data around that. I am not sure how easy it would be to do, because I think the differentiation between something which is purely responsive to the bushfires versus the exacerbation of an existing condition as a result of the trauma, the loss or other aspects is not that easy to compartmentalise. One of the things that is worth drawing attention to is that the individuals who are most at risk in any disaster are the people who have a pre-existing mental health condition. Part of our immediate response to the bushfires was, and is, to very carefully follow up everybody who is currently on our books, as it were, to ensure that they are getting the appropriate support. The reason for that is obviously people with existing mental health conditions could have vulnerabilities in how they respond to the crisis, but they are also quite often isolated and vulnerable within the community.

When everyone is focusing on the disaster, their usual supports are not in place. All of that means that the effect of the bushfires on the community at large means that there is an increased need for people who are already clients of the service, but that is very much related to the bushfires, that should be taken into account. As well as individuals who perhaps have never had any contact with mental health services but, as a result of the trauma, they have either a short, medium or longer term need for the services. I think it is a very fair question as

to how much increased demand is there. I think it would be very difficult to answer that question with any kind of accuracy.

The Hon. TARA MORIARTY: I think that is fair enough. I understand that it is complicated. Of course, you are right that people with existing illnesses would probably be most likely to have them exacerbated by an event like this. I guess it is more just a question in terms of how you resource this going forward.

Dr WRIGHT: Yes.

The Hon. TARA MORIARTY: I understand this was an unexpected event and resources have gone in. I hear your answer about reaching out to people who have already been part of the system, but will you be doing work to track how people reach out about this so that you know what resources and how long you need to have them in place for the longer term?

Dr WRIGHT: That is a very good question. I think the answer is yes. It is going to be very important that we closely monitor what the demand is. It is not just a generic demand for services, it is the specifics of what kind of services we need. We have a range of services across mental health, but also around drug and alcohol services. The monitoring begins with the local recovery committees. They are in place now. There is a health and mental health presence on all of those. That picks up some of that demand but, within our mental health services themselves, the local teams are continually monitoring that demand. That is not a new thing. They do that anyway and there is quite a lot of reporting that happens both at a local, district and State level. We monitor that and we have done for a long time.

We are going to be much more sensitive to any kind of significant changes in the demand, particularly over the next six to 18 months, because we have an idea about what we think is going to be required, but we really have to be prepared to adjust our services based on what we see emerging over that period of time.

Dr LYONS: If I could just add to what Dr Wright said. I know we had a lot of discussion in the early phases as well about monitoring the mental health telephone access lines just to ensure that we did not see an increase in activity coming on there, which indicated a need from the communities for more services. We had anticipated there might be an increase but we did not actually see an increase over that time. But, having said that, there was a significant investment in Lifeline and other counselling services in the crisis response.

So I think it is something we will continue to monitor and look at what we need to do to tailor our response to ensure we are actually meeting the needs, however they might be expressed through activity of services or demand for services and those sorts of things. I have a specific response to your question about the bushfire recovery clinicians if you would like me to give you that on the record now instead of taking it on notice.

The Hon. TARA MORIARTY: Yes, great.

Dr LYONS: We have allocated 21 clinicians in total through the first two tranches. That does not include the money that was announced just this week, which I said is around an additional $4 million. Three clinicians have been allocated to southern New South Wales, three clinicians to Murrumbidgee, three clinicians to Hunter New England, three to Northern NSW, three to Mid North Coast, two to Illawarra Shoalhaven, one to Western NSW and Far West, one to Nepean Blue Mountains, one to South Western Sydney and one to Central Coast, so that makes up the 21.

The Hon. TARA MORIARTY: Thank you. That is useful. For each of those is there information on how long they have been appointed for?

Dr LYONS: At this stage the funding is through until June 2021 and that will be revisited.

The Hon. TARA MORIARTY: Are they all at the same skill or qualification level?

Dr LYONS: We have allocated them out with that, at that level, but have given the local health districts flexibility about what clinician they employ based on who is the most appropriate with the skills to fill those roles, so we have given them some discretion around that.

