PORTFOLIO COMMITTEE NO. 2 - HEALTH

Thursday 11 March 2021

Examination of proposed expenditure for the portfolio area

MENTAL HEALTH, REGIONAL YOUTH AND WOMEN

CORRECTED

The Committee met at 9:30.

MEMBERS

The Hon. Greg Donnelly(Chair)

The Hon. Lou Amato
Ms Abigail Boyd
Ms Cate Faehrmann
The Hon. Wes Fang
The Hon. Emma Hurst (Deputy Chair)
The Hon. Natasha Maclaren-Jones
The Hon. Tara Moriarty
The Hon. Penny Sharpe

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 of Portfolio Committee No. 2 – Health and its inquiry into the 2020-2021 budget estimates. Before I commence I acknowledge the Gadigal people, who are the traditional custodians of this land. I also pay respect to Elders past, present and emerging and extend that respect to other Aboriginals present and any who may be joining us on the internet. I welcome Minister Taylor and accompanying officials to the hearing. Today the Committee will examine the proposed expenditure for the portfolios 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 Committee 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. Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to your advisers seated at the table behind you. Any messages from advisers or members' staff seated in the public gallery should be delivered through the Committee secretariat.

We expect the transcripts of the hearing will be available on the web from tomorrow morning. I invite everyone to please turn their mobile phones to silent for the duration of the hearing. All witnesses will be sworn prior to giving evidence. Minister, I remind you that you do not need to be sworn as you have already sworn an oath to your office as a member of Parliament. I also remind the following witnesses that they do not need to be sworn as they have been sworn at an earlier budget estimates hearing before this Committee last week: Ms Koff, Dr Lyons and Mr Minns.

CHRISTOPHER HANGER, Deputy Secretary, Public Works Advisory and Regional Development, Department of Regional NSW, affirmed and examined

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

ELIZABETH KOFF, Secretary, NSW Health, on former oath

MURRAY WRIGHT, Chief Psychiatrist, Ministry of Health, sworn and examined

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

SIMONE WALKER, Deputy Secretary, Strategy, Policy and Commissioning, Department of Communities and Justice, sworn and examined

JULIA RYAN, Director, Office for Regional Youth, Department of Regional NSW, affirmed and examined

CATHERINE LOUREY, New South Wales Mental Health Commissioner, Mental Health Commission of New South Wales, sworn and examined

DAVID PEARCE, Executive Director, Mental Health Branch, NSW Health, sworn and examined

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

The CHAIR: We will now commence with questions. The Committee has resolved that we will rotate between the Opposition and the crossbench. We further resolved that we will do that in 20-minute blocks and will keep going through until we get to what is the last tranche for the three-hour session this morning, and indeed the same this afternoon. The last tranche no doubt will be less than 20 minutes each and we will simply divide the time between the Opposition and the crossbench equally. That is how we intend to proceed if everybody is agreeable to that. That is all I need to say in terms of introductory remarks. Do you have any questions, Minister, before we get underway?

The Hon. BRONNIE TAYLOR: No, thank you, Mr Chair.

The CHAIR: We will commence with questioning from the Opposition.

The Hon. TARA MORIARTY: Minister, there is a critical shortage of staff across the mental health sector. It is affecting the community because people cannot get access to mental health services when they really need them. What are you doing to address the shortage of staff across the sector?

The Hon. BRONNIE TAYLOR: Thank you very much for your question. We have a total workforce of 9,690. We have 5,160 mental health nurses. I think that we have a very robust base of staff. I think that there are always challenges in terms of particular areas in recruitment, and I acknowledge that. But there are wonderful programs going on across all local health districts [LHDs]—I have to be careful I do not say south-western or south-eastern Sydney. In south-western Sydney there were wonderful programs going on with new graduate nurses. We are actually looking at accessing those nurses directly out of university and mentoring them when they are on their practicals to then continue into mental health nursing.

I know that in terms of when we did the additional 220 positions in mental health across the board with the COVID response that we were able to fill all of those positions. I think workforce is always an issue in terms of making sure that you have enough workforce, you have that interest and you have that expertise in mental health. I think we have very sound programs right across all of our local health districts. Obviously the local health districts operate their own districts very individually and have their own programs as well, and that has actually been a huge strength that we have seen during COVID. Also in terms of psychiatry—are you also referring to psychiatrists?

The Hon. TARA MORIARTY: I will come to the specifics but just generally—

The Hon. BRONNIE TAYLOR: Yes, just generally I will keep going. You have questioned me previously about psychiatrists, actually quite continuously. As I have said before there is a national shortage of psychiatrists across Australia, and that is something that we are looking at in New South Wales. I know that Dr Wright has been working very closely on our psychiatry workforce plan with the College of Psychiatrists doing that. We have that and we are implementing that and I am looking forward to that rolling out. We also have to look at our registrar placement. But I think again with mental health, we know that the best outcomes come from a multi-disciplinary approach. So I am really pleased that we have, I think, one of the best peer support workforces

in the country. I think that is work that has been done for decades in the fact that we have the whole process with our Living Well strategy and we are now half-way through our 10-year strategy. One of the really important things that has come out of that strategy is that we have to look at workforce and particularly at peer support and people with lived experience.

The Hon. TARA MORIARTY: I will ask a couple of questions on that. The Mental Health Commission—the 10-year strategy or actually the most report that you tabled, I think late last year, from memory, does say that there is a critical shortage and it wants it to be dealt with. It is saying it is quite urgent and it wants an update by June of this year. I understand that programs are in place but the shortage is quite critical. Because a lot of these positions are highly skilled, it does take time to make sure that people are trained up and ready to go. My first question is: Your agency is saying that this is urgent and it wants an update by June. Are we on track to be getting better with staffing numbers generally?

The Hon. BRONNIE TAYLOR: One really great thing—and Dr Wright might want to elaborate—is that it is the first time in a long time that all of our psychiatry registrar positions were filled. That is a huge step forward. Dr Wright, did you want to add anything further on that?

Dr WRIGHT: Certainly, thank you. I think that in the time that I have been a psychiatrist, I think for the last 25 years, there have been real challenges in attracting and retaining junior doctors to a career in psychiatry. There is a variety of issues that contribute to that. We have done a lot of things over the last 15 years to try to address some of the concerns that were raised by that group as to why they either did not stay in the specialty training or why they were not attracted in the first place. We have always measured our success against the number of vacancies for psychiatry training positions across the State.

I should add that it is a tough mark, because we have actually increased the number of training positions during that same time, so the bar keeps going up. But for the first time that I can recall in the last 15 years or so we have had a full complement of trainees in our vacancies for training positions across the State. That is an undeniably positive thing. That does not mean that the task is over. I think it is attraction in the first place, but then it is retention. I think that there is quite a lot of thought gone in, not just in psychiatry, but across the board in terms of junior medical officer [JMO] welfare to make sure that we really support the junior doctors who are training and address some of their needs. It is an incredibly challenging environment to work in so there is a fair responsibility shouldered by these young people. It is really important for us to be able to support them. I think we are heading in the right direction and that is a very gratifying thing for us to see, but the work is not over.

The Hon. TARA MORIARTY: It is great that there are trainees and I understand the answers from both of you in terms of vacancies being filled. I put it to you that the numbers are not right because it is very clear that there are not enough psychiatrists in New South Wales. The Living Well report states that there will, in fact, be a shortage of 74 full-time psychiatrists by 2025, which is only a couple of years away. I raise psychiatrists specifically because it is not an easy fix because it takes a really long time to train people up. You are quite right to touch on the fact that there does need to be more support provided to them because there are so few of them and it is overwhelming, which encourages more people to leave and go into private practice where they can make more money which, I can understand. What are you doing to address that? It is quite urgent. It is a really big problem because people cannot access these services and the shortage is just going to get bigger as more people try to access these services. What is being done about it?

The Hon. BRONNIE TAYLOR: That is why we had to have the psychiatry workforce planning in regards to psychiatrists. Just to be really blatant—and I am sure Dr Wright will agree—we have people that come into the public health system as psychiatrists and then often they will go into private practice because that is actually potentially more lucrative for them, which I think is a fair enough thing to say, and that is what we are looking at. That is something that we are constantly up against in that sphere. But you are absolutely right. There is a national shortage. It has actually been going on well before I became the mental health Minister, and well before you became a member as well. I think we have to have that strategy, that plan and keep working with the College of Psychiatrists.

I am feeling much more confident talking to them that more people are coming through. They actually see this as a priority. This has to be driven as well by the professionals, by the actual psychiatrists, in having more people in and encouraging the profession and looking at that. It is definitely something that we are all working together nationally and with our mental health Ministers across the Australia on. You are right: It is coming, we need to have them there and we need to make sure that they are there to do what they need to do. But we also know, and we absolutely know that from all of the reviews and from the focus in the Living Well document, that a lot of what we need to be focussing on is also our community health response and our response in community. As I said before, I know with the COVID funding as well, we looked at 70 new full-time equivalent peer workers.

I talk about this a lot because I think with my own history in health I think it is something that the mental health sector does so much better than anyone else and has that potential to not only create job opportunities but also place value on that lived experience, which is the constant feedback we get from consumers. We have to look at those myriad of professions. We know that occupational therapists, music therapists and diversional therapists play a vital role. One of the reasons why we have been able to see results, particularly highlighted in some areas across the State, in a reduction in seclusion and restraint is the real use of diversional therapy. I think that all of those parts are so important and all of them are part of the bigger picture. I completely acknowledge it, and I am not making any excuses about the shortage of psychiatrists because you are actually right, but we have got to look at the whole system and make sure that we can combat that. Do you want add anything, Dr Wright?

Dr WRIGHT: I am happy to.

The Hon. TARA MORIARTY: There is plenty of time so there will be an opportunity. I have a question about the workforce generally. I speak to people who work in this sector all the time and I know that you do. I know that everyone here cares very much about the workforce. I know from talking to them regularly that people are feeling very stretched to the limit. They are feeling overwhelmed by the workload. It is not just COVID. It has been a problem that has been going on for a long time.

To me that is a demonstration of workforce shortages, not just in terms of numbers that you might think should be allocated but the actual staff on the ground, who are trying their best to do the best job that they possibly can because they care really deeply about what they do. They are telling me on a regular basis that they are so burnt out they are thinking about leaving. To me, this is quite an urgent problem. I am interested to hear what your view is on that and what you might be doing about that, first of all, to make sure that their wellbeing is okay; secondly, to make sure that they are able to provide the service to people who are very vulnerable and need it; and, thirdly, to make sure that they stay.

The Hon. BRONNIE TAYLOR: I acknowledge what you are saying, and I know that you go around a lot—as you know I do. I will be honest: I felt like that myself at times as a registered nurse. Sometimes you are dealing with particularly difficult and tense periods of time. I think every profession feels like that; dare I say it, in Parliament and in the Chambers sometimes at midnight we all probably feel like we have had enough. But NSW Health is very committed to its staff and I say that very genuinely. I know that we have programs in place to support staff, if that is required.

In terms of workload—and I acknowledge that you said that it is not just COVID, but I think we have to be really obvious about that as well. When I walk into my own local hospital and see the preparations that had to go on for COVID, it was a huge job for the staff. It was the infrastructure that had to go into the place, and it was having to make sure that people were trained up and having to go through all of those protocols with that thing always in the back of their mind that that person is going to walk through the door. I think for anyone—and for the entire community—that has been stressful and that has increased anxiety levels. As we come into this phase where we are a lot more hopeful about where we are sitting as a State and the incredible response that we have had, I am hoping that a lot of those stressors can be alleviated because I think it has created a lot of extra responsibility for staff and a lot of extra things that they have had to do.

But I know that within NSW Health we have very clear structures about support for staff. If there are situations where there is a period in time where there is a high acuity of patients and there is a high load that is going through, which happens from time to time, that is going to place more pressure on the staff. But I think we have programs in place and we are there to support our staff. If there are issues in particular areas where staff are concerned I am really happy to look at that as well, but I think we have to cross-look at that across all of our local health districts. As I said, we need to look after all professions. You are exactly right: We want them to stay. We want our staff to stay. We want to recruit them and we want them to stay. That is really important and really paramount in everything that we do.

The Hon. TARA MORIARTY: In terms of funding—we have talked a little bit about this before—when New South Wales' spend is compared with that of other States we are second last in terms of community mental health funding. Why is that, and what are we doing to address it?

The Hon. BRONNIE TAYLOR: Are you referring to a specific report?

The Hon. TARA MORIARTY: It is in a couple. The Mental Health Commission of New South Wales report indicates that New South Wales spends a smaller proportion on community mental health services than any other State. The Australian Institute of Health and Welfare [AIHW] report says that New South Wales is spending $80 per capita, which is well below the national average. There are two examples.

The Hon. BRONNIE TAYLOR: Thank you. I was just clarifying because there are a lot, and you do ask me about a lot of reports, so I am trying to be very clear! I will talk first about the AIHW report that you

referred to in your question. I note that the three may I say major States—the States that have the three highest populations, being New South Wales, Victoria and Queensland—actually spend similar amounts per capita. Queensland spends the least, at $241 per capita, and New South Wales and Victoria are virtually the same at $243 and $244. I think when you break that data down and look at it like that, that is exactly what it is saying. Also, I will point out that Western Australia actually spends the most per capita in the country on mental health. They spend $325 versus, say, us at $243 but their suicide rate is 16 per 100,000 versus New South Wales at 10.8 per 100,000. Everyone acknowledges that any death by suicide is an absolute tragedy, but I think when you look at that spend and the value of that spend, and you look where New South Wales is sitting, I am actually seeing that we are getting some very good results when compared with other States that are spending a lot more money.

There is always a question about money and what people are spending in their certain areas. New South Wales spends $2.4 billion a year in mental health. I think that is a lot of money. I think that we invest very heavily in mental health. Also, with that data and those numbers from the AIHW report, they did not actually incorporate the extra $80 million that we invested during COVID. That was not actually incorporated into that report, so I draw that to your attention as well. There is no doubt that *Living Well: A Strategic Plan for Mental Health 2014-2024* has been driving increased investment in community mental health. It is absolutely the focus.

I meet with the Mental Health Commissioner regularly and I am told that that is where the focus needs to be. That comes out of a report—I think it was the Whelan report—that was done many years ago in saying that, and it definitely is the philosophy internationally that money needs to be invested in community mental health services and in prevention. That is something that New South Wales has worked extremely hard to do. We have a very robust community mental health sector. It is not only the amount of dollars that we invest into New South Wales mental health, community health and acute mental health services but also the over I think $160 million that we invest—I will double-check that on the other note—in non-government organisations that provide a really critical part of our mental health service here in New South Wales.

The investment is large, but I do not like to talk about dollars. I understand your question, and it is a very pertinent one, but I also talk about the value. When I look at our suicide rate per 100,000 compared with Western Australia it is still too high—and I am working very hard to bring that down—but when you look at that investment and you look at what New South Wales is doing as a State I also look at the recent royal commission reports that have come out of Victoria. There are a lot of recommendations in that report. I commend Victoria for doing that. I am a very big fan of Martin Foley, who was the Labor mental health Minister there for years. He is a very decent human being who cares very much about mental health. He was very transparent in wanting the Mental Health Commission to come and absolutely throw the doors open. I do speak to him, and a lot of those recommendations are things New South Wales is actually doing already.

We have had a Mental Health Commission of New South Wales for five years. We have a New South Wales Mental Health Commissioner. We have the Living Well document. We have our own Towards Zero strategy in suicide that we implemented over 18 months ago where we have now got programs coming out. I absolutely acknowledge that there is more to do and I am always looking for the ability to try different models of care, whether that means more investment or that means redirecting or reshaping models and reshaping policy. There are lots of things that we often talk about in mental health that are distressing and traumatising. But I think, on the whole, when you look at the fact that we have over 5.9 million contacts and occasions of service by our mental health professionals every year in New South Wales that is an enormous amount of occasions of service. The vast majority of those occasions of service are having very good outcomes for people.

The Hon. TARA MORIARTY: But the numbers of people reaching out for help are growing.

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: I also acknowledge that is because a lot of the money over, say, the last 10 years or so has gone into awareness campaigns, which is great, and you always need to continue to do that. But we are well past the point where we are telling people what to look out for and where to reach out. The services need to be available for them when they do.