The Hon. TARA MORIARTY: In terms of the phone lines, particular was reference made to the money provided to Lifeline, was it, for their phone line?

Dr LYONS: Yes.

The Hon. TARA MORIARTY: Correct me if I am wrong but is it a new bushfire specific line or is it their existing line? Do you have anything to do with that? What budget has that come out of and who monitors that? Or is it purely Lifeline's responsibility and they will advise you?

Dr LYONS: I think it is allocated from the Government to Lifeline as one of the non-government grants or NGO grants. That is not one that we administer so it would be something in some other department, I expect.

The Hon. TARA MORIARTY: But otherwise as far as you know Lifeline will have the data collection responsibility themselves and if they were to reach out for other assistance they would do it through whatever department they felt was necessary?

Dr LYONS: Yes.

The Hon. TARA MORIARTY: Have you noticed any increase in people reaching out for assistance? You have done some proactive reaching out to people who have already been in the system, which is great, but have you noticed any increase in numbers of people reaching out for assistance or needing particular types of treatment?

Dr WRIGHT: During what we would call the emergency phase, which was, let's say, the first six weeks after the New Year, absolutely. But as we have discussed before, that was really a whole-of-community, whole-of-State response to the crisis. Certainly our mental health services were involved in providing that immediate support for a distressed community and members of a distressed community. That was an absolute pressing need at that time. In terms of the demand for specialist mental health services I am not aware of any significant demand increase at this point. We generally would not expect it. As we have said before, the focus immediately after a disaster is on basic needs. It is on responding to the loss, on putting in place stable accommodation, infrastructure, electricity, water, and pursuing those kinds of needs. I think it is quite often over the next couple of months that we need to be very much tuned into any change in demand, both in terms of the numbers but also in terms of the kinds of issues that arise across all the different age groups.

The timing of the introduction of the coordinated positions with the Primary Health Networks and the mental health bushfire recovery clinicians in our services is very, very good timing because, with the shift from the emergency response into the recovery response, it is during the early stages of the recovery that people start to really reflect on how this is all affecting them and how they are adapting when they have to adjust to what are the changes in their community in terms of—many of these communities have been absolutely decimated—the impact on employment, local businesses and those sorts of things, as you can appreciate, at an individual level, which is what the demand for services is about. It is really an accumulation of reacting to those sorts of things that then translates into, in some cases, a demand for health or mental health services down the track. The next few months is the time when we will need to be keeping a very close eye on that. But the investment in the semi-permanent resources over the last month or so, having those in place in the next six months is going to be really important to us.

The Hon. TARA MORIARTY: A couple of you have touched on this a bit, so any of you can answer this. How is the coordination between the Federal Government services, the Primary Health Networks, and your own working? How did it begin? Were they taking advice from you or vice versa, or asking for assistance? How has that worked?

Dr LYONS: Very early on, even before the Commonwealth announced their package they made contact with us to talk about what we were doing and then tested with us some of the thinking they had about what they would be doing, which was really welcome and demonstrated a really strong desire to ensure that there was appropriate support for communities that reflected the respective roles that we have and the responsibilities we have in the health system and that we do these things together. That has been really a positive example of working cooperatively around things.

There was a discussion around how we ensure that we do not have duplication, that we ensure we have appropriate things in place to support it in the medium to long term, a testing of some of the things—and we gave very positive feedback, as Dr Wright has indicated, around the package that was being proposed, particularly around access to some of those Medicare Benefits Schedule item numbers and not having to go through a referral from a GP for those, about the commissioning of additional services through the Primary Health Networks and being done collaboratively, stressing the importance of the disaster recovery positions that were being appointed through the PHNs working very closely with our bushfire recovery clinicians at the LHD level and establishing mechanisms for the two services to continually talk.

We even at one stage in the crisis response were getting information from the Commonwealth about where their pop-up services were going to be, in what towns they would be and when they would be there so that we could coordinate our services being there at the same time. I think that was an example of what you would like to see. We have also had an opportunity to share some feedback about how things actually worked. Even at the COAG Health Council meeting last Friday there was a conversation around the States and Territories and the

Commonwealth and about what we have learnt through that process to ensure that we build in improvements. That has highlighted some areas that we could do further work on.

One of those is around the disaster response that we establish at the State level through our local health districts and the fact that the Primary Health Networks are really the primary care side of things. What relationship do we have to ensure that there is joint planning for disaster response and that we understand the respective roles that each part of the health system might play and in particular the mental health side of things to support people. I think there will be a number of learnings from what we have experienced that will build into improvements in how we operate together and across Commonwealth and State boundaries, which is, I think, very welcome.

The Hon. TARA MORIARTY: We have touched on the difference between the trauma experienced by individual people compared to collective community trauma—my words, not yours—but you have talked about it, particularly Dr Wright, in terms of areas experiencing problems collectively. I know there has been some discussion in the community and there is been public debate about how to manage that. Does your department have any role to play? Is there any money allocated to community support, bringing people together as communities?

Dr WRIGHT: It has been mentioned a couple of times that we have Professor Sandy McFarlane providing advice to the ministry on the recovery process. It is around those very issues that he has got a great deal of expertise. His advice is also consistent with the learnings from the 2009 fires in Victoria. There is a report arising from that—which you have probably seen—which I think has been enormously useful in guiding our response. It does talk very much about the importance of trying to address the collective needs at a local level. That is probably one of the most important mental health preventative things that we can be doing at this point. I think that that is a priority. It underscores the importance of mental health services being at the table with the regional coordination efforts of recovery and that is actually happening across the State at the moment.

It is very much a collective effort in responding to those things. I do see it as being quite important preventative work and, hopefully, reducing the long-term mental health impact of the bushfires. We know for some of the communities that have been utterly devastated, that it is going to be pretty hard to put that all back together. It is going to take a very, very long time because in many instances they have lost their capability to generate an income. They have lost their businesses. These are things that cannot be put back quickly. I do not underestimate what those strains are going to be in the long term but we are very focused on making sure that we have we got the apparatus and the capability to monitor problems as they emerge. Also to be able to help our services, and I guess some of the other services, to realign what resources we do have in order to meet that emerging demand.

The Hon. TARA MORIARTY: I accept that is probably still early days, but are you looking at any specific programs or support for young people in these communities?

Dr WRIGHT: We spent quite a bit of time, particularly in the last couple of weeks in January, making preparations for the beginning of the school year. In many instances the return to school was a good thing, connecting people back up with their peers. Linking into the routine, regularity and supports within the education system is a kind of micro example of what I am talking about. When you put people back in their normal way of living, that is actually a part of recovery. That was the case for the children and young people who are still in the school environment.

We are very conscious though that the kids were—and I had a question earlier about the impact on children of coronavirus—we were very, very tuned in to their potential impact on young people of the bushfires and trying to connect them back up with the schools, but also just making absolutely certain that the linkages that we do have in place between our mental health services and the school services through our school link coordinators, that they were ready to go from day one. The difficulty for all of us was that our service providers were not immune to being affected by the bushfires themselves. We had to make sure that our staff were in a position to be able to provide that kind of support at the beginning of the school year. That is probably a micro example of how we tried to address that, but it was a very good local collaboration with the school link people, reaching out to school principals and trying to prepare for the year.

The Hon. TARA MORIARTY: Community-based organisations in fire-affected areas that provide mental support for people in their communities, particularly for young people, have told me as I have met them over the summer that they have seen a big spike in fear from kids, particularly about the fires but also joining that with a fear about climate change and experiencing more despair than they have seen before about their futures. Are you noticing any of that and is there any work being done on how to engage kids about that?