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: Which is why this money matters.

The Hon. BRONNIE TAYLOR: Yes, of course money matters—I was not saying that it does not. But I think that we need to look at the value of that money. You are absolutely right when you say that demand has gone up. We saw particularly with the Lifeline calls a real elevation during COVID and during the bushfires. What I find interesting as well—and Dr Wright would know a lot more than I do on this—was that, with the elevation of the increase in calls to Lifeline, the bushfire line actually exceeded the COVID line. That is telling me there are a lot of issues that are yet to come in that area.

What I would say is, yes, there is increased demand. Yes, it is being met by services. Yes, some services are very, very busy. But we did see our suicide rate in New South Wales—I would like to say that I just look at the decrease. Dr Lyons likes to say we are holding steady, but I think that is actually reflective of the fact that although we have had this real increase in demand for service, we have actually had a decrease there. I think that is actually a pretty powerful piece of data.

The CHAIR: Thanks, Minister. We need to move on to the crossbench. Ms Abigail Boyd.

Ms ABIGAIL BOYD: I want to start, I guess, coming off those questions from the Hon. Tara Moriarty. We know that psychiatric services are suffering and I have been told by a number of specialists in other services that there has been a surge in demand for people seeking support for trauma from sexual assault experiences following the recent media attention. Do you have any visibility over that sort of increased demand? Have you been doing anything proactively to address that?

The Hon. BRONNIE TAYLOR: As you know, Ms Boyd—and I am not trying to avoid the question—sexual assault, obviously in terms of trauma and mental health, but within my ministry for women, comes under the Attorney General. I have received no advice that there has been a surge for demand in sexual assault. Dr Lyons, are you aware of—

Dr LYONS: There has not been anything reported to us at the ministry at this point in time, no, but it is only relatively recent. But we get our figures on a monthly basis, often.

Ms ABIGAIL BOYD: Based on, I guess, historical data, is it something you would expect to occur, though, when there is increased focus in the media on particular types of trauma?

Dr LYONS: Dr Wright might be better placed to answer how it affects people but when these issues are raised in the public discourse it does trigger, often, past events for people and can raise concerns about accessing services. Dr Wright, did you want to add anything?

Dr WRIGHT: Only to confirm that. It is correct and there is a very long lead-in time for anyone who has been through any kind of trauma, whether that is sexual trauma or bushfire trauma or any of the other forms and there is clearly a connection between those experiences of trauma and subsequent mental health. There are a number of early intervention and prevention things that can be done, but I would echo Dr Lyons' comment that we are certainly not hearing about a spike in demand with that specific issue.

But often that is not the case. People do not necessarily present and say, "I'm distressed because of this thing that happened to me." They are just distressed. So over the last 10 years or so I think there has been quite a substantial increase in the awareness amongst our mental health clinicians of the significance of past trauma in doing an assessment, particularly for people in crisis. I would like to think that our services are reasonably well equipped to monitor and respond to that issue. When I was a junior doctor that really was not so much on the radar. I think we are much more sophisticated in our understanding now.

As in lots of things to do with mental health service demand, we have got to rely on what I think are fairly robust systems, at a team and at a local and at a State level where we can look at what is happening with the demand and what are the sort of nuances of presentation. If there are any changes in that regard, is there something that we should be doing, or does this reflect on an issue like the one that you raise?

Ms ABIGAIL BOYD: Also the numbers of people who are perhaps seeking mental health support for the first time, have there been any actions from you, Minister, to try to get that information out there to people—a sort of proactive campaign to try to lead people to the right place?

The Hon. BRONNIE TAYLOR: You mean in reference to what has been happening in the last few weeks? Look, in terms of a proactive campaign, no—and if I may say, Ms Boyd, what would be really interesting to see and which I cannot give you any information on because I do not have it, but I would also presume that if those—and I think you are absolutely right in what you are saying. When we see anything like this happen it can trigger a lot of people, but I think people would access private psychology services and they would also probably go to their GPs, particularly in rural and regional areas because those are also first points of call as well. But I do not have any of the data or the information on that.

As the Minister for women, I have been asked—as I am sure you have as a female member of Parliament—quite extensively over the last few weeks about my views on what has happened and points. You know, you speak very strongly about all of these issues; you always have since the moment you came in. I feel really strongly about it. We all do. When I am asked about it I use my platform and my privilege as a member of Parliament to absolutely encourage women to come forward. It is Women's Week in New South Wales this week—happy Women's Week to everyone. I have used that platform quite extensively to speak about that and I think we all have to.

Ms ABIGAIL BOYD: And I agree with you, but would you consider, knowing what you know, looking into whether a directed campaign would be required at this time?

The Hon. BRONNIE TAYLOR: I am always open to look at things and if you want to have a conversation with me another time about that, obviously we would need to discuss that with the Attorney General. But I think he would be very conducive to that conversation.

Ms ABIGAIL BOYD: Thank you. As you know, the review of consent laws in New South Wales has stalled. I have brought this up with the Attorney General during estimates with him, but in previous estimates you have conveyed to us that you do have a role in discussing with the Attorney General and your other ministerial colleagues advocating for women in that space. Have you been advocating for that much-needed reform to be prioritised in Cabinet?

The Hon. BRONNIE TAYLOR: I have conversations with my colleagues all the time about a number of issues. I think there has been a lot of discussion recently. Obviously we have a committee inquiry going into coercive control at the moment, and I believe you are on that committee. Are you deputy chair of that committee?

Ms ABIGAIL BOYD: No, no, but I am a member.

The Hon. BRONNIE TAYLOR: So I think those things are going on all the time at the moment. In terms of consent I think there has been a lot of discussion. I obviously cannot discuss with you what is discussed in Cabinet because I am bound by Cabinet confidentiality.

Ms ABIGAIL BOYD: Okay. So you cannot tell us whether you will be advocating for change in relation to consent law reform?

The Hon. BRONNIE TAYLOR: I can tell you categorically that I will advocate in the best interests of women at every opportunity that I have. I think I have demonstrated that really clearly from the moment I have walked in here.

Ms ABIGAIL BOYD: Do you believe that we need a Minister for the prevention of sexual assault? Do we need to reinstate that position?

The Hon. BRONNIE TAYLOR: Look, I think that is a really good question. When I came in and had the privilege of becoming the Minister for women, obviously it changed and sexual assault and domestic violence was taken out and put into the remit of the Attorney General. I think that if we are to be really up-front and honest—and you know this better than most—we have not seen a decrease in domestic violence and I think it is really hard because I know that people are working so hard in this sector and so hard to actually address all of these issues. So I think that by pulling that responsibility portfolio from the Minister for women, I think I am all into trying something different to get better outcomes, right? So I think the jury is still out on that.

In terms of the Attorney General and the work that he is doing, it is really positive. Certainly the feedback I get from the sector on the work that he is doing is very positive. We need to let that run—it has only been two years—and see what happens. The thing is if you really want to effect change for women in New South Wales, it needs to be across multiple portfolios because things like domestic violence and sexual assault cover a myriad of issues, right? I do not want to tell you what you know because I am conscious—

Ms ABIGAIL BOYD: No, and we are deviating from my question a little bit now.

The Hon. BRONNIE TAYLOR: You asked me if I felt there needed to be a Minister for sexual assault. I am neither here nor there on that. I think that we need to cover it but I think unless we have cross-department focus and cross-department support, which I believe is happening on all of the issues that affect that, regardless of whether you have a title or not is irrelevant. It is the fact that everybody needs to be working towards improving those outcomes.

Ms ABIGAIL BOYD: I have limited time. In the time I have left I want to talk to you about endometriosis. As I am sure you are aware, this is something that affects women, but also women with depression are found to be twice as likely to have endometriosis. It is a very misunderstood and not well understood condition among the medical profession. Have you had any role in the development of training resources or trying to advocate for a focus on endometriosis in your role?

The Hon. BRONNIE TAYLOR: Good question. Just quickly, to refer to your last one, sexual assault does still come under the remit of the Attorney General, even though it is not in his title.

Ms ABIGAIL BOYD: Yes.

The Hon. BRONNIE TAYLOR: I am really happy to tell you that we have just had the New South Wales Women of the Year Awards and one of our finalists, whose name escapes me because I am really terrible

with remembering names, but she actually has headed up all the endometriosis advocacy nationally and has done an incredible job about bringing that forward. I think recognising women like that for the job that they are doing is really essential. In terms of women being more likely to have natal depression after having endometriosis, that would really—is that what you just said?

Ms ABIGAIL BOYD: No. I am more interested in whether you and your department have been doing anything to increase the level of understanding of the condition among medical professionals.

The CHAIR: Minister, we will need to move to the next line of questioning. We might have to return to that in the next round.

The Hon. BRONNIE TAYLOR: Okay. Sure.

The Hon. EMMA HURST: I am actually happy for you to answer that question as part of my time.

The CHAIR: If that is okay, sure.

The Hon. BRONNIE TAYLOR: We have a Women's Strategy and in that strategy one of the objectives that we look at is women's health. It definitely, obviously, is a women's health issue and is definitely looked at. Dr Lyons can also add to that. Is that all right?

The Hon. EMMA HURST: Yes, that is fine.

Dr LYONS: I was just going to add to what the Minister said. There has been strong advocacy at the national level and New South Wales has contributed to those conversations at the Health Ministers' Advisory Council and COAG Health Council. In 2018 there was a National Action Plan for Endometriosis that was developed, with the support of all the States and Territories and the Commonwealth. It has got four key components around raising public awareness, improving patients' understanding of the condition, looking at what treatment options are available to people who have that ongoing condition and supporting ongoing research into endometriosis. As you say, it is not a well-understood condition and there is a lot more that we need to do to do research into that area. I just thought I would add that to what the Minister has said.

The Hon. BRONNIE TAYLOR: Thank you, Dr Lyons.

The Hon. EMMA HURST: Just following on from some of these questions about endometriosis—I know I am sort of pushing a little bit out of your role within the State on this question, but it is just something interesting that came up to me this week from a radiologist and a gynaecologist that work specifically in endometriosis. Their concerns were that a lot of the tests involved in being able to diagnose and treat endometriosis do not fall under Medicare. They say that a lot of the Medicare claims are very male focused and there seems to be this drop-off where there are female issues like endometriosis. Do have concerns about that as well or have you had complaints about that or is that anything that you advocate for nationally?

The Hon. BRONNIE TAYLOR: This really is in the realm of the Minister for health—Minister Hazzard—in terms of endometriosis, as I am the Minister for mental health. But as the Minister for women—and endometriosis obviously being specific to women who have an endometrium—I have, as you would, plenty of friends and plenty of stories about pretty horrendous experiences with endometriosis. It is something that, as we know as women, often goes undiagnosed and often is not found until the consequences are extremely detrimental and distressing. For me, I have a real interest in women's health. I always have. I am a big supporter of Family Planning and I am a big supporter of those amazing people that work in those. Being a uni student a million years ago, where would we have been without them and all of the advice that they gave us about a myriad of issues. But in terms of endometriosis and in terms of Medicare, that really does not—Dr Lyons can answer that for you.

Dr LYONS: Just a couple of comments. Firstly, the access to the Medicare Benefit Schedule [MBS] is an absolute Commonwealth issue. It is dealt with by the Commonwealth, just to make sure we have got that up-front. Colleges, from time to time, including the college of radiologists, would advocate for certain investigations to be included on the Medicare Benefit Schedule. There is a process where the Medical Services Advisory Committee of the Commonwealth review those applications and make decisions based on the evidence around the cost benefit of those investigations as to whether they are added to the MBS. The only final thing I would say is that in relation to any of those investigations that are undertaken within the State public hospital system, we provide care to patients at no cost. Those investigations would be provided in our settings at no cost to the patient. I think what we are talking about when you raise this issue is around private practices and referrals from GPs and specialists outside of the public system.

The Hon. EMMA HURST: Minister, I just want to go back a little bit. My colleague Tara Moriarty was talking a little bit about suicides and the suicide statistics. The latest NSW Health statistics—while they say that there are numbers dropping across the State, the number of under-18s suicides remains very high. There was

also discussion about a link between social media and mental health particularly affecting this young population. Do you think that is a big factor that we need to be considering and is that an area that you are looking at further?

The Hon. BRONNIE TAYLOR: That is such a good question. That is a question that just comes up all the time. I will let Dr Wright elaborate because he is the doctor, but I just have to add something first, Dr Wright. It is really interesting because there have been so many conversations about that. Also I think people just generally in conversation talk about—there was a graph somewhere that I looked at, which Dr Wright can elaborate on, that actually looked at the onset of social media and the increase in youth mental health issues. But then I was also told recently at an international conference that there was discussion about social media actually being really helpful for young people because it actually sends them where they need to go and allows them to discuss it. I think it is a fascinating topic and I would love, myself, to delve more into that. But, Dr Wright, you are the expert, so I will have to hand to you, reluctantly.

Dr WRIGHT: Thank you. I think you have covered the controversy fairly well. I think it is an intuitive response to what is quite clearly since about 2010—both in New South Wales, Australia and in all of the prosperous western countries there has been a gradual increase in levels of distress and suicidal ideation amongst young people. The issue of the role of social media in that has been hotly debated. The only thing I can add to the Minister's comments is that I have listened to a presentation by a North American psychiatric epidemiologist late last year who had a very large database, which I think is where you go to try and verify these things. Her summary was that the evidence for social media as a cause does not really hold up. I think, as the Minister has just said, we need to be cautious because for most young people social media is as beneficial as potentially harmful. I think we have just got to live with that ambiguity that this thing, for most young people, is very much part of connecting.

I think it has helped people enormously during the pandemic, not just young people. So I am very loath to draw fast conclusions about that, but it is far from resolved. I think we and the community—parents in particular—need to be alert to the fact that this thing, which is quite beneficial, can also bring harm. I think it is about when you have got someone who is actually vulnerable for other reasons, and looking at what is the impact of the various things that they do, including their use of social media. In some individuals, it can be a way of avoiding the things which are causing them distress. But that is actually not a good thing. Their peers, their parents, their communities, their schools and their therapists need to help work out the extent to which that easy access to social media can be beneficial and how they can manage the harm. It is, as I said, a really hot issue. It is not resolved and we are continuing to try and understand it.

The Hon. EMMA HURST: Thank you. I am looking forward to reading more research about it as well.

The Hon. BRONNIE TAYLOR: May I add a bit more? I think too the issue as well that we really need to look at—and we saw this come out during the pandemic, during COVID—is that we have actually got to provide that education, that assistance, to parents. I think sometimes obviously we focus on the patient, the consumer, whatever you would like to refer to them as, but what we actually really need to do going forward—and it is certainly going to be my focus—is we actually have to look at the family. One of the things, for example, that parents were telling us during the time of COVID and lockdown and homeschooling and the challenge that presented to people, was that they sometimes were not sure how to address issues with their children and what to say. It was a bit heated anyway because everyone was homeschooling and I can only imagine.

I think also with social media we need to provide that guidance and support to families. Obviously, it is parents' ultimate decision, but I think that they are actually asking us for more support with that. I was on a panel in Dubbo on Monday with a young woman who is quite a sensational person. When she was 14, she was just cyberbullied terribly and really went through a shocking time. Now she is on panels in Women's Week because she actually wrote a book at 14 about skills and ways to deal with that. She goes around speaking to young people and giving them the skills and the tools that they need. I think that is probably where we need to be moving forward and really concentrating on as well for our young people.

The Hon. EMMA HURST: There was an article in *The Daily Telegraph* on Monday that reported that the average wait time for someone to speak via a web chat, which many young people prefer, was over 20 minutes. Do you think that is actually deterring young people who are potentially reaching out for help from seeking help? And what is being done about those wait times?

The Hon. BRONNIE TAYLOR: We have many different avenues for people to go to get help in terms of young people. We have the Kids Helpline as well, which had a big injection of funds to cope from both Federal and the State. They have obviously had an increased volume of calls. But I think young people will go to lots of different places for lots of different types of help for whatever they feel they need. Obviously I do not want to see wait times. Obviously I want to see people able to access the service when they need it. But I am also realistic to know that at some point in time there are much heavier workloads, much heavier times and sometimes we get wait times.

The CHAIR: Minister, we will have to move on. I am sorry.

The Hon. BRONNIE TAYLOR: Okay.

The CHAIR: We have limited time.

The Hon. PENNY SHARPE: Minister, there has been an outpouring of reporting of sexual assault from young women across the State through the petition and work of Chantel Contos. What role specifically is the office of women undertaking to address the issues raised in this work?

The Hon. BRONNIE TAYLOR: This is the past couple of weeks, from when Chantel first lodged her Instagram page.

The Hon. PENNY SHARPE: Yes. Some 2,700 reports of young women across this State who have been sexually assaulted, mostly by their peers.

The Hon. BRONNIE TAYLOR: Yes, onto her website.

The Hon. PENNY SHARPE: Yes.

The Hon. BRONNIE TAYLOR: Women NSW obviously has an entire focus on the prevention of sexual assault and domestic violence. I will let you answer that as well, Ms Walker.

The Hon. PENNY SHARPE: I am interested in what specific action is being undertaken in response to this work.

Ms WALKER: I think, as Mr Lyons said earlier, it is not early days in knowing that this is a problem, but the information that is coming out more and more is certainly deeply concerning. We have had the Make No Doubt campaign, which is a consent campaign that is occurring in three stages. The first two stages have occurred online, with 500,000 hits for that. That was a video presentation that was used mainly at university level. But I think everything we are seeing at this point suggests that we need to work with—

The Hon. PENNY SHARPE: The call is it needs to be much younger.

Ms WALKER: That is right.

The Hon. PENNY SHARPE: University is way too late.

Ms WALKER: That is right.

The Hon. PENNY SHARPE: These young women are 13, 14 and 15 years old.

Ms WALKER: Certainly we have engaged with the Department of Education since all this information has come to light about what else we can do earlier. We are also working on phase three of the Make No Doubt campaign. And, of course, all this information will heavily influence what that looks like.

The Hon. PENNY SHARPE: This morning the Palaszczuk Government announced that they are doing a full review into their relationships work across schools. Is this something you think New South Wales should do? Would you advocate for that with your colleague, the Minister for education.

The Hon. BRONNIE TAYLOR: Obviously, Ms Sharpe, that is a question for the Minister for education because that sits in her remit.

The Hon. PENNY SHARPE: I am asking what you are going to do.

The Hon. BRONNIE TAYLOR: Well, that sits in her remit.

The Hon. PENNY SHARPE: So you are not going to speak to her about that?

The Hon. BRONNIE TAYLOR: May I answer the question?

The Hon. WES FANG: Point of order: The Minister was answering the question and the Hon. Penny Sharpe has interjected over the top. I would ask that you allow the Minister to provide her answer before asking any additional questions.

The CHAIR: I think the Hon. Penny Sharpe understands the back-and-forth nature of this, so does the Minister. Let us continue the back and forth.

The Hon. BRONNIE TAYLOR: As I said, for the record, that does sit under the Minister for education. But the Minister for education has stated that a review of the curriculum had taken place in terms of the personal development, health and physical education [PDHPE] curriculum and that those changes had been made. I am not across the details of those because it does not fit in my portfolio. And your question to me—

The Hon. PENNY SHARPE: So Minister, you are not interested in the type of consent education that is happening across New South Wales?

The Hon. BRONNIE TAYLOR: No, no. Please, I would really appreciate you not put words in my mouth, Ms Sharpe.

The Hon. WES FANG: Point of order—

The CHAIR: A point of order has been taken but the nature of the estimates is robust questioning back and forth.

The Hon. WES FANG: I think the Hon. Bronnie Taylor addressed the point of order that I was going to take.

The CHAIR: Well, that is not a point of order.

The Hon. WES FANG: I am withdrawing the point of order because the Hon. Bronnie Taylor dealt with it.

The Hon. PENNY SHARPE: Well, now you are just taking up my time.

The CHAIR: I would ask that that would be done, the Hon. Wes Fang.

The Hon. BRONNIE TAYLOR: The New South Wales Government obviously recognises the importance of that for students. My understanding is that that review had taken place and that those implementations had only come in in the past year, so that would not have affected the older years that actually a lot of those stories are coming from.

The Hon. PENNY SHARPE: Are you suggesting it is not happening right now even though some of those stories are old?

The Hon. BRONNIE TAYLOR: I am absolutely not, no.

The Hon. PENNY SHARPE: Well, that is a bit of a flick pass, Minister.

The Hon. BRONNIE TAYLOR: It is not a flick pass at all. I am deeply concerned about these allegations.

The Hon. PENNY SHARPE: Well, what are you doing about it?

The Hon. BRONNIE TAYLOR: I am deeply concerned.

The Hon. PENNY SHARPE: What are you doing across government with your colleagues to address these issues as the Minister for women and the Minister for young people?

The Hon. BRONNIE TAYLOR: For regional young people, yes.

The Hon. PENNY SHARPE: Well, if you are suggesting that regional young people are not affected by this, I think you know that is not the case.

The Hon. BRONNIE TAYLOR: Are you finished? Would you like me to answer?

The Hon. PENNY SHARPE: I am waiting.

The Hon. BRONNIE TAYLOR: I have discussed these things with Minister Mitchell and I know she was questioned extensively in budget estimates, but what you are asking me about is what is happening within our school system. The other point that you alluded to was the age bracket that this needs to be directed to, and I completely agree. I completely agree that this education needs to be given younger. I think that is obviously evident by what is happening. One positive thing I think—and I commend Chantel. What an outstanding person for doing this and galvanising this and allowing women to speak about their stories. But also there is the value that we must place on the PDHPE curriculum and the importance of taking this to young women and also to men.

The Hon. PENNY SHARPE: Of course. What is the time line? You have said that curriculum review has already been done. We have now got new issues that have come to light. Is it going to be revisited?

The Hon. BRONNIE TAYLOR: That is a question for the Minister for education, Ms Sharpe.

The Hon. PENNY SHARPE: So you do not know, okay.

The Hon. BRONNIE TAYLOR: You would be very aware of that.

The Hon. PENNY SHARPE: We have got some of the programs, and Ms Walker has alluded to some of those. The reality is they are a bit ad hoc. They are not in every school and they are not structurally done across the board. Is there work being done to look at what is currently funded and to make sure that it is—whether there needs to be more investment or whether it is actually allowing access for all students across the State. Is there any work being done about that?

The Hon. BRONNIE TAYLOR: You are asking me a question that directly relates to the portfolio for the Minister for education. Your question is directly asking me about what is happening within schools. You know, Ms Sharpe, with your experience that that is a question for the Minister for education.

The Hon. PENNY SHARPE: Well, I am disappointed, Minister, because that is actually not what I am asking. You told us earlier that the office for women works across portfolios—as it must, because it has to—but every time we ask you a specific question, you just flick it to somebody else. I want to know what you as the Minister, with the office for women, is doing to coordinate and lead that work. If it is not going to be you, who is it going to be?

The Hon. BRONNIE TAYLOR: But your question asked about what is happening in education. That is a direct question for the Minister for education.

The Hon. PENNY SHARPE: No, I am asking about what is happening about sexual assault and young women across the State—whether it is at school or not at school. Most of this actually happens outside of school.

The Hon. BRONNIE TAYLOR: And your question was answered, Ms Sharpe.

The Hon. PENNY SHARPE: Okay. If you do not want to answer it, that is fine. I have a different question, which I want to ask you about. What is your relationship to the organisation Monaro Farming Systems?

The Hon. BRONNIE TAYLOR: Ms Sharpe, this is my third budget estimates. At every budget estimates one of the members of your party attempts to smear and slurry my family.

The Hon. PENNY SHARPE: I was simply asking you a very basic question. If you are touchy about that, that is not my problem.

The Hon. BRONNIE TAYLOR: Please, Ms Sharpe. Be respectful.

The Hon. PENNY SHARPE: My question is what is your relationship to the organisation?

The Hon. NATASHA MACLAREN-JONES: Point of order—

The Hon. WES FANG: Point of order—

The Hon. PENNY SHARPE: Well, she is accusing me of slurring her when I have simply asked a question.

The Hon. BRONNIE TAYLOR: You are accusing me of being touchy. Appalling.

The CHAIR: A point of order has been taken. I will hear that first and then we will proceed.

The Hon. NATASHA MACLAREN-JONES: At the moment we have the Minister and also the Hon. Penny Sharpe having a dialogue, which makes it quite difficult for Hansard to record. I ask that we allow the Minister to answer the question before interrupting and asking another question.

The CHAIR: Minister, are you clear about the question that was posed to you?

The Hon. BRONNIE TAYLOR: Yes, Mr Chair.

The CHAIR: You can proceed without reflecting on the question or the member asking the question.

The Hon. BRONNIE TAYLOR: Well, I would appreciate the same respect, Mr Chair, from the member. The member is asking me questions outside my—

The CHAIR: Hang on, that is effectively a rebuttal to what I am saying. The position is a question has been posed. You are invited to answer that question. I do not think there has been disrespect shown to you by the Hon. Penny Sharpe by asking the question.

The Hon. BRONNIE TAYLOR: Calling me "touchy".

The Hon. WES FANG: Chair, I will take a point of order in that respect in that case.

The CHAIR: Well, I have ruled on the point of order that has been taken.

The Hon. WES FANG: Yes, I accept that, and I took a second point of order when the Hon. Natasha Maclaren-Jones had taken her point of order. The point of order that I am taking is that—

The CHAIR: Well, with the greatest respect you did not, because the Minister actually commenced to answer the question.

The Hon. WES FANG: No, I am not questioning the question. The point of order that I was taking was that the Hon. Penny Sharpe had asked the question. The Hon. Bronnie Taylor was addressing the question directly. The Hon. Penny Sharpe then interjected over the Minister and made comments and allegations which the Hon. Bronnie Taylor was about to address. I would ask that she be given the time to address those issues.

The CHAIR: I have indicated the need for a respectful interchange, or exchange, and I did indicate to the Minister there was a reflection quite clear in her answer to the Hon. Penny Sharpe. So let us continue this. Minister.

The Hon. BRONNIE TAYLOR: My response to the question is that the honourable member is asking me questions outside my portfolio.

The Hon. PENNY SHARPE: Minister, I am asking you questions in relation to your pecuniary interests, which is absolutely within your portfolio and part of your responsibilities to address publicly as a Minister. So you are not going to tell me what your relationship to the organisation Monaro Farming Systems is?

The Hon. BRONNIE TAYLOR: All of my pecuniary interests are clearly stated and declared in the appropriate manner.

The Hon. PENNY SHARPE: Are any of the companies associated with yourself or your family members participants in this organisation?

The Hon. BRONNIE TAYLOR: Mr Chair, I state again for the honourable member, who has far more experience than I do, that this is budget estimates. This is an opportunity to ask Ministers questions directly related to their portfolio. I have three very important portfolios in this State and as my responsibility as a Cabinet Minister, and those questions that are presented here should relate directly to my portfolio.

The CHAIR: I understand what you are saying, but budget estimates are broad ranging in their nature in terms of the questions directed to Ministers. The question is in order.

The Hon. PENNY SHARPE: Are you going to answer the question, Minister?

The Hon. BRONNIE TAYLOR: Would you like to repeat the question, Ms Sharpe?

The Hon. PENNY SHARPE: Minister, are any of the companies associated with yourself or your family members, where you have pecuniary interests, participants in the Monaro Farming Systems organisation?

The Hon. BRONNIE TAYLOR: My understanding in regard to Monaro Farming Systems is that my brother-in-law is a member of Monaro Farming Systems. Ms Sharpe, you would actually know this because I know you have talked extensively down on the Monaro to people about these issues. They are an eminent farming body that covers over 70 per cent of agricultural land on the Monaro. When one member of your family is a member of that, it entitles your other family members to be a member.

The Hon. PENNY SHARPE: So that would be a yes. Minister, have you ever spoken directly to either any current or former Ministers in relation to funding for Monaro Farming Systems?

The Hon. BRONNIE TAYLOR: Ms Sharpe, from the moment I have walked into this place, I have been subjected to very derogatory comments made about myself personally by members of your party, calling me names such as Hyacinth Bucket out of *Keeping Up Appearances*.

The Hon. PENNY SHARPE: Minister, I am asking you a very serious question. There is no disrespect in it. There is—

The Hon. BRONNIE TAYLOR: You have continuously tried to smear the name of my family at every opportunity that you have.

The Hon. PENNY SHARPE: Point of order—

The CHAIR: Order! Minister, the way we proceed, as you know because you are quite experienced, is there is a back and forth with the answering of the question to the questions posed. We do not reflect on the individual asking the question. You are entitled to answer the questions as you see fit.

The Hon. BRONNIE TAYLOR: Well, Mr Chair, I have answered the questions, and they do not relate to my portfolio.

The Hon. PENNY SHARPE: So, Minister, you have never lobbied either any current or former Ministers in relation to Monaro Farming Systems, just to be clear?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I am a farmer down in southern New South Wales. I have a lot of life experience before I came into this place. I will talk about issues that are pertinent. I will talk to people about issues that I feel strongly about. The insinuation of your question is going somewhere where I think is most disrespectful.

The Hon. PENNY SHARPE: There is no insinuation, Minister. I am asking these questions in—

The Hon. BRONNIE TAYLOR: No. You have continuously pursued these things on my personal family. You tried it with my husband. Now you are trying it with my brother-in-law.

The Hon. WES FANG: Stop talking over her, Penny.

The Hon. PENNY SHARPE: How about she answers the question? Stop trying to protect her and taking up my time. I have had enough of you.

The Hon. WES FANG: Stop talking over her. I am not protecting her.

The CHAIR: Order! We do not talk over each other. The Minister is answering, but I would ask you not to reflect on the question being presented.

The Hon. WES FANG: She certainly does not need my protection.

The Hon. PENNY SHARPE: Well, you are taking up as much time as you can. Sorry, Chair.

The CHAIR: The Hon. Penny Sharpe.

The Hon. PENNY SHARPE: Minister, you are not going to answer any more questions about that? You are not prepared to say whether you have ever lobbied on behalf of Monaro Farming Systems?

The Hon. BRONNIE TAYLOR: I have three portfolios that are very important, Ms Sharpe, and I would suggest that you concentrate your efforts on asking me questions that relate directly to budget estimates.

The Hon. WES FANG: She has probably run out of questions.

The Hon. PENNY SHARPE: These absolutely do that, but given that you are not prepared to answer those questions—which is disappointing, given that there are significant questions to be answered in relation to this. Minister—

The Hon. WES FANG: Questions from *The Guardian*.

The Hon. PENNY SHARPE: Are you going to stop interjecting?

The CHAIR: Order! Let's proceed.

The Hon. PENNY SHARPE: Minister, there are currently around 128,000 unemployed women in New South Wales. Your return to work scheme so far has helped only 620 of them. What are you doing to address this?

The Hon. BRONNIE TAYLOR: May I ask where you got the number of 620 from, Ms Sharpe?

The Hon. PENNY SHARPE: Those are the figures that have been reported by your department. This is well covered in the—

The Hon. BRONNIE TAYLOR: What would be the date of those figures, Ms Sharpe?

The Hon. PENNY SHARPE: I do not have the date.

The Hon. TARA MORIARTY: Perhaps they came from Treasury estimates.

The Hon. PENNY SHARPE: They came through Treasury estimates two or three days ago, Minister.

The Hon. BRONNIE TAYLOR: Right. Okay.

The Hon. PENNY SHARPE: Are you disputing that you have helped 620 women? Just tell us. That is what I am asking.

The Hon. BRONNIE TAYLOR: I am trying to, Ms Sharpe, if you would allow me and stop interjecting.

The Hon. PENNY SHARPE: If you stopped trying to pick at the questions and answer them, that would be better.

The CHAIR: Let's proceed.

The Hon. BRONNIE TAYLOR: Are you ready? Ms Sharpe, as of 10 March 2021, 1,640 people have elected to proceed in the grant program. We had about 10,000 applications to that program. All of those have been responded to via email, and we actually have 1,512 people booked with an appointment with a return to work coordinator. Actually, 41 women are meeting that return to work coordinator today.

The Hon. PENNY SHARPE: That is terrific. Can I just ask you some more—

The Hon. BRONNIE TAYLOR: I have actually got some really wonderful stories here, Ms Sharpe. One of them—

The Hon. PENNY SHARPE: You can do that at the end.