Dr WRIGHT: I could not talk about specific work in relation to that but you are tapping into something that we are quite conscious about. We did put some material on the website at the time of the bushfires about the particular needs of young people. I touched on that in relation to the question Mr Secord asked about coronavirus; it is the same general principle. We have got to be really careful that we do not overexpose young people to some of the drama that is available essentially 24/7 on our TV and computer screens without providing some support, context, explanation and reassurance that yes, this is a catastrophe, it is a disaster and it is a terrible thing, but as a community we will recover and there is a future. It sounds banal when you say it but you actually have to say it to young people.

The Hon. TARA MORIARTY: I know that this is a question really for Education. In terms of school counsellors, we touched on this at our last estimates hearing, the Government has committed to two mental health experts of description in every school in New South Wales, I did ask about that last time. There have been some school counsellors moved from Sydney schools into fire-affected schools for the beginning of the school term, in some cases for just four weeks. Do you have any involvement in that? Do you have any involvement in advising which schools or is it completely just the Department of Education?

Dr WRIGHT: I do not have any information on that.

The Hon. TARA MORIARTY: You have not been asked for any advice on where resources might be needed? It is decided by the schools?

Dr LYONS: Not to my knowledge.

The Hon. TARA MORIARTY: Thanks.

The Hon. WALT SECORD: Ms Koff, at the 3 September 2019 budget estimates I asked a question about sentinel events and you said:

> In other places they are described as "never events" that should never occur in hospitals. The Government policy from the Federal level now is penalisation for sentinel events. Health services do not get reimbursed Commonwealth funding for when there is a sentinel event. For mental health, as I said, the sentinel event is death in suicide in an acute mental health facility.

How many sentinel events have there been in mental health facilities in New South Wales in 2018-2019, in 2019 as a year, and since 1 January to 1 March?

Ms KOFF: I will have to take that on notice.

The Hon. WALT SECORD: Has the State Government changed the definition of "sentinel events"?

Ms KOFF: No, there are nationally agreed definitions of sentinel events. They are developed by the Australian safety and quality commission because there is a standardised approach across the whole of the country.

The Hon. WALT SECORD: Can you check to see if there is any movement in New South Wales to change the definition of sentinel events? Could you take that formally on notice because the advice to me is that in fact New South Wales is trying to change the definition of a sentinel event.

Ms KOFF: Certainly.

The Hon. TREVOR KHAN: I think you asked those same questions at the St Vincent's inquiry.

The Hon. WALT SECORD: I did and I did not get an answer then either.

The Hon. TREVOR KHAN: Or the answer you wanted.

The Hon. WALT SECORD: No. I did not get the answer.

The Hon. TARA MORIARTY: Here is another question that I have been trying to get some answers to. I am happy for you to take this on notice because it is quite detailed. I have tried a number of ways to find this out. Anyone might want to take this. Can you let me know how many psychiatrists are on short-term contracts across the State? Can I get a breakdown by local health district [LHD], hospital and contract term period for the years 2015, 2016, 2017, 2018, 2019 and now?

The Hon. TREVOR KHAN: All that in 21 days?

The Hon. TARA MORIARTY: I have been trying to get this information.

The Hon. WALT SECORD: I think it is a very good question. It will show where the vacancies are.

The Hon. TARA MORIARTY: You are welcome to have a crack at it now.

Mr MINNS: Ms Moriarty, it may be a question that we cannot answer because it is a—

The Hon. WALT SECORD: Take a swing at it.

Mr MINNS: We can certainly have a look, Mr Secord, but that is a piece of information that will be very much locally based. Whether or not we will be able to trace it back over three or four years could be the issue.

The Hon. WALT SECORD: Okay.