The Hon. BRONNIE TAYLOR: Are you not interested in hearing the stories from some of the women?

The Hon. PENNY SHARPE: No, I am interested in asking you questions.

The CHAIR: Order!

The Hon. PENNY SHARPE: If you want to put that on the record, you can ask your colleagues to do so with your 15 minutes at the end. That is fine.

The Hon. BRONNIE TAYLOR: I am disappointed you do not want to hear about them.

The Hon. PENNY SHARPE: Minister, can I confirm how many women have actually received the money? Is it 620?

The Hon. BRONNIE TAYLOR: What I said, Ms Sharpe, in my answer that I just gave to you was that we have had approximately 9,900 women originally express an interest in the program. Out of those 9,900 women, 1,640 have elected to proceed; out of those, 1,512 have booked in with an appointment with a return to work coordinator.

The Hon. PENNY SHARPE: That is terrific. How many of them have received—

The Hon. BRONNIE TAYLOR: I think it is really terrific.

The Hon. PENNY SHARPE: Well, it shows the great demand, given the huge pressure that women are under across New South Wales.

The Hon. BRONNIE TAYLOR: What was really interesting with that as well, Ms Sharpe, was that out of those—

The Hon. PENNY SHARPE: No, Minister, I want to know how many have actually received money. Can you tell me how many have actually received a grant? Because it does not sound like you can.

The Hon. BRONNIE TAYLOR: Ms Sharpe, really, you are getting a bit—

The Hon. LOU AMATO: Point of order—

The CHAIR: A point of order has been taken.

The Hon. LOU AMATO: Chair, the Minister is attempting to answer the questions.

The Hon. PENNY SHARPE: Not really.

The Hon. LOU AMATO: She should be given the courtesy to do so.

The CHAIR: The Minister has been posed a direct question. I think there is an attempt to elicit the answer to that direct question. Minister.

The Hon. BRONNIE TAYLOR: Ms Sharpe, in terms of the exact money that has gone out in terms of the grant, as 41 women are meeting with their return to work coordinators as we speak today—19 tomorrow, another 47 Monday, another 46 Tuesday, another 48 booked in Wednesday, another 45 booked in Thursday—I will take the question on notice in terms of the exact amount of money. But the really great thing here is that we have these women meeting—

The CHAIR: Minister, I think the question goes to numbers, not money, if I understood the question correctly.

The Hon. BRONNIE TAYLOR: No—

The CHAIR: The numbers of people who have been successful.

The Hon. BRONNIE TAYLOR: Well, I have answered that, Mr Chair.

The Hon. PENNY SHARPE: No, you have not—I am happy for you to take it on notice, and perhaps your officials can tell us this afternoon if you cannot this morning. Is the figure of 620 who have actually received the maximum of $5,000—is that correct? If you cannot tell me, you can take it on notice. That would mean that of the $10 million, only $3.1 million has been spent. I am seeking confirmation of that, Minister.

The Hon. BRONNIE TAYLOR: I will take the exact details of that question on notice, Ms Sharpe, and I will get back to you.

The Hon. PENNY SHARPE: Regional young people, Minister—the unemployment rate now is 12.9 per cent. Obviously a massive jump since last month and really very problematic. There have been over 13,000 jobs lost by regional young people from December last year just to January. What are you doing to address youth unemployment?

The Hon. BRONNIE TAYLOR: I thank you very much for your question on my portfolio for Regional Youth and youth unemployment, which is a very important issue and I welcome your question that is portfolio related. It is interesting, actually. I think this was the first time in quite some time—and Mr Hanger may be able to elaborate. The unemployment rate in regional New South Wales is at 13.0 whereas the rate in Sydney is 13.4, so in regional New South Wales is actually lower. In saying that, it is too big a number. It is too high.

The Hon. PENNY SHARPE: Do you think that is acceptable, Minister?

The Hon. BRONNIE TAYLOR: No, as I said. If you would not keep interjecting you would hear my answers. We were able to commit $50 million into regional youth projects as part of the Stronger Country Communities Fund. Of those, one of the things we have concentrated on is work-ready programs and getting young people ready for work. I was in Kempsey—

The Hon. PENNY SHARPE: How many young people have accessed those programs?

The Hon. WES FANG: Let her finish the answer.

The Hon. PENNY SHARPE: No. I am looking for specifics, not just a long discussion about all the things you are doing. I want to know how many kids have actually been helped—it is not an unreasonable question.

The Hon. BRONNIE TAYLOR: If I can use this example, Ms Sharpe—if you will allow me to finish—I was recently in Kempsey and I was speaking to a woman who owns the local Subway stores there. She was saying that she was finding it very difficult to fill the positions, so much so that she has had to close her business at three o'clock. She was wanting to employ young people; she had all the programs in place. What we were able to do was set her up with the local PCYC club who we had been successful with doing these back-to-work, work-ready programs, and now we have young people going for jobs. I completely take what you are saying in that you are saying I am giving you one small example and you are more interested in bigger—

The Hon. PENNY SHARPE: Very small example. Important but tiny.

The CHAIR: We need to move on.

Ms ABIGAIL BOYD: Thank you, Chair. Just looking at the public sector employee gender pay gap, do you have the most recent figures for that?

The Hon. BRONNIE TAYLOR: I am pretty sure, in terms of the gender pay gap, that Ms Walker would have that. May I ask her to answer that, Ms Boyd?

Ms ABIGAIL BOYD: Please do.

Ms WALKER: So at November 2020 the gender pay gap for New South Wales was 13.4 per cent, the same as Australia's national gender pay gap. On average, just to be clear, men are earning 13 per cent more than women.

Ms ABIGAIL BOYD: You are aware that is significantly higher than, for example, in Victoria? Do you have a comparison?

Ms WALKER: No, but we can get that either this afternoon or—

Ms ABIGAIL BOYD: If you could, that would be really useful, and also on how that is tracking over time. I think you would agree, Minister, that is concerningly high.

The Hon. BRONNIE TAYLOR: Yes, I do. What we have to look at as well is we have to look at the fact that we need women in senior leadership roles to reduce that gap in what we are doing. I am not gloating but I am just saying for the record that the Department of Communities and Justice, of which Ms Walker is part, has 65 per cent of their leadership roles taken up by women. I also saw some really pleasing results from Mirvac in terms of private companies and the amount of women in senior leadership roles. Also, I welcome the fact that now we are advertising higher public service grades. I think it is grade 8/9 that have to be advertised in the regions as well. That will really appeal to women and also to be able to work regionally and rurally. There is such untapped potential out there in terms of regional women and their opportunity to contribute in the workforce. But it is not the Government alone, Ms Boyd, that can do this. We really need the private sector—

Ms ABIGAIL BOYD: The Government can lead, can't they?

The Hon. BRONNIE TAYLOR: They can, and we are leading in New South Wales. That example in DCJ, I am just really proud to hear; with the secretary for Health being a woman, also in Service NSW. Yes, I want to see more, absolutely. But I am really proud and I am really tooting the horn of DCJ for doing that because 65 per cent is a really good result.

Ms ABIGAIL BOYD: I am glad you mentioned women in leadership roles. What is the gender pay gap within Cabinet?

The Hon. BRONNIE TAYLOR: The gender pay gap within Cabinet. What your role is would be what you earn, not reflecting your gender. But obviously there are not many women—

Ms ABIGAIL BOYD: Are you a senior Minister for pay purposes?

The Hon. WES FANG: Oh, you are going down this one here as well.

The Hon. BRONNIE TAYLOR: Ms Boyd, I think I am classified as a junior. I am not a cluster leader.

Ms ABIGAIL BOYD: Just to be clear, there is a Parliamentary Remuneration Tribunal—senior Minister and then ordinary Minister.

The Hon. BRONNIE TAYLOR: I am an ordinary Minister, Ms Boyd. I think extraordinary, but ordinary in terms of your question.

The Hon. WES FANG: I agree.

Ms ABIGAIL BOYD: Do you know how many women are senior Ministers within Cabinet?

The Hon. BRONNIE TAYLOR: Ms Boyd, just let me go around the table. It will not take long. Sarah Mitchell is a cluster leader in Education.

Ms ABIGAIL BOYD: Is she a senior Minister for pay purposes as well?

The Hon. BRONNIE TAYLOR: I presume so. I do not know what the other Ministers earn, Ms Boyd. It is not something I collate and look over.

Ms ABIGAIL BOYD: Are you not interested in the gender pay gap within Cabinet?

The Hon. BRONNIE TAYLOR: I am so interested in the gender pay gap but I do not look at my personal circumstances. I am really not sure where you are going so why don't you just hit me with the question?

Ms ABIGAIL BOYD: No, it was just a question. If you do not know, then you do not know.

The Hon. BRONNIE TAYLOR: What I said to you was that Sarah Mitchell is a cluster leader. We do have a female Premier and I am pretty sure she earns more than all of us.

Ms ABIGAIL BOYD: Yes, I am sure she does too.

The Hon. BRONNIE TAYLOR: And so she should.

Ms ABIGAIL BOYD: Have you had any role in ensuring that the Parliament is a safe space for women? Let me clarify, I know there has been a bunch of work that has been done by Department of Parliamentary Services [DPS] and others. Have you been involved in ensuring that the environment we have in Parliament is as safe as can be for women?

The Hon. BRONNIE TAYLOR: Ms Boyd, I think that I have a reputation for making sure that we have safe workplaces. I have a reputation for calling out bad behaviour and I have a reputation across parties for

addressing issues with people, whether they are male or female, if they are being inappropriate. I lead by example in that space. I lead by example with my own staff. I have a really fantastic team. I have not had much turnover and I value them.

Ms ABIGAIL BOYD: But, as the Minister for women, what have you been doing to ensure that this is a safe space for women?

The Hon. BRONNIE TAYLOR: Ms Boyd, I have not had people come to me and express that it is an unsafe place for women.

Ms ABIGAIL BOYD: So you are not doing anything proactively to check whether it is a safe place?

The Hon. BRONNIE TAYLOR: I am always doing things proactively. You know me pretty well by now too. I have a lot of people that come to my door from all different parties who talk to me about things and I will absolutely stand up for that. As I said, the most powerful thing we do is that we set an example. The most powerful thing we do is that we do not just ignore really bad behaviour by colleagues and targeted behaviour. I think when targeted offensive behaviour is demonstrated against other, for example, MLCs in the Chamber, when other senior people within that organisation do not stand up and call that out, that is concerning because the standard that you are prepared to let go and walk past is the standard that you accept.

Ms ABIGAIL BOYD: Yes, I absolutely agree with that, but it does not really answer the question as to whether, as the Minister for women, you are involved in the work that is being undertaken in Parliament to ensure that we do not have a problem before it becomes an issue in the media.

The Hon. BRONNIE TAYLOR: I have been asked to contribute my thoughts on the leadership program that the Speaker is championing. That is open to all members and staff as well. So any time, Ms Boyd, and if there are things happening that people want me to be involved in, I am absolutely available.

Ms ABIGAIL BOYD: Turning now to the Women's Strategy Year Three Action Plan, I notice there is no mention of LGBQTI women in that strategy. What specifically are you or Women NSW doing for LGBQTI women?

The Hon. BRONNIE TAYLOR: There are many programs right across the Government that are being done for LGBQTI women. We have funded programs through ACON in the past. It is continuously being done.

Ms ABIGAIL BOYD: Is that an oversight that you might correct in the next version of the plan?

The Hon. BRONNIE TAYLOR: My understanding is that we—I know myself because I meet with these groups. We absolutely ensure that it will be there.

Ms ABIGAIL BOYD: Is there anything that you have been doing specifically in relation to trans women?

The Hon. BRONNIE TAYLOR: Specific programs in terms of trans women?

Ms ABIGAIL BOYD: In relation to the year three action plan,

The Hon. BRONNIE TAYLOR: I might ask Ms Walker or Ms Smyth to comment on that.

Ms SMYTH: There is not anything specific in that Women's Strategy. We have been doing work with ACON regarding sexual assault and domestic and family violence.

Ms ABIGAIL BOYD: Perhaps it is something that you could think about including for next time?

The Hon. BRONNIE TAYLOR: And I thank you, Ms Boyd, for that observation. Absolutely, because it absolutely is at the forefront of the work that we do and it is something that I feel very strongly about as well.

Ms ABIGAIL BOYD: In the year two final report, you state that you have increased the engagement and participation of women and girls with disability in the development and implementation of disability inclusion action plans. Can you tell me what that means and what is the metric for measurement?

The Hon. BRONNIE TAYLOR: Sure. In terms of the detail of that, I will ask the department to go with that because that would actually come under the Minister for disability services. Why we actually developed the strategy as well was to make sure that—something that I spoke to before—we could capture all of those things that are coming across government that are actually reflecting these outcomes. Ms Smyth, would you like to comment further on that?

Ms SMYTH: It would be good if we could get some more information on that. It is sitting under the NSW Disability Inclusion Plan regarding those action plans, but we can get some more specific information.

Ms ABIGAIL BOYD: If you could provide that on notice, that would be really useful so that we can understand what that is.

The CHAIR: The Greens members have one minute left.

Ms CATE FAEHRMANN: Minister, I wanted to touch on seclusion and restraint. I have asked you questions about that previously.

The Hon. BRONNIE TAYLOR: Sorry, Ms Faehrmann. I am back on. I was just correcting the previous question, because it actually is in the plan.

The CHAIR: There are 32 seconds left. This is a very important question, which will probably elicit quite a long answer.

The Hon. BRONNIE TAYLOR: Yes. I beg your pardon.

Ms CATE FAEHRMANN: Portfolio shift. In December 2017 the Government accepted all recommendations from the review into the use of restrictive practices; this is in terms of seclusion and restraint. You issued an implementation plan that $20 million, as I understand, was available for minor capital works. However, compared to the results in 2017 when that plan was announced, all six publicly reported seclusion and restraint indicators have got worse. What is the status of the implementation plan actions, please, and how many are complete?

The Hon. BRONNIE TAYLOR: Am I allowed to answer if the bell has gone? I am just conscious that you have pulled me up before.

The CHAIR: Yes. Please proceed, Minister. That has been agreed to.

The Hon. BRONNIE TAYLOR: Thank you very much, Mr Chair, and thank you very much, Ms Faehrmann. You have asked me extensively on seclusion and restraint as well. I note that the last report did have numbers that were concerning in that we had gone backwards in some of those LHDs. I actually had written to the secretary as well about that in our plan. Ms Faehrmann, if it is all right with you, because Dr Wright is here I will ask him to elaborate on that because he is the expert.

Dr WRIGHT: Thank you. It is not a short answer. The issue of the seclusion and restraint increase over the course of, particularly, the first half of last year, as the Minister has mentioned, was a concern to all of us. In terms of context, though, I would just like to remind everyone that over the 10-year period from 2010 till now there has been a sustained decrease in the rate of seclusion. I am not defending the deterioration in effort which happened at the beginning of last year. There are probably multiple factors that contributed to that. The main one, I think, is to remind us that we are talking about the most difficult part of working in an acute mental health inpatient unit.

It is a 24/7, 365-day effort by our staff managing really very, very complex and at times very, very challenging behaviours. It really is 24 hours a day. If the skill set and the alertness and the attention of the staff wavers for even a short period, that can lead to really quite difficult outcomes. I think overall it is a reminder that there has to be almost an eternal vigilance in monitoring. That has to be a continual effort in supporting the staff and training the staff, but it is also about our monitoring and governance processes and responding to any kind of slippage which happens in our services.

Ms CATE FAEHRMANN: I am conscious that we have time with the officials later today as well. I might come back with more pointed questions, so I will just finish you there.

The Hon. EMMA HURST: Minister, I might take you back to the statistics around suicide and what we were talking about before about young people at risk. The same *Daily Telegraph* article that I mentioned before—I know that you mentioned more funding going to the Kids Helpline. But the Monday article also reported that one in three calls to the Kids Helpline are still going unanswered, despite that funding. Are there moves for the New South Wales Government to commit further additional funding to reduce some of those unanswered calls?