Mr MINNS: We can give you a little bit of an update about the current state of the psychiatric workforce. As at the end of June we had 480 psychiatrists working in NSW Health. Some of them are not full time so it was 330 full-time equivalent. We also have a workforce of 540 visiting medical officers [VMOs] psychiatric appointments. We do not often get asked the question about how many positions are vacant. Again it is something that our current systems do not allow us to just look in and see. The reason for that is essentially that the Health workforce, given its size, is not a static entity, it is dynamic. People are leaving and joining and moving every day. So when we had a look at this last in November we could talk about the fact that we had about 90 vacancies across the system. But of those, two-thirds were in fact filled by various alternative arrangements and appointments. Some number of those might equal people on shorter term appointments and we could possibly be able to give you the answer from when we did that snapshot survey in November. But in terms of history I think it is quite unlikely that we will know the specific detail you want. Our systems just do not support the collection and retention of that data.

The Hon. TARA MORIARTY: I would appreciate it if you could take it on notice and see what information you do have.

Mr MINNS: What we have we will share.

The Hon. TARA MORIARTY: If there is more recent information from November, I would be interested to see that.

Mr MINNS: I do not believe there is.

The Hon. TARA MORIARTY: But just in terms of what you just referred to—the snapshot.

Mr MINNS: Yes. That is the last time we did one, November.

The Hon. TARA MORIARTY: Even that information would be helpful.

Mr MINNS: Yes.

The Hon. TARA MORIARTY: I understand the answer in terms of the system being large and the staff movements and all that kind of stuff but I am specifically asking about psychologists and psychiatrists. They are very specialised and they are very noticed when positions are vacant. Particular health areas notice it when they are vacant for long periods of time, and there have been several of those. That is why I am particularly interested.

Mr MINNS: But they are one of many specialties. The point is that we at the centre do not have that data or we do not have the means to collect it and retain it.

The Hon. TARA MORIARTY: Yes but presumably, Dr Wright, is this something that you—

The Hon. WALT SECORD: Could enlighten us on.

The Hon. TARA MORIARTY: —would be tracking or get information on or get briefed on?

Dr WRIGHT: We have the same source of information.

The Hon. WALT SECORD: But you are closer to the coalface.

Dr WRIGHT: Yes, but most of my information is anecdotal. I think to sort of take the question another step, I am not sure that we have mentioned here before but there has been quite a lot of work done within the ministry and with our partners, which include the College of Psychiatrists, the Australian Salaried Medical Officers Federation [ASMOF] and the Australian Medical Association [AMA], to develop up a psychiatric medical workforce plan. We have been working on that for a period of time. That is a really important initiative because I think the solutions to the medical workforce challenges within psychiatry do not sit easily within one part of the organisation. We really need the input of particularly the college and ASMOF and we have been listening carefully to the concerns raised by the psychiatrists but also of the trainees. What are the things that

potentially are attractive to working within the system? What are the things which cause people to take other employment options, particularly in the private area?

We are very, very keen not just for the life of developing this workforce plan but to continue to work close with those medical organisation representatives so that we can work collaboratively. Even those individuals who are working principally in the private area, if we do not have a healthy private system and a healthy publicly funded system, then that is going to have an impact on the community. So regardless of where we spend most of our working time, we have a shared interest in trying to solve this particular problem. It is not just a problem in New South Wales; it is a problem across the country and internationally. I could regale you with what I see are some of the reasons that it is a problem in the long term but I do think that there has been a change within New South Wales in the past 18 months to two years in trying to pull everyone's perspectives and expertise into improving our ability to attract and retain high-quality doctors into training but also to keeping them in the system once they are qualified.

The Hon. TARA MORIARTY: While we are on it, what is the average wait time for a psychologist referral or a referral to one?

Dr WRIGHT: I am not sure.

Ms KOFF: We do not keep those wait lists centrally.

The Hon. WALT SECORD: But you do keep them?

Ms KOFF: No, we do not keep them centrally.

The Hon. WALT SECORD: But you have waiting lists for people for—

Ms KOFF: For surgery, yes.

The Hon. WALT SECORD: —surgery.

Ms KOFF: Yes.

The Hon. WALT SECORD: So you must know the average wait for a person in the public health system who wants to see a psychiatrist.

Ms KOFF: No.

The Hon. WALT SECORD: You do not have data on that?