The Hon. BRONNIE TAYLOR: My experience, too, with the Kids Helpline is that those rates seem—that we have been talking to the Kids Helpline and I have actually, the reason that I am sort of, is that I know some young people who are ringing that helpline myself and who have found it to be extremely helpful and have not talked about not being able to get onto the helpline. In terms of young people, we obviously have a strategy and we absolutely have to look at that. You mentioned those suicide rates as well. That is why we have invested over $87 million in a suicide prevention strategy.

We have actually just recently announced a youth aftercare program. There is going to be two trials that run: one in Bankstown and one in Coffs Harbour. Those are going to be unique and different models and methods that we are implementing in that because we absolutely acknowledge that young people have different needs and different requirements.

The Hon. EMMA HURST: There was the web chat with people saying that they had to wait over 20 minutes. I am not questioning these services and the great work that they are doing, but for the Kids Helpline one in three calls were going unanswered. You mentioned $87 million. Will any of that go into some of those services that young people specifically reach out to?

The Hon. BRONNIE TAYLOR: That money already has gone into those services that young people reach out to. The Kids Helpline was originally funded by the Federal Government, but in 2019 we put a big injection of funds there to allow an extra 10 people to be able to answer the calls.

The Hon. EMMA HURST: Minister, just to be clear, my question was that given these new reports—this is just published on Monday in the *Daily Telegraph*—will there be further funding to make sure that those wait times and the unanswered calls go down?

The Hon. BRONNIE TAYLOR: All I can say to you, Ms Hurst, is I will look very closely at that data but my understanding is that 18,400 extra calls have been answered. Dr Lyons, you might like to elaborate on that.

Dr LYONS: Yes, I could assist with the Minister's response. In addition to what she has outlined, the 2019-20 New South Wales budget included $23.5 million to expand the capacity of Lifeline over four years. So there is an ongoing investment being made each year to the tune of $3.3 million per year for the continuation of core funding and expanding services capacity. There is also money for yourtown, for Kids Helpline, $1.37 million; and also $1.5 million, as you have talked about, for the Lifeline text crisis support.

The Hon. EMMA HURST: Dr Lyons, do you feel that those numbers will hopefully drop in future?

Dr LYONS: I think the issue there is about looking at the investment, and that increase in investment should be able to cope with the increase in demand. We have actually seen a demand that jumped up and then has come down again in January. So I think it is about keeping a monitoring eye on the access to the line and ensuring that we are appropriately resourcing and supporting it. As the Minister has said, there are a range of other avenues that people can go to for support as well. This is but one of the lines. Lifeline had a significant investment as well. The mental health access lines, which we run through the local health districts, are also available. So there are a range of access points as well as the Kids Helpline.

The Hon. EMMA HURST: Thanks for that. Minister, the number of suicides in Greater Sydney has also, unfortunately, increased from 466 to 471. Do you have any understanding about what factors might have contributed to that specific area seeing a rise?

The Hon. BRONNIE TAYLOR: In terms of the specific factors, I would have to ask Dr Wright to talk about that. But I think one thing that we now have is the suicide monitoring system in New South Wales. That gives us very good real-time data, whereas before we have had to rely on Australian Bureau of Statistics [ABS] data, which is sometimes a year out of date. What it allows us to do is to absolutely make sure that we need to target those areas and how we do that with services and what is funded. But we are constantly looking at that, and that was the point of actually having this monitoring system in place, because it gives us that real-time data. Dr Wright, would you like to elaborate on that?

Dr WRIGHT: Certainly. It is a really important issue that you raise. I am cautious about over-interpreting two data points, because things can change quite a lot over time. That is one of the great benefits of the new monitoring system: We are getting data on a monthly basis, so we can track over a longer period. I think that in the background is the strategy within the Fifth National Mental Health and Suicide Prevention Plan, which I think is also supported by some of the recommendations in the Productivity Commission report around the importance of regionalised, integrated planning to respond in a whole-of-government and whole-of-community way, because suicide is not just the product of a mental health issue. There are all sorts of social factors and economic factors which contribute to those outcomes and I do not think I could do justice to all of those.

But you do raise an important point and that is how important it is for all of those organisations—and there are a lot of them in the community that have a stake in wellbeing for the community—to get together on a local level. The monitoring system does give us data down to that local level, as you were picking up, and that is a really important piece of information because you cannot really plan if you do not have anything to monitor or to respond to. That process is rolling out across the whole country and the primary health networks are heavily

involved as are the mental health services. I would argue that it is a bit of a moving target trying to understand, in these times of the pandemic and how that has affected us all, as to what the contributing factors are. The important thing is that they own the data and they have got the capacity to own the solutions and that we support them in doing that.

The Hon. EMMA HURST: Minister, you said that this new monitoring system helps to plan and target what steps your office will be doing to target mental health in Greater Sydney. Now that you have this data, what are you doing specifically for Greater Sydney?

The Hon. BRONNIE TAYLOR: We have got a whole Towards Zero strategy that we started to roll out about 18 months ago. For example, things that will be happening in the Sydney region that we have looked at are alternatives to emergency department care. One thing we know is that if you are having an acute episode of your mental health illness, one of the most difficult places for you to be in is an emergency department because there is a lot going on and there is a lot happening. In Victoria they actually have started this model—they were ahead of the game. What they did, for example, at their hospital in the middle of Melbourne is that they have an alternative to the emergency department. For some reason, in Melbourne, in this beautiful hospital in the middle of the city they have an art gallery. I do not know how that happens but anyway. What they do is they actually turn it into what we call a safe space or a safe haven space.

We are actually copying that model from Victoria as part of our Towards Zero strategy. I actually had the privilege of being able to go there and talk to people that were coming in and it was a lot less intrusive for them. They were actually able to talk to peer support workers. There were people that came back perhaps on a Saturday night when they were really vulnerable, and what I mean by that is repeatedly came back, and were able to source those sort of services. What that meant was that stopped them from a big exacerbation of their mental health illness, which then can lead to suicidal ideation and can lead to attempts. The other really important thing about—

The CHAIR: Thank you, Minister. I do apologise. We need to move on to the next round.

The Hon. BRONNIE TAYLOR: I just get into the swing of it, Mr Chair, and then—

The CHAIR: Yes, but we need to share the questions around.

The Hon. TARA MORIARTY: It is alright; I have got more. I will follow-up on some of the questions that my colleague the Hon. Emma Hurst was asking. I will start with the Kids Helpline because I do not think those answers really cut it, to be blunt. One in three calls to the Kids Helpline are going unanswered, so I do not think it is good enough to say that there are other lines that people can call, especially kids. There is a lot of targeted campaigning and messaging to kids that that is a line that is available to them. It is also not good enough to say that there are some kids that you know that have used it that find it good enough. One in three calls are going unanswered, so what are you doing about it?

The Hon. BRONNIE TAYLOR: In terms of one in three calls going unanswered, I am going to have to check that data because I am not aware of one in three calls going unanswered. About using that specific example, I actually think it is really important to use examples. Sure, that is only one but I know that the Federal Government has invested and we have invested so that it can take the capacity for another 18,500 calls. We know that young people are not going to go to one particular site. They are going to go to different things and that is why we have to have different models of care. We have to have different access points for young people and we have to continue to do that.

The Hon. TARA MORIARTY: With respect, that sort of assumes that if they cannot get through to this line, they should just try others. That is not a viable answer for people who are in distress, especially children.

The Hon. BRONNIE TAYLOR: As I said, Ms Moriarty, in terms of one in three calls dropping out, that certainly is not advice that I have been given. I will absolutely have a look at that but my feedback from that is that there is extra capacity on those lines and that they are being answered.

The Hon. TARA MORIARTY: I might turn generally to some more questions about youth-focused mental health. We have heard this morning from a number of different questioners in terms of concerns in this space. Suicide is the leading cause of death for young people. You know this but this is in your Living Well report. It is not new. Can you tell me what specific funding has been allocated in this budget or any others specifically to address youth suicide, this particular issue affecting young people?

The Hon. BRONNIE TAYLOR: Sure. In terms of that, may I just start with our suicide prevention strategy that we are doing, and you were asking me about youth specific so can I start with the two Youth Aftercare Pilots. We know that the whole aftercare philosophy and service is something that has worked well with adults.

What we also know is that we need to be youth specific because, as you so rightly articulated, services for young people are different services and they have different needs and different requirements.

We will trial those two, as I said, in Bankstown and in Coffs Harbour and they will be focused on the person but also on their families and their communities. We are able to use that with actual peer involvement. For example, the young man that has contributed to that was someone who was going out with a girlfriend and she actually committed suicide; this was years ago. He did not know what to do. He was out of his depth and then he also ended up having suicidal ideation. He has been integral to this model and to forming this model and to looking at that. I am actually very much looking forward to the results. We should have an initial evaluation. I know it is really early when I say it is in June but it will be a couple of months in and I really want to be able to look at that as well. We have also put in—

The Hon. TARA MORIARTY: I do not want to interrupt you but this is a really important project. When did the pilot program actually start?

The Hon. BRONNIE TAYLOR: The pilot is starting now. We have been in consultation phase—

The Hon. TARA MORIARTY: When you say "now"—

The Hon. BRONNIE TAYLOR: This month.

The Hon. TARA MORIARTY: So it has not started yet but it is due to start this month?

The Hon. BRONNIE TAYLOR: Yes, recruitment has happened. It is on its way.

The Hon. TARA MORIARTY: You mentioned earlier, but I think I missed it, that there are two areas that you are trialling it in.

The Hon. BRONNIE TAYLOR: Yes, correct.

The Hon. TARA MORIARTY: Where are they?

The Hon. BRONNIE TAYLOR: Bankstown and Coffs Harbour, and those sites were chosen according to data and according to need.

The Hon. TARA MORIARTY: Okay, so it will start sometime this month. Sorry, I interrupted you. There will be some sort of review?

The Hon. BRONNIE TAYLOR: Yes, the first initial evaluation of that service will be in June and then we will look at that and see. I am really hopeful that that will—is that correct, Dr Lyons? In June?

Dr LYONS: I was just—

The Hon. BRONNIE TAYLOR: Yes, I am sure it is correct, in June, that that evaluation will take place. I mean, not the full evaluation, that is why I preceded that with the fact that I know it is early and things. I am actually really hopeful about this. One fact we know—and, Ms Moriarty, you would probably know this so you can cut me off if you want to—is that if a young person has made an attempt at suicide, they are much more likely to have a second attempt. These Youth Aftercare programs are specifically targeted at reducing that, making sure that we capture that. The other thing that we also know that you would be acutely aware of, I know, is that up to and around 50 per cent of people that actually will attempt suicide have actually never put their hand up to contact a specialised service. What that tells me, and I am sure it tells you, is that we actually need to get to people way before they make that point and that is why we have invested heavily in our gatekeeper program and training people to be able to have mental health first aid and be able to know how to do that. We have also rolled that out across Service NSW. What we know is—

The Hon. TARA MORIARTY: I am happy to let you talk about those things but can we just talk about this particular program that you started with?

The Hon. BRONNIE TAYLOR: The Youth Aftercare?

The Hon. TARA MORIARTY: Yes, just so I can get some more information about that. I am happy to hear about the other ones afterwards.

The Hon. BRONNIE TAYLOR: Ms Moriarty, I am really sorry, I said Bankstown and it is Blacktown—my profuse apologies.

The Hon. TARA MORIARTY: Sure, no worries. Blacktown and Coffs Harbour.

The CHAIR: Let the record reflect that amendment.

The Hon. BRONNIE TAYLOR: Apologies, Mr Chair.

The CHAIR: It is alright.

The Hon. TARA MORIARTY: You can correct me if I am wrong but is this jointly funded with the Commonwealth?

The Hon. BRONNIE TAYLOR: No. This is funded out of the Towards Zero Suicides strategy from the New South Wales Government.

The Hon. TARA MORIARTY: How long is the funding for?

The Hon. BRONNIE TAYLOR: The funding I believe for the Towards Zero Suicides is three—

Dr LYONS: Over three years.

The Hon. BRONNIE TAYLOR: Over three years.

The Hon. TARA MORIARTY: What about for this particular—

Dr LYONS: It is $4.2 million over three years.

The Hon. TARA MORIARTY: This pilot program will run for that period of time?

Dr LYONS: Correct.

The Hon. TARA MORIARTY: What happens after that?

The Hon. BRONNIE TAYLOR: Then, Ms Moriarty, I reckon if it is going to be the success that I think it is, you will absolutely make sure that I search for that extra funding for it to continue.

The Hon. TARA MORIARTY: Let the record reflect—

The CHAIR: I think you can bank on that, Minister.

The Hon. BRONNIE TAYLOR: I know, stating the obvious.

The Hon. TARA MORIARTY: The tender for this program closing in June, who is going to be running it?

The Hon. BRONNIE TAYLOR: Dr Lyons, I believe it is New Horizons?

Dr LYONS: I do not have that detail in front of me, Minister.

The Hon. TARA MORIARTY: You can take it on notice.

Dr LYONS: We could certainly answer that question in our session this afternoon.

The Hon. BRONNIE TAYLOR: I am pretty sure, Ms Moriarty, but if I may confirm that on notice, I would appreciate it because I have just got Blacktown and Bankstown.

The Hon. PENNY SHARPE: It is New Horizons.

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

The Hon. TARA MORIARTY: Still talking about youth and mental health, I know you are aware of this because there has been quite a lot of public commentary around it, but there is new or recent data revealing a shocking spike—25 per cent of young people aged between 12 and 17 years, over 12,000, presenting to emergency departments in distress for self-harm and for eating disorders. The comments that I have seen from you are that you have identified it, there is a red flag from the Government's perspective and that you are looking into it, but what does that mean? What are you actually doing about addressing this quite shocking figure?

The Hon. BRONNIE TAYLOR: I have been very open and transparent, and I thank you for acknowledging that. It is a big spike. Anyone that sees that is going to see it is a big spike. It is happening internationally; it is not just happening in the State of New South Wales. I will let Dr Wright elaborate on that. Again, what we have seen with that elevation in self-harm, we know that self-harm can be a precursor to suicidal ideation and yet our suicide rates last year were relatively stable—decreased, if you look at the number of 54. What that is telling me is that our services are doing an absolutely fantastic job but there is no doubt that they are getting a much higher increase, particularly in self-harm and young people.

My absolute focus, as always, is preventative and making sure that we get to people before they feel the need—that they are going to self-harm. That is why—I know you have heard me speak about it a number of times before—I am so passionate about the school nurse program. I know from demonstrated clinical evidence that sometimes young people will choose to go—as we discussed before when you were talking about lines and the

Hon. Emma Hurst was talking about different methods for young people, we know that school counsellors do an amazing job and school psychologists do a great job, but sometimes people feel really uncomfortable going to those services. When we have the data that we have got, that half of the people who attempt suicide—around 50 per cent, I say—have never contacted a health service, if they can get in to talk to a school nurse about something that is bothering them, whether it is a cut on their leg or whether it is their asthma, and they are able to develop a relationship with the school nurse and have that rapport, we have a greater chance of being able to capture young people before they get to that point.

The Hon. TARA MORIARTY: That is not really an answer to my question. I am happy to talk about school nurses in a minute. Over 12,000, nearly 13,000 young people in this last period have already presented to emergency, are already self-harming or have eating disorders. This is happening right now. It is a crisis. What are you doing about that right now? A school nurse at some point in the future is not an answer to what is happening to kids right now.

The Hon. BRONNIE TAYLOR: I understand the point you are making. As you are asking about what is happening clinically right now, I will ask Dr Wright to elaborate on that for you.

Dr WRIGHT: You are right. It is an issue that has caused us some concern over the last 12 months or so. Really, it came to light partially because during the course of the pandemic we started to get much more regular and much more detailed data on presentations both to our community services, our emergency services but also the contacts with the helplines. We were able to look at that across different parts of the age range. Yes, there has been an increase. As I said earlier today, this is an increase which has been gradually occurring for the last 10 years in this particular age group and it is an international phenomenon, so we need to be careful in trying to understand it. But the concern is real. During the course of the pandemic we changed our operational structure so that we had a monthly—initially a fortnightly but then a monthly—meeting of all the directors of mental health and all the clinical directors across the State. That gave us a vehicle to identify and respond to any matters of concern and this was an early starter.

We quickly established that this was being felt in all of our child and youth services across the State. There was an initiative within that group to establish a working group which went well beyond just the mental health services. It includes representatives from the primary health networks, the NGOs, which include Headspace and Royal Far West, the Advocate for Children and Young People, Mental Health Carers NSW and BEING. I mention these because it goes back to my earlier answer to Ms Hurst, which is that this is a whole-of-community phenomenon. It is a major concern and I think the concern created an energy amongst that group to look in a sort of a root-and-branch way of how they might try to respond to this increased need. It is early days, really, in terms of the response. But there is a real issue and there is a strong motivation. The early information I have is that there are some really quite innovative ways of trying to address the problem.

The Hon. TARA MORIARTY: We will be here this afternoon, so we can perhaps explore that a little more, because this is something that should be of concern to all of us. We know that the figures in this space have been growing over 10 years, and you have just said that as part of your answer. We know this is a growing problem. We have had a year where there has been this huge spike. Whether it is something that is being looked at more closely or whether there is a genuine spike—the figures show that it is—what I have heard as the answer is that there is a group getting together to discuss it.

Dr WRIGHT: No, that is not correct.

The Hon. BRONNIE TAYLOR: No.

Dr WRIGHT: No, that is not correct. There have already been some initiatives to try to address it. The purpose of the working group is not to sit around and discuss it.

The Hon. TARA MORIARTY: I do not mean any disrespect by it, but I would like to hear some more urgency. For 10 years the numbers have been growing. What is the plan? Perhaps if I go back to the Minister, because we can explore it. I am genuinely interested in the work that is being done. Surely there are other ways that we can be assisting young people. That can segue to your school nurses but, from memory, there are a thousand of them, it is going to roll out over a couple of years. In fact I do not think there are that many, so you can confirm the numbers. They will be nurses who will presumably be dealing with a lot more than just mental health issues. It is a tiny, little piece of the puzzle. What else can we be doing to assist these kids while they are in these states right now?

The Hon. BRONNIE TAYLOR: I know that you said we would talk about it later with the school nurses, but I am happy to elaborate on that. I think they are a very big part of the solution. You mentioned eating disorders as well. We have been investing in eating disorders in the State through the InsideOut Institute, and they are based at Royal Prince Alfred. What they did as well, they put a clinical nurse consultant into every local health

district across the State. I can see what you are going to say, that is one position. But the fact is that we need to absolutely educate people on the ground and make sure that they are getting the best care that is available to them.

We are also looking at sites for a specific centre in New South Wales as well. That is all in the forward planning. I actually think that we need to, as I have said, invest in that preventative care for that point. Eating disorders are very difficult and complex things to treat and they affect the whole family. It is really, really difficult. We have these teams that are available in New South Wales. We have our Child and Adolescent Mental Health Service [CAMHS] teams who are working very hard and doing an incredible job. Eating disorders can be quite specific in their nature but they are a mental health illness and they often have other comorbidities that are very serious. We have capacity in all of our LHDs to treat those eating disorders and to look at that. Yes, there has been a rise but, yes, I think we need to look at the data internationally and look at those reasons. Out of that will also come different solutions that we perhaps are not thinking about at the time that we absolutely have to.

I think when you talk about self-harm and you take, for example, where people are physically hurting themselves and cutting, it is very distressing again. It is very distressing in environments where other people can see that happening. Again, that is why we have looked at Headspace and recently we have looked at funding collaboratives, which is actually working with Headspace and Lifeline. It is unusual in the State, because we are always telling you whether the Feds fund that or the State funds that, but I have actually moved past that in terms of collaboratives—

The Hon. TARA MORIARTY: I am about to run out of time. I want to wrap up with some specific questions on some of the things that you have just said. I accept that there are some small plans happening.

The Hon. BRONNIE TAYLOR: I would disagree that they are small.

The Hon. TARA MORIARTY: I do not mean that negatively. And I gave you too much credit, it was not 1,000 deaths, it was 100—which is quite a difference. If it is that significant a program, put them in every school. Put one of these nurses in every single school. If the eating disorder experts are going to assist with this crisis in our kids that will affect them and their families for the rest of their lives then have more than one in every health district. Is there any thought to expanding these programs because there are already too little before you have even started?

The Hon. BRONNIE TAYLOR: We are. As you would know, I am in constant conversations with Dr Angelo, who is head of the psychiatrists in New South Wales. We are absolutely looking at a plan to look at where we are with youth mental health in this State and where we need to go. We are constantly re-evaluating, constantly re-assessing and constantly looking at those things about how we can improve and how we can make things better. Obviously we have to do that because the data is telling us exactly what you are saying about an increase in self-harm.

I do disagree that they are small interventions. There are interventions happening all the time right across our local health districts. I do not know if it is a wise analogy to make, but when you see that great increase in self-harm that we have not seen it follow through into suicide, I am thinking in myself, as the Minister for mental health, that our people are doing a very good job and we are holding that. Do we have to work harder? Yes, we do, and we are.

The Hon. PENNY SHARPE: Minister, how many voluntary redundancies will there be in the Office for Women?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I will have to give that question to Ms Walker.

Ms WALKER: I think in a couple of the other sessions we have spoken about the restructure that is happening in strategy, policy and commissioning. Across the whole area, which has about 851 people, there are 175 redundancies. We are currently going through the restructure management plan. It is open for consultation with all of the staff and also the PSA. That closes on the sixteenth of this month. There absolutely will be a loss of roles and positions inside Women.

The Hon. PENNY SHARPE: You cannot tell us exactly how many?

Ms WALKER: No, but I am happy to put it on notice.

The Hon. PENNY SHARPE: Can you give us how many total positions there are now, and how many you expect to go through the voluntary redundancy process?

Ms WALKER: I will take the numbers as they are now on notice as well because they are moving around a bit. We are holding vacancies to minimise the impact on staff. But I am happy to give all of that on notice.

The Hon. PENNY SHARPE: If you give us the vacant positions as well that would be great.

Ms WALKER: Yes.

(Short adjournment)

The Hon. EMMA HURST: Minister, the Government announced $36 million for a new first responder mental health strategy for emergency services. Will you advise if mental health support for wildlife carers specifically will be included in this strategy?

The Hon. BRONNIE TAYLOR: I thank you for your question and that would be the strategy that has been put out by Minister Elliott. Is that correct in terms of first responders? In terms of the actual detail of that for wildlife carers, I am really happy to take that question on notice. I presume, and I hope, that was in there as well. I would absolutely have to check because that actually comes under him.

The Hon. EMMA HURST: There has been a lot of media in the past year, specifically after the bushfires, about the mental health issues, particularly for volunteers that spent a lot of time obviously rescuing wildlife. Is there any plan within your portfolio specifically for the mental health of that group?

The Hon. BRONNIE TAYLOR: I think for us in terms of the bushfire response—and I completely acknowledge what you say and I think the work they have done is absolutely phenomenal. We actually had a young girl win an award for New South Wales Women's Week. She sewed 100 pouches for kangaroos in her area, which I thought was pretty spectacular. I think she is nine. I would say they need to access those services that are out there and are available. We have bushfire clinicians that are placed into each affected local health district. We have Rural Adversity Mental Health Program [RAMHP] coordinators that have been there coordinating services. I am reluctant to say, "This is your specific service for these specific people". I would encourage those people, those bushfire clinicians are very experienced in the stress and trauma of what people have been experiencing in bushfires, and implore them to reach out to those people as well.

The Hon. EMMA HURST: There are some very specific charities that are focused around the mental health of wildlife carers. One is called Two Green Threads and the other one is WildTalk. Are they the sort of charities that Government would look to potentially fund in the future?

The Hon. BRONNIE TAYLOR: Government has a very open and transparent process in terms of funding and applications and what we fund and what we do not. Dr Lyons might like to comment further on that. The two organisations that you mentioned, obviously they do not spring to mind for me to be able to say anything pertinent. Is there anything you would like to add, Dr Lyons?

Dr LYONS: I have not got anything particular about those two organisations but to say, in addition to what the Minister said, there has been a significant investment in supporting the bushfire response. The positions that the Minister outlined that are now in place across those affected local health districts are providing support to a range of different community organisations. Their focus is about whatever is the need of those local communities, looking at how they can provide that support. In addition, I think there has also been some support provided to veterinarians, in particular. There has been specific gatekeeper training being provided, and that was announced in September of last year in recognition of the particular challenges that veterinarians faced during that time as well.

The Hon. EMMA HURST: How much was that for veterinarians?

Dr LYONS: I do not have the detail in front of me about how much it was. It was a part of the investment that was made in response to the bushfires and the gatekeeper training has been rolled out.

The Hon. BRONNIE TAYLOR: If I may add to that, Ms Hurst—sorry to interrupt, Dr Lyons. That was a partnership with the veterinary board as well, so working very closely with them about what the needs were and how we could meet those requirements and implement that.

The Hon. EMMA HURST: Is that program rolling out now? It is currently underway?

The Hon. BRONNIE TAYLOR: Yes.

The Hon. EMMA HURST: Do you have any feedback so far on that project from vets?

The Hon. BRONNIE TAYLOR: I have not had particular feedback, no. I am sure we have through the department but I have not had that particularly made to me. As you know, I have a fairly close relationship. I used to sit on the board of the New South Wales veterinary board and they will reach out to me if there are issues and things. I have not heard that it had not been meeting its needs, but that is pretty anecdotal. I am happy to look at that for you. It is very early days in the program but I am very happy to look at that as well.

The Hon. EMMA HURST: Minister, I note that you and I have spoken a bit before about the high suicide rate in the veterinary industry and, obviously, that it is such a specific concern that this profession really stands out above many other professions, and that there must be specific issues there. Is this sort of project one aspect of making sure that we can start to tackle those issues within that profession?

The Hon. BRONNIE TAYLOR: Yes, it absolutely is. We know that it is very high with men in trades. That is why we are really targeting that gatekeeper training as well. Again, as I said before, we really need to get to people before this is happening. When you have half the people who are attempting suicide not accessing that health service—because often, too, people will tell you that they do not identify as having a mental health issue. It just happens one day where they have these suicidal ideations. If we can just have that one thing there—that is why people talk sometimes about barrier fencing and a sign. People will say that if they just read that one line of the sign it is actually enough to pull them back to think about what they are doing and to change that course of action. We will look at anything that we can. I think vets have had a particularly harrowing time during the drought, as have farmers. Then with the bushfires on top of that, to watch that carnage was pretty horrific.

The Hon. EMMA HURST: The NSW Council of Social Service [NCOSS] has expressed disappointment that there is not more funding going to the Step Up, Step Down services in the budget. What is your response to that?

The Hon. BRONNIE TAYLOR: In terms of NCOSS' response on Step Up, Step Down, I will have to ask my department to comment on that because that is a specific operational issue. Dr Lyons?

Dr LYONS: I think I will need to take it on notice, Minister. I do not have any detail on that.

The Hon. BRONNIE TAYLOR: Yes, sure. Can we take that on notice, Ms Hurst?

The Hon. EMMA HURST: You can, yes. Recently you announced the Stepping Stones program. How much is being spent specifically on that program?

The Hon. BRONNIE TAYLOR: That would be the program for people who are experiencing homelessness?

The Hon. EMMA HURST: Yes.

The Hon. BRONNIE TAYLOR: That was part of the COVID money that was allocated to that particular local health district. Recently I visited the Stepping Stones project and actually had the great privilege of speaking to the people who were using that service. As I said, it was a specific part of that $80 million extra injection that the New South Wales Government did during COVID. Another one of the positive things that has come out of COVID is that it has given us this ability to really pivot and to try different models of care. Some $900,000 was invested in that particular program. What they did was refurbish a building that they had on site. It is actually really lovely. There are rooms and there is a common area.

Speaking to the people who have used the service the other day was really heartwarming. A young woman was telling me how she had been on ice and heroin. She had a psychotic episode due to her drug use and ended up in an acute care facility scheduled under the Act. She had nowhere to go. After that she felt that she did not want to go back to her normal place of residence, which I will not disclose, because she felt that she would be surrounded by a lot of incidents and a lot of the triggers that had got her into a life of using in the first place. But she was just totally committed to going on to doing a further education course, to moving towns—

The Hon. EMMA HURST: Sorry, Minister, this is a wonderful story and I do not want to cut you off, but just because I am running out of time I wanted to ask you a couple of specific questions about the Stepping Stones program. How many people will the program accommodate at any one time?

The Hon. BRONNIE TAYLOR: Ms Hurst, I might have to take that on notice. From my recollection there were four bedrooms in each cottage and I believe there were two cottages, so I think that is eight. But please, if I may clarify that in the interests of probity—

The Hon. EMMA HURST: Yes, that would be fantastic. Are there plans to expand beyond just one residential program? I am sure there is demand for these sorts of facilities in rural and regional areas as well. Is that something that you are looking into?

The Hon. BRONNIE TAYLOR: I am really keen to look at the evaluation of the service. The anecdotal evidence that I got at the time, which I was alluding to before, was extremely positive. But again, obviously our absolute aim is to have people in the community supported by wraparound services. I acknowledge that in this case this was actually specifically established because of COVID and that risk of then having people who may not go back to a place where they felt comfortable, safe and surrounded by those services—and because the services had to really change their models of care because of COVID. But I am open to look at everything. I like

looking at new models of care. I like looking at innovative programs. We will then have to see what the evaluation shows and what we look at in terms of either mimicking that model or extending it.

The Hon. EMMA HURST: With the Stepping Stones program, you mentioned $900,000 going to it. Was that just a one-off chunk of funding or is it something that the Government is looking at continually funding as the program rolls out?

The Hon. BRONNIE TAYLOR: In terms of that particular aspect of that COVID money, that was a one-off injection of funds because of COVID. But in the last budget what I guaranteed was that those 220 extra positions that were implemented because of COVID will be continued into the forward estimates.

Ms CATE FAEHRMANN: Minister, I just wanted to ask—and possibly I will be asking some questions of the commissioner as well, if she could come to the table in a second—about *Living Well in Focus 2020-2024*, the mid-term review. When did you first receive a draft copy of *Living Well in Focus* or maybe even another form of the commissioner's mid-term review?

The Hon. BRONNIE TAYLOR: You are after the actual date that I received it, Ms Faehrmann?

Ms CATE FAEHRMANN: Approximately.

The Hon. BRONNIE TAYLOR: I honestly feel like the last year has jelled into one. I would have to just go and check on my absolute—can I take that question on notice to give you that exact date and the date that it was tabled in Parliament?

Ms CATE FAEHRMANN: I have got the tabling date here. It was 19 November.

The Hon. BRONNIE TAYLOR: Yes.

Ms CATE FAEHRMANN: That was towards—

The Hon. BRONNIE TAYLOR: I just cannot guarantee that, Ms Faehrmann. As you would appreciate, I get an enormous amount of correspondence and work, and I cannot remember the exact date that it was presented.

Ms CATE FAEHRMANN: That is okay. Commissioner, just in terms of the completion of that mid-term review, when did you conclude the community consultation on it?

Ms LOUREY: The last community consultation was held in February last year, just before COVID and the pandemic impacted.

Ms CATE FAEHRMANN: The actions and findings of *Living Well in Focus* were presented to the Minister at roughly what time?

Ms LOUREY: The timing—actually, we had discussions ongoing, really, throughout that time. The Minister and I meet regularly. We were on a track of writing the report. Then, obviously, COVID happened and we then had to take some time and restock. That is why there was actually a new chapter written, which was the one about community recovery. That obviously added time to the development, but obviously it is an issue that is going to be in our minds over the next five years.

Ms CATE FAEHRMANN: So what actually changed with that was really in terms of COVID, you are saying? If there was any change, it was to take into consideration COVID. In terms of the actions and findings, Minister, is your approval sought?

The Hon. BRONNIE TAYLOR: The NSW Mental Health Commissioner is an independent body in New South Wales.

Ms CATE FAEHRMANN: Commissioner, did any of the actions and findings change, other than the last section on COVID, as a result of your discussions with the Minister?

Ms LOUREY: No. We consult broadly and we take on that feedback and comment. Yes, our recommendations did develop but that was not in any way as a direction of the Minister. Under our legislation, it actually states that whilst the commission and I are under the direction and control of the Minister that is in exception for two things, one being reports and reviews.

Ms CATE FAEHRMANN: Minister, do you accept and commit to implementing the actions contained within *Living Well in Focus*?