The Hon. TREVOR KHAN: The question was about psychologists, not psychiatrists.

The Hon. WALT SECORD: No?

The Hon. TARA MORIARTY: Can I just—

The Hon. WALT SECORD: I believe we asked psychiatrists.

The Hon. TREVOR KHAN: There is a difference.

The Hon. WALT SECORD: I think it is a very important question.

The CHAIR: I am not denying that but I think we are jumping around here a little bit. Let's pose the question—psychologists or psychiatrists. Make it very clear.

The Hon. TARA MORIARTY: But it will be both so we can do both concurrently, if you like.

The CHAIR: Okay.

The Hon. TREVOR KHAN: No. My point was simply this: The Hon. Tara Moriarty asked about psychologists.

The CHAIR: Correct.

The Hon. TREVOR KHAN: And then the Hon. Walt Secord jumps in and talks about psychiatrists.

The CHAIR: Correct.

The Hon. TREVOR KHAN: I think the witnesses are entitled to have one consistent theme put to them. They are quite different professions.

The CHAIR: That is correct.

The Hon. TARA MORIARTY: But I am just about to ask about psychiatrists, so you can do both at the same time, if you like. I assume the answer will be roughly the same in terms of whether you keep the data.

Ms KOFF: We do not keep it centrally, no.

The Hon. WALT SECORD: You do not keep it centrally.

Ms KOFF: No.

The Hon. WALT SECORD: But each individual local health district would have it.

Ms KOFF: With a devolved structure, local health districts manage their outpatient clinics appointments. The local hospitals actually manage their appointments processes, their scheduling and clinics.

The Hon. WALT SECORD: I am going to differ with you on this. Then how does the Bureau of Health Information data come up with lists of wait times in individual hospitals, almost 200 hospitals in New South Wales, 180 depending. How does that data occur?

Ms KOFF: Because the Bureau of Health Information gathers that data from the various sources.

The Hon. WALT SECORD: You provide that data to them.

Ms KOFF: For surgical waiting lists?

The Hon. WALT SECORD: Yes.

Ms KOFF: Because that is collected. As I said, Mr Secord, we keep surgery waiting lists.

The Hon. WALT SECORD: Yes.

Ms KOFF: We keep emergency department on a statewide level because they are the key indicators. We keep activity level data.

The Hon. WALT SECORD: You would be able to tell me right now the length of time to wait for a gall bladder operation, or a knee and hip replacement, or how long it would take if you arrived in a triage 1 category in a hospital in New South Wales but you do not keep information on waiting for a psychiatrists, the wait time for psychiatrists.

Ms KOFF: That is correct.

Dr WRIGHT: I think one of the differences is that we are not talking about elective practices. Most people who consult with a mental health service have their needs met on the basis of the level of urgency at that point in time. There is a triage process that happens at the point of contact, so there is no average. The important thing if someone is in a crisis is that they are seen immediately. If someone has a condition that can wait for a few days before they are seen then they go into a different triage category. We really respond to the urgency of that individual at the time. We do not keep lists for electives because there is no elective process in most mental health services. I think the concept of waiting lists across the system does not really hold for the way the mental health services operate.

The Hon. WALT SECORD: I think we will return to this during the Health estimates.

Dr LYONS: If I could add, it is about the way we offer mental health in the public sector, which is slightly different to the way it is provided in the private sector.

The Hon. WALT SECORD: I am familiar with both.

Dr LYONS: The issue for us is that most of the people who are referred to our services are in need of some fairly acute response. That is why our teams are set up around how they respond to that, whether it is a psychiatrist who sees them first or it is an assessment by a psychologist, clinical nurse, consultant or specialist. Those things occur within the intakes of our services and then the appropriate care is provided. But it is a different configuration to a referral to an outpatient specialist clinic, as you would see in a private psychiatrist's rooms or a psychologist's rooms, for instance. It is a different model.