The Hon. BRONNIE TAYLOR: I absolutely do. As the Mental Health Commissioner said, we meet regularly. She is independent and I absolutely respect that. She will make recommendations in her report that may say things that the Government should or should not be doing or is not doing. That is absolutely her role. That is

the reason why the Mental Health Commission of New South Wales exists. I will absolutely be taking on board—I do note we are halfway through that Living Well strategy.

Ms CATE FAEHRMANN: That is right.

The Hon. BRONNIE TAYLOR: In terms of the recommendations, I believe the Government is actually tracking fairly well. There is always going to be more that we have to do and we rely on the commission. That is why the commission goes out and does extensive consultation on the ground. The commissioner herself is always present at those. I really value her networks and her contacts. I value that contribution, the same as I do with the official visitors because those are my eyes and ears on the ground.

Ms CATE FAEHRMANN: Minister, over the last financial year 2020-21 how much mental health funding was added to hospitals and to community settings? What is the difference?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, what I can tell you is that we spend $2.4 billion a year on mental health in New South Wales.

Ms CATE FAEHRMANN: It is almost as much as you might be spending on dams, if your National Party goes ahead. That could actually be a big amount of funding that could go to mental health.

The Hon. BRONNIE TAYLOR: Well, Ms Faehrmann, that would be outside my portfolio area.

The Hon. WES FANG: Point of order—

The Hon. PENNY SHARPE: There is no point of order.

The Hon. WES FANG: That is clearly outside the Minister's ministerial remit. If Ms Cate Faehrmann wants to ask questions about—

Ms CATE FAEHRMANN: I am not asking—

The Hon. TARA MORIARTY: She will be asking about koalas next.

The Hon. WES FANG: —the wonderful dams policy of the National Party I would ask her to put it in another forum.

The CHAIR: I think Ms Cate Faehrmann probably will take option in another forum but I think we will proceed with mental health questioning.

Ms CATE FAEHRMANN: Thank you, Chair. I am just saying that almost $2.4 billion is a lot of money to spend on mental health. Imagine if you had another $2 billion from somewhere within Government is what I was potentially suggesting. But the question is just the difference between mental health funding to hospitals versus how much you added to community settings—the addition in this year's budget compared to the addition to community settings.

The Hon. BRONNIE TAYLOR: Of the $2.4 billion, $1.2 billion is budgeted to be spent on non-admitted and community-based services; $1 billion on acute admitted services; and $61 million on teaching, training and research; and then $100 million is also allocated towards a range of capital projects, which have mental health service related initiatives.

Ms CATE FAEHRMANN: Do you have the breakdown in terms of the addition?

The Hon. BRONNIE TAYLOR: The addition to what are you talking about? Like from last year to this year?

Ms CATE FAEHRMANN: I suppose because the commissioner might want to—because the *Living Well in Focus* of course is urging the Government to shift the balance of care and investment from hospital settings to community settings, I understand. It is a question around how the Government is tracking there, considering, as you have said, the Government is halfway through that very, very important strategic plan. Commissioner, has the New South Wales Government invested enough into community health to achieve the goals of Living Well? How do you think it is tracking?

Ms LOUREY: I think that the community health sector—I think the Minister has alluded to this before—is also about its effectiveness goes to what else is wrapped around it. So it does affect what is happening in schools. It does affect what is happening in the NGO sector. So the data that we have and that we referred to was data that is publicly available from the Australian Institute of Health and Welfare. I think what is really important is: Is that targeted? Is it effective? We also see that there are variations across the State. I think one of the other issues that is really important when we look at *Living Well in Focus* is that actually we see it as an integrated strategy. So, we actually asked Treasury to look at how they fund, because it is not only about how

much money you put in but how effective is it and is it in the right place? I think that is, for me, the larger issue. Are we strategically getting money to where it is needed? Are investments reinforcing better outcomes and clearer access to those services? So, that is not a straight answer, I acknowledge, but I think when we are on the ground looking at what people are saying, it is not just one element.

Ms CATE FAEHRMANN: Sure. I just wanted to just touch,, if I could—

The Hon. BRONNIE TAYLOR: If I could, I have a direct number for you here.

Ms CATE FAEHRMANN: Sure, perfect. Thank you.

The Hon. BRONNIE TAYLOR: Sorry, I did not mean to talk over you.

Ms CATE FAEHRMANN: That is okay.

The Hon. BRONNIE TAYLOR: The New South Wales expenditure on community-based mental health services, that is including non-government—so, NGOs—has grown from $689 million in 2011-12 to $794 million in 2018-19.

Ms CATE FAEHRMANN: So that is from 2012, did you say?

The Hon. BRONNIE TAYLOR: I will let you do the maths. Yes, 2011-12 to 2018-19, we have gone from $689 million to $794 million. Expenditure is retrospective.

Ms CATE FAEHRMANN: So it still seems, though, that there is a bit of a gap. I have, for example, that it was $800 million from 2018-19—this is non-admitted, basically—to $1.2 billion in 2020-21.

The Hon. BRONNIE TAYLOR: But I think, too, what we have to look at—and this alludes further to what the Mental Health Commissioner has stated in her previous answer—is that, when I look at the occasions of service and that is client contact, every time you see someone, by community mental health clinicians that is 5.9 million client contacts in 2019-20. That is a lot of client contacts.

Dr LYONS: Minister, I might assist with the growth. I have got some figures about the growth in mental health activity funding, which is how the Ministry actually purchases mental health services from the local health districts, a comparison of admitted and non-admitted over the three years from 2017-18 through to 2019-20. So we have seen a proportionate growth in admitted of 1 per cent, 0.4 per cent and 0.7 per cent over those three years, and then non-admitted has actually grown 2.4 per cent, 4.2 per cent and 3.2 per cent. So you can see what we have been doing is actually proportionately investing more in the community setting. As we have actually purchased that activity we have been saying to the districts, "We want to see you delivering more services in community-based settings and proportionately flowing the funds more towards those settings over admitted care."

Ms CATE FAEHRMANN: So, what about this year? Dr Lyons, did you just give a figure for 2020-21?

Dr LYONS: No, it is 2019-20.

Ms CATE FAEHRMANN: Okay.

Dr LYONS: We have not finalised it 2020-21 at this stage because, as you can see, it has been distorted quite significantly by a range of additional factors that have come into the budget, including the COVID investment, so there are a number of one-off figures that we will need to look at as we assess what the overall impact has been on those. So, we will have a figure at the end of 2020-21 that will allow a comparison.

The CHAIR: Thank you, Dr Lyons. The Hon. Penny Sharpe?

The Hon. PENNY SHARPE: Thank you. Minister, what is the policy from your office in providing information to MPs about programs in your portfolio?

The Hon. BRONNIE TAYLOR: Can you elaborate on your question? What are you asking?

The Hon. PENNY SHARPE: Well, I am asking about why for both the local Women of the Year Awards and for the Women's Week grants that Government MPs were alerted to these before non-government and Labor and Opposition MPs were, basically significantly impacting on women who are not in Coalition seats.

The Hon. BRONNIE TAYLOR: Ms Sharpe, can you sort of—what are you saying?

The Hon. PENNY SHARPE: Okay, if you want some more detail, that is fine. We can go there. Minister, my understanding is that for the local Women of the Year Awards information from your department was provided to your office at the end of last year. Then all Government MPs were told about the nomination process—very important, terrific breakfast yesterday, excellent women, should not be a politicised matter. My

understanding, though, is that it was sent only to Government MPs from your office. Your chief-of-staff send an email to all of the Government MPs and then was forced later on to send it to everyone else, once it had been picked up by the shadow Minister for Women. I just want to understand why you would send this kind of information only to Government MPs and not to non-government MPs.

The Hon. BRONNIE TAYLOR: Ms Sharpe, I know exactly what you are talking about. I thank you for elaborating on that and providing me with that clarity. As I have to your shadow Minister for Women, I expressed my absolute apologies for that oversight. That was absolutely an oversight from my office. It is completely my responsibility. As you know, Ms Sharpe—you know me pretty well too—I do not play politics with things like this. It was a complete oversight. It was a mistake from a member of my staff. I take responsibility for that as does my chief of staff. I profusely apologised for that oversight and I really, really—can I place on the record—appreciated the shadow Minister ringing me about that and giving me the opportunity to explain that, and the opportunity to take responsibility for it and to accept responsibility for it.

What we did was we then made sure that the process was extended for all of those members of Parliament who did not receive it. But can I absolutely assure you here, Ms Sharpe, that there was no innuendo done there. There was nothing on purpose done. There was no concerted effort to ever do that to Opposition members, crossbench members. Again I say, I cannot apologise profusely enough for that. I would like to say it will not happen again. It was an error from my office and I take full responsibility for it.

The Hon. PENNY SHARPE: I appreciate that, Minister. What processes have you put in place in your office to ensure that it does not happen again?

The Hon. BRONNIE TAYLOR: Ms Sharpe, the process in my office was that I had a new—we had new members of staff who had come into the portfolio but the responsibility is on us—that we had not conveyed that message to appropriately do it, but it was not anyone thinking—

The Hon. PENNY SHARPE: Minister, how is it possible that you can distribute something like the local Women of the Year Awards but only to some? How does it get to the point—there is a list of all members. How do you then just separated out so that only Government members get it?

The Hon. BRONNIE TAYLOR: Mistakes happen with emails and with lines. This was not intentional by the member of staff in my office and it is my responsibility. It was obviously a breakdown that happened in my office. My chief of staff and I have ensured that this will not happen again. I apologise profusely. There was no ill-effect, no ill-manners and no attempt at all to distinguish or to absolutely exclude anyone. All I can do is apologise. It was a human mistake and it happened.

The Hon. PENNY SHARPE: I thank you for that, Minister. How then did it happen again for the Women's Week grants?

The Hon. BRONNIE TAYLOR: Sorry, Ms Sharpe?

The Hon. PENNY SHARPE: We have just been talking about the Local Women of the Year Awards. A similar thing happened with the Women's Week grants. My understanding is that applications for the grants opened on 11 January and this information had been distributed to Government MPs but not to Opposition and crossbench MPs. When non-government MPs found out about this they sought an extension for the deadline, but that was not granted. Why did this happen again?

The Hon. BRONNIE TAYLOR: Ms Sharpe, in terms of the grants, my understanding is that it was one mistake on what went out. But I am absolutely not aware that some members were sent some things and some were not.

The Hon. PENNY SHARPE: You can take this—

The Hon. BRONNIE TAYLOR: All this information is available on the Women NSW website.

The Hon. PENNY SHARPE: Yes, Minister. But you have just given a very sincere apology about not politicising these matters. Obviously your office took it upon themselves to send information to Government MPs. In the case of Women's Week you are now saying, "Everyone should have looked at the website and known." Why is there a differentiation in the treatment of information provided to MPs on these very important grants?

The Hon. BRONNIE TAYLOR: To be fair, with the grants process, government offices send Government members information all the time on grants. We are the Government. But in terms of that grant process, that is all—

The Hon. PENNY SHARPE: We could talk about the $250 million, but this is not the place as Mr Fang, I am sure, will raise. But I am interested about the Women's Week grants.

The Hon. BRONNIE TAYLOR: All of those grants are available on the website for people to see. They are the same grants that are available every single year and if local members are not aware of those grants, I would implore them to make themselves aware.

The Hon. PENNY SHARPE: So, Minister, you are not apologising for the Women's Week grants issue, which basically left MPs with less than three days to consult their community about grants for the community?

The Hon. BRONNIE TAYLOR: Mr Sharpe, it is every MPs responsibility to be—these grants have been around for a number of years. If MPs are not aware of those grants, I would ask that—I am really happy to send an email asking all MPs to regularly check the Women NSW website for the grants that happen every year.

The Hon. PENNY SHARPE: So you are not committing to the policies in your—

The Hon. WES FANG: Stop talking over her.

The Hon. PENNY SHARPE: So you are not—

The Hon. WES FANG: Penny, stop talking over her.

The CHAIR: Excuse me—

The Hon. PENNY SHARPE: Excuse me!

The CHAIR: —you are not chairing the meeting.

Ms CATE FAEHRMANN: Through the Chair, please.

The CHAIR: There is an exchange going on. The Hon. Penny Sharpe.

The Hon. WES FANG: Let her finish.

The Hon. PENNY SHARPE: Stop interrupting.

The Hon. WES FANG: Let her finish.

The Hon. TARA MORIARTY: Let Penny finish.

The CHAIR: Order!

The Hon. WES FANG: Let her finish interrupting? Tara, come on.

The CHAIR: Order! The Hon. Penny Sharpe.

The Hon. PENNY SHARPE: Are you finished?

The Hon. WES FANG: Are you finished?

The Hon. PENNY SHARPE: Minister, you have just said that you apologise for the Local Women of the Year Awards. You have said that you do not believe that people should be treated differently and now you have just said to this Committee that you are very happy, that you provide information to Government MPs and everyone else just has to look at the website. Can I clarify that is the policy in your office in relation to women's grants in your portfolio?

The Hon. BRONNIE TAYLOR: Ms Sharpe, grants are available to everybody—to local government, to non-government organisations and everyone—to apply for. The women's grants are well-known. They are the same grant process that happens every single year, way before I came into Parliament. The Local Women of the Year Awards is very different because it requires MPs to actually nominate. Again, I apologise for that. But what I do is provide communications to Government members. I cannot be responsible to be your comms support on non-government members. Those grants—

The Hon. PENNY SHARPE: So, Minister, you will not—

The Hon. WES FANG: Yet again, Penny.

The Hon. BRONNIE TAYLOR: —have been available year in, year out on the Women NSW website. I do not know of any Opposition or Labor MPs that have changed since the 2019 election. I am not sure that we have had a by-election. So they would have known that those grants came in and surely they diarised that. Is that not what you do?

The Hon. PENNY SHARPE: Minister, why did you extend the grants process then?

The Hon. BRONNIE TAYLOR: Would you like to comment on why we extended the grants process, please, Ms Smyth?

Ms SMYTH: Firstly, we did contact previous grant recipients.

The Hon. PENNY SHARPE: Just to be clear, that is not MPs, though.

Ms SMYTH: No, no, not at all. There is also a subscription to our website, so it went out through that as well that the grants were open. Because of COVID, it was still sort of a little bit up in the air about whether events would be able to go ahead, so face-to-face events. The time frames were cut a little bit shorter than usual once the decision was made and it looked pretty clear that organisations would be able to run those events. So the time frames were a little bit short and we got some feedback that people needed some more time and the deadline was extended.

The Hon. PENNY SHARPE: Minister, will you commit to ensuring that all MPs are given a heads-up in relation to these grants in the future?

The Hon. BRONNIE TAYLOR: Mr Sharpe, what I would suggest is that the Opposition ensure that they are up to date with the grants process and they access the Women NSW website, as would I suggest to everybody if they are really keen about accessing these amazing grants for women.

The Hon. PENNY SHARPE: I remind you, Minister, that it is taxpayers' money not your individual MP's money that is being allocated.

The Hon. BRONNIE TAYLOR: I do not need to be reminded, Ms Sharpe.

The Hon. PENNY SHARPE: I think you do.

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

The Hon. PENNY SHARPE: Minister, the ice inquiry. Obviously it is a really significant issue across the State but in regional New South Wales. There is a significant lack of access to detox and rehab treatment for regional young people. Can you give us an update on where the number of beds and treatment services are for young people in regional New South Wales?

The Hon. BRONNIE TAYLOR: Ms Sharpe, as you know, drug and alcohol sits under the remit of the Minister for health, not the Minister for mental health, so in terms of the actual number of beds and the facilities, that would be a question for him. But I acknowledge your question and it is a very good one. I think you make a lot of pertinent points about that, particularly in rural and regional areas. I think there is a lot more work to be done in that area, but that is an area for the Minister for health. I would ask that you direct that question to him.

The Hon. PENNY SHARPE: Have you sought any briefings in relation to detox and rehab facilities for young people in regional New South Wales?

The Hon. BRONNIE TAYLOR: Yes, I have.

The Hon. PENNY SHARPE: When was that?

The Hon. BRONNIE TAYLOR: I cannot give you the exact date, Ms Sharpe.

The Hon. PENNY SHARPE: Can you take it on notice and let us know?