The Hon. WALT SECORD: What would occur in a country area where there is only a hospital? How would someone access psychiatric services if they were suffering from anxiety but it was not acute and they wanted to enter the public health system? How would one do that?

Dr LYONS: This is one of the challenges that we hear of all the time from our rural communities—that there are no services locally. We are geared up around an acute response. The process there would be around a

referral for a specialist appointment if there is one available in the private sector. That might mean that the person has to travel. If they have to travel then we have the travel and assistance support for rural people to access due to the fact that they have to travel to receive that specialist advice and treatment. There is travel and accommodation support available. But this is a big issue. What we have highlighted is that we need to do and are doing more around how we support general practitioners because they are the primary point of contact for rural communities in relation to a whole range of things, including mental health.

The more support that we can provide them with around telephone advice and support, particularly with the backup of a specialist through those mechanisms, they then have some advice about what they can do to provide optimal care for that person in their community while they wait for a referral to someone else.

The Hon. WALT SECORD: Dr Wright or Ms Koff, what is the NSW Health response to the proposal from pharmacists for them to be involved in counselling or referrals in remote areas for people who present in their pharmacies with anxiety and other issues? Parliamentary Secretary Leslie Williams announced at the pharmacists' dinner that there would be a pilot program allowing pharmacists to be involved in mental health counselling. What has happened with that program?

Ms KOFF: I do not know specifically about that program but I read in the paper yesterday about the desire for pharmacists to take a greater role in health care.

The Hon. WALT SECORD: She announced a program.

Ms KOFF: We announced the vaccination by pharmacists program and the lowering of the age group for vaccination for the flu vaccine. From my perspective, pharmacists are well qualified health professionals and have a range of skills and expertise in their training that can support a variety of health conditions. I am not familiar with Leslie Williams' announcement, I am sorry.

The Hon. TARA MORIARTY: It was made in October last year. I understand that you are not familiar with it, but you may want to have a look into it. She did announce that there would be $1 million for mental health training for pharmacists in regional communities so that they could identify and assist patients with mental health issues. I have a whole series of questions in relation to what work is being done on that, which I will have to put on notice.

Ms KOFF: Dr Wright can speak to that. I think we called it something different.

Dr WRIGHT: I think it is called gatekeeper training. That is a particular kind of mental health first aid training. It is really about identifying groups within the community, and in this case it is pharmacists, who come into contact with a wide range of people from the community, and upskilling them. Pharmacists do not have any specific mental health skills, so it is about upskilling them and making them aware of how they might detect individuals who might have a mental health problem and then being able to give them evidence-based advice on where to go from there. We have been doing it for a couple of decades in the Rural Adversity Mental Health Program and we have been doing it with schools.

Basically, it is a very, very cost-effective way of upskilling non-health and non-mental health individuals to give them the skills and the confidence to identify people who might benefit from further follow up. It is not so much about delivering treatment as it is a form of screening, if you like, and the provision of advice. If that is what it is—and I think that is what it is referring to—I think it is a very good idea.

The Hon. TARA MORIARTY: My understanding is that that is what the announcement was and that is what has been publicised. That is certainly what the pharmacists tell me. I accept that it is happening in other parts of your area, but based on the answers we are getting today, I take it that you are not doing any specific work in terms of training pharmacists to identify mental health issues?

Dr WRIGHT: I am not sure who the training body is. There may well be people who are associated with our mental health services. There are a number of non-government organisations that deliver gatekeeper training to various professional groups. It may be through one of those. I just do not know the specifics of who is doing it.

The Hon. TARA MORIARTY: That is fine. Are you able to take the question on notice and check?

Dr WRIGHT: Sure.

The Hon. TARA MORIARTY: The pharmacist bodies are telling me that they have not received anything and have not got any further information about it. Can we just check what the correct information is and then we can go from there?

Dr WRIGHT: Yes.

The Hon. TARA MORIARTY: That would be great. I want to ask some quick questions about a couple of examples of things that have gone wrong that have been in the public domain. I would like to get some responses on them. On 30 December a man was taken to the Northern Beaches Hospital by police for a mental health assessment. It has been reported in the media that he was discharged after an assessment at 1.00 a.m. Is that routine practice? Is it okay to be discharging people who have been admitted by police or delivered to the hospital to be admitted by police to be released at 1.00 a.m. and, if so, what kind of procedures should be in place to make sure that they can get home safely or be safe in those circumstances?

Dr LYONS: That would be based on the assessment of the clinical team about the particular circumstances of the individual, what they felt was happening for that person clinically, whether it was appropriate and safe for them to be allowed to go home and what environment they were going home to. All of those factors would be taken into account in a decision about what should happen. If there were any concerns about allowing someone to go at that time in the morning then the practice would be to hold them until later in the morning, or if no family were available to come and be with them and support them. It depends on the particular circumstances, but I would suspect that in that situation the clinical team would make an assessment about appropriate care, the level of risk in allowing somebody to leave and what they were actually going home to as part of the decision-making.

The Hon. TARA MORIARTY: I have one more quite specific example but I would like to get some more information to make sure that it is not something that could happen again. It is in relation to Sutherland Hospital. It is publicly available information. There was a woman who committed suicide and it was found that she had called the 24-hour acute care line at the hospital more than nine times but did not get a response. Have you had a look at what happened in that particular situation? Are you having a look at what happens with these 24-hour phone lines and whether they are operating in the way that they should across the board so that this does not happen again?

Dr LYONS: I think in this particular case there would have been a root cause analysis undertaken, which is that assessment around what were the issues that may have led to the unfortunate outcome for this person, and that would be to look at what the issues were that needed to be altered to ensure that the chances of something like this happening again would be minimised. So that process would have been undertaken. But I can say in addition to that, we are having a look at the mental health telephone access lines right across the State at the moment because the way those services are provided is very different in every district. Some of them have contracted out to professional organisations to provide that telephone advice, others provide them in-house but have different arrangements between what happens during the day to what happens during the night, and maybe it goes to another clinical area that has other responsibilities overnight to do other things.

So we are looking at the performance of those telephone access lines and we want to see significant improvement because they are a critical access point and we are having the discussion at the moment around what actions we need to take centrally and with the districts to ensure that there are improvements in the performance of the lines, that they operate as they should, that we have got better monitoring of their level of performance and if there is need to take action around providing the service differently that we do so. That process is underway at the moment.

The Hon. TARA MORIARTY: What is the time line for that?

Dr LYONS: It has taken a little bit longer because of other things that have emerged. We were planning to do it early this year, but since the start of January we have had a lot of acute things to respond to, so we are aiming to do that the first half of this year.

The Hon. TARA MORIARTY: And when you do that will it be publicly available information?

Dr LYONS: We will certainly be publicising what changes will be made because those things will need to be delivered differently and we want to make sure that the community is aware—the access point will be still the same number—but we want to demonstrate that we are seeing improvement in access through those lines because there have been some concerns expressed from different places around access, the time it takes, dropouts, not being answered.

The Hon. TARA MORIARTY: Okay, thanks. I have got plenty more but—

The Hon. WALT SECORD: The Greens and the Animal Justice Party have vacated the premises, so if you want to take that time.

The Hon. TARA MORIARTY: I am here and I have got all of this but—

The CHAIR: Obviously there is an option to put some questions on notice if you wish, but it is a matter for you.

The Hon. TARA MORIARTY: I think I will do that.

The Hon. TREVOR KHAN: We will not argue with that.

The CHAIR: On that basis, I thank you all very much for coming along. You have been very patient with answering detailed questions and you have been here since 9.30 this morning. It is much appreciated. The Committee secretariat will liaise with the department in regard to questions on notice and any supplementary questions that might arise from the proceedings today. On behalf of the Committee and on behalf of the people of New South Wales you do such great work for, I thank you all. It is much appreciated.

(The witnesses withdrew.)

The Committee proceeded to deliberate.