The Hon. BRONNIE TAYLOR: Yes, sure. If you want the exact date, yes.

The Hon. PENNY SHARPE: Is there any Cabinet through either the cluster, obviously, which you are a part of, or subcommittees of Cabinet—are you involved in any of the discussions in relation to detox and rehab facilities in the regions?

The Hon. BRONNIE TAYLOR: I have taken a very keen interest in it, Ms Sharpe, yes.

The Hon. PENNY SHARPE: But are there committees and are you on them?

The Hon. BRONNIE TAYLOR: There is not an actual formalised committee, no, Ms Sharpe, there is not.

The Hon. PENNY SHARPE: Minister, in relation to the women's strategy and the objectives, are you solely responsible for the oversight of the strategy?

The Hon. BRONNIE TAYLOR: The strategy is really a cross-government approach in terms of all of the things that are happening right across the different departments within the Government and making sure that those are all working. Women NSW is the—you might have to correct me if I am wrong—agency where we track the record of those and we track how that is tracking. Does that make sense? We look at how people are meeting those criteria and those things that we have set for them in terms of that. That is pretty well documented and set out in the strategy.

The Hon. PENNY SHARPE: I am across that. I am just wondering what the kind of architecture underneath that is. Do you chair the committee across government looking at the strategy?

The Hon. BRONNIE TAYLOR: My department sits on those. Ms Smyth, would you like to contribute to that?

Ms SMYTH: That is managed by the department. We have working groups and steering committees that are across agency membership and talk about different programs and policies across different agencies that contribute to women, and they are collated and that is what forms the—

The Hon. PENNY SHARPE: But at government level, with your colleagues, Minister, there is not a committee oversighting this?

The Hon. BRONNIE TAYLOR: There are no Cabinet committees anymore, Ms Sharpe, in the structure of government in New South Wales.

The Hon. PENNY SHARPE: Sure, I understand that. I am not specifically asking about Cabinet committees. I am just trying to understand how the women's strategy is being driven from you as the Minister for women with your colleagues.

The Hon. BRONNIE TAYLOR: It is being driven by me through my agency.

Ms SMYTH: The Minister chairs the Council for Women's Economic Opportunity, which also assists in implementing the women's strategy.

The Hon. PENNY SHARPE: Thanks.

The Hon. TARA MORIARTY: Can I just ask about the Police, Ambulance, Clinical, Early, Response [PACER] program? Where are we up to with the PACER program? How many of the police commands have a person in place? Let us start with that.

The Hon. WES FANG: Are you asking on behalf of Phil?

The Hon. TARA MORIARTY: Sorry?

The CHAIR: Order!

The Hon. PENNY SHARPE: Point of order: Mr Fang needs to stop interrupting. If he is not taking a point of order he needs to stop interrupting members of this Committee when they are asking their questions in government time.

The Hon. WES FANG: That is the pot calling the kettle black.

The CHAIR: I ask the honourable member to respect the forms and the process.

The Hon. WES FANG: Thank you, Chair.

The Hon. TARA MORIARTY: Do you not like the PACER program, Wes?

The CHAIR: Let us get on with it, please.

The Hon. BRONNIE TAYLOR: Sorry can you just repeat the particular part of your question about PACER?

The Hon. TARA MORIARTY: Let us start with how many positions are in place right now.

The Hon. BRONNIE TAYLOR: As in full-time equivalent [FTE] for PACER?

The Hon. TARA MORIARTY: Yes.

The Hon. BRONNIE TAYLOR: What I know is that it has been implemented in 10 police area commands and two police districts in seven local health districts and St Vincent's Health Network. That is the status as at 9 March 2021.

The Hon. TARA MORIARTY: What is that, sorry? It is in 10?

The Hon. BRONNIE TAYLOR: Sorry. So we talk in area PAC's. So 10 police area commands, two police districts and seven local LHDs, and the St Vincent's Health Network.

The Hon. TARA MORIARTY: What is the total?

The Hon. BRONNIE TAYLOR: There are 36 FTE positions across us.

The Hon. TARA MORIARTY: So that is what was originally committed to. So all those 36 positions have been filled?

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: So they are in place right now?

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: So 36 is how many we have, which is what was said?

The Hon. BRONNIE TAYLOR: I believe so, yes.

The Hon. TARA MORIARTY: Is there a plan to increase that at this point?

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: Where is that at?

The Hon. BRONNIE TAYLOR: I know you have asked me before. We have had some robust discussions—

The Hon. TARA MORIARTY: Indeed we have.

The Hon. BRONNIE TAYLOR: —and counter press releases about this. In Hunter New England we have had a project officer recruited and we have had the device and infrastructure rollout in progress. We are looking at 3.5 clinical FTE to be recruited once that model is finalised. And, as you would be aware, the model that is suited to the metro areas and the areas with a high-density population is going to be very different to the ones we roll out in rural and regional New South Wales. Obviously the ethos, the intent and the value is the same, but obviously when we have much sparser distances to cover, we are not going to be able to have clinicians based on every site so we have got to look at more innovative models of care.

We are also looking at that on the mid North Coast. They have recruited 3.95 FTE. We are looking at northern New South Wales. We have actually got a trial that has commenced in Cowra and that will be a mobile one. We will provide police and ambulance with access to a mental health clinician via audiovisual link. We are going to be trialling that in Cowra in western New South Wales to see how that rolls out and to see how effective it is. We are just trying to tweak the model so that we can get it out there because the demand—and I do not mean the demand just from the client base, I mean the demand and request from the NSW Police Force has just been enormous in their support of this program because of the value that they can see and they are all very keen to have it.

The Hon. TARA MORIARTY: There is huge demand from police area commands to have these positions in every command.

The Hon. BRONNIE TAYLOR: So you have heard that too?

The Hon. TARA MORIARTY: Indeed. I would like to see this rolled out in every area, as would—as I understand it—all police area commands. I have not engaged with all of them, but the ones that I have would. Could you explain: The difference between a person—a clinician—in, say, metropolitan areas versus whatever it is that you are trialling in regional areas—I understand distances, but will there be an actual clinician based in every area at some point? Or is some of it going to be online? Is some of it going to be connecting with clinicians in Sydney if they are in Lismore? How is that going to work?

The Hon. BRONNIE TAYLOR: What I will not do as the Minister for mental health for New South Wales is I will not impose a model on rural and regional New South Wales. That model has to be driven by, directed by, invaded by and evaluated by those particular LHDs. I have seen it a lot in my years in nursing, where we have models imposed on us that simply do not work in communities where they are intended to. So I am very open to how those models are going to look, how those trials are going to look. As I said, the Western NSW Local Health District has chosen to do a trial in Cowra. A lot of the components of that trial will be virtual. These are new positions that have been put into place for PACER and they are going to be new models of care.

The Hon. TARA MORIARTY: But where will the people be based?

The Hon. BRONNIE TAYLOR: I note that on the Central Coast they have had a 50 per cent reduction in police taking mental health clients to the emergency department.

The Hon. TARA MORIARTY: We are all on board with this program; I want it to be expanded.

The Hon. BRONNIE TAYLOR: Yes.

The Hon. TARA MORIARTY: So we are a unity ticket on how good it is; I do not need to hear about that. But it is too small, there are not enough of them—like all these programs.

The Hon. BRONNIE TAYLOR: Okay.

The Hon. TARA MORIARTY: The police want them. The local health districts want them. In terms of the difference between regional areas versus the city, is there a proposal that—in some cases—there will not be an actual person in regional areas, it will be online? So they will have to access someone in Sydney, or anywhere, in order to get this kind of program or this kind of support.

The Hon. BRONNIE TAYLOR: I would not imagine it would be someone in Sydney. When you look at some of the police area commands in rural and regional New South Wales, they have up to 24 police stations. If your question is to me: Am I going to direct for a mental health clinician to be based in every one of those police stations? No, because that would be a real misappropriation of resources to do that. Because if you are in Nimmitabel, you are not going to get the same amount of call-outs that people are going to get everywhere else. In terms of Cowra, those clinicians and that support will come from places like Orange. So there will be close people who are connected with those communities who understand the way those communities work and are able to do that.

But again, as I said—and I am being very honest here, Ms Moriarty—I am not going to direct a certain implementation. If we do this trial with PACER in Cowra and it is found to be ineffective, then we will simply go back to the drawing board and look at it again. But there is an awful lot—I am very cautious in saying this but what we have seen during the COVID time is a real uptick in the use of virtual mental health care. I know there can be a lot of debates about virtual care generally speaking in health, but in mental health it has actually been a huge success story and it has been very, very effective.

The Hon. TARA MORIARTY: But I do not want to see a disparity between cities and regional areas. I would not expect one in Nimmitabel but I would expect one in Queanbeyan.

The Hon. BRONNIE TAYLOR: No, but I think—

The Hon. TARA MORIARTY: Do you understand the distinction?

The Hon. BRONNIE TAYLOR: Yes, I do.

The Hon. EMMA HURST: Minister, recent research has shown that one-third of Australians are now drinking alcohol daily compared to only 6 per cent before the pandemic. Are you concerned that this may reflect the state of people's mental health currently in New South Wales?

The Hon. BRONNIE TAYLOR: I thank you for your question. Drug and alcohol sits under the Minister for health, not under the Minister for mental health. Would I be concerned? Yes. I think if there is a big uptick in the use of alcohol or if you look at drugs as well, that tends to indicate that people may be using that for—I might let you talk further, Dr Wright, because you know all about this.

Dr WRIGHT: I am happy to. Yes, it is a concern if there is an increase in alcohol consumption—whether it is an individual or whether it is across the community. There has been close attention paid, both locally and in the international literature, to trying to track alcohol consumption. It is not as easy as it sounds because individual purchases might have been replacing people not attending hotels et cetera. But I think one of the positives through the pandemic has been some of the messaging and communications to the broader community. I think there has been an awful lot of communication—and we have certainly participated in the ministry—about monitoring physical and mental health during a time when you cannot socialise, you cannot travel, you cannot exercise. Every single one of those talks about the fundamentals: diet, exercise and alcohol. It is important to keep reminding ourselves because I think that alcohol consumption as a way of managing distress is something that creeps up on people. So just saying it once is not sufficient. Repeating it I think is important, and then monitoring and responding to it is also important.

The Hon. EMMA HURST: It was reported in the media last week that the National Cabinet has asked for a mental health agreement between the Commonwealth and the States by November. Will you be involved in that, representing New South Wales?

The Hon. BRONNIE TAYLOR: Yes, and I thank you for your question. Along with my counterpart, the Labor Minister for mental health in Victoria who is now the Minister for health in Victoria, he and I spoke a lot during the pandemic and during COVID in terms of our concerns about mental health. He has been the mental health Minister for a lot longer than I have and has been a really great resource to me in New South Wales. We made a decision and then we approached the Federal Minister to say that we wanted to get all the mental health Ministers from across Australia together, and we actually did that. We had two different meetings where we were

all online, sharing information, helping each other and doing that. That was led by New South Wales and Victoria. Going forward, there has been a little bit of a tweak with the Feds. There is a new Minister to the Prime Minister, Mr Coleman, who I have also had already two conversations with since his appointment because he advises the Prime Minister on suicide prevention and on mental health issues, but obviously it still comes—just to explain, it comes under the remit of Minister Hunt. But I am in constant contact with that.

New South Wales has really led the way on this, and I am very proud about that. I also take the opportunity to thank my counterpart in Victoria, Martin Foley, and we continue to do that. I think it is really important. I think the fact that the Feds have acknowledged that is a really big step forward in terms of them acknowledging that this really is a specialised area in health. It has had a really keen focus over the last 12 months, and I will be looking forward to being a very big part of those and making sure that New South Wales is very strongly represented, and so will my department.

The Hon. EMMA HURST: Do you have any foresight on what that agreement might look like?

The Hon. BRONNIE TAYLOR: No, but I am having some foresight that I want to make sure it looks really good for New South Wales.

The Hon. EMMA HURST: Thank you. I want to ask about access to education for individuals who are subject to long-term mental health care—so people who are in psychiatric hospitals for a long period of time. Are there options available for people to access education if they are in long-term care?

The Hon. BRONNIE TAYLOR: There often are very complex and high-need people that are in long-term care. Dr Wright, would you be able to answer that about education?

Dr WRIGHT: I probably cannot give you a comprehensive answer. I may have to take that on notice. Particularly when we are talking about children and young people—and it is not just long-term care—the importance of trying to continue engagement with education for people who are school age is really important. I think the way in which we generally operate, even people who are in long-term care, is that our preference would be if someone is of young adult or adult age and they had educational needs, we would try to broker that so that it happened in the community rather than in the facility.

We are not trying to have people remain any longer than they need to in the facility. Sometimes engaging in education, whether it is high school, whether it is university, whether it is TAFE or some other form of adult education, can actually be a really important part of the recovery process and a return to the community. That would be the way that we would look at it in the most part. If there are individuals who are unable to access those kinds of services outside—in many instances, there may be challenges in delivering any kind of formal education program—what we would be looking at is more about engaging in occupational therapy programs, improvement in living skills and, in some cases, diversional therapy programs.

The Hon. EMMA HURST: Can I confirm, Dr Wright, that you have some concerns—I do not want to put words in your mouth—that there might be some concerns that if there was education delivered inside the facility that that might encourage people to actually remain in the facility, whereas the emphasis would be to transition them out and then get education.

Dr WRIGHT: Thanks for the clarification. No, that is not what I intended to convey. What I intended to convey is that engaging in education and basically giving opportunities for people to resume their normal life, including education or employment or any other activity, is obviously done on an individual negotiated basis, depending on where the person is at in their recovery. So, no, I would be surprised if providing educational support in an in-patient service was a factor in making people want to stay. It is usually the other way around.

The Hon. BRONNIE TAYLOR: In some of our young adolescent units there are teachers that are actually there that are running classes at times. Again, it is up to those individualised care plans, and there is a specialised school as well, I am told, that sits under Education in Centennial Park.

The Hon. EMMA HURST: Minister, given the major advantages for education, do you think that there is more space in that area for education within facilities, despite the examples that you have just given?

The Hon. BRONNIE TAYLOR: I think there is always space for more education in any form, but I guess that is up to the clinicians to decide where that young person is at as to what is best for them, and I would never interfere with that clinical process or those clinical recommendations. In saying that, all professionals and health professionals, as Dr Wright said, we want people to get back to their normal lives as fast as possible and a huge part of that for a young person is their education.

The Hon. EMMA HURST: A group called Justice Action is concerned about the lack of access, and I do not think it is so much about individual facilities blocking it out because they do not think it is the right

process. I think that there is more concern about the actual provision of access. Would you be willing to meet with Justice Action to discuss their concerns or to see how that situation might be able to improve?

The Hon. BRONNIE TAYLOR: I think if Justice Action has those concerns and has those examples, I would be very happy for them to put them in writing and to let my office know.

The Hon. EMMA HURST: Thank you. I have a few seconds left. I know that Ms Abigail Boyd asked a few questions about the *Women in NSW* reports. On the New South Wales Government website they seem to stop in 2018. Do you know when the other reports will be put up on the New South Wales Government website—the 2019 and the 2020 reports?

Ms SMYTH: We are looking at doing something a little bit more interactive around having some sort of report that has a bit of live data. That would mean a different format that we are working on at the moment.

The Hon. EMMA HURST: Is that the cause for the delay?

Ms SMYTH: Yes, it is. We are looking at a way that is a bit more interactive for people and is not like a really lengthy report that not everybody will be significantly interested in. So it is a bit more like a dashboard.

The Hon. EMMA HURST: Thank you.

Ms CATE FAEHRMANN: Minister—

The Hon. BRONNIE TAYLOR: We would be really happy to update you on that, Ms Hurst, as it comes through.

The Hon. EMMA HURST: Thank you.

Ms CATE FAEHRMANN: Minister, has the rate of suicide grown faster in regional New South Wales than in Sydney?

The Hon. BRONNIE TAYLOR: In terms of the actual rate?

Ms CATE FAEHRMANN: The rate of suicide.

The Hon. BRONNIE TAYLOR: I think actually for regional New South Wales—Dr Wright, have you got that exact data there?

Ms CATE FAEHRMANN: It is a very general question. Surely, as mental health Minister, you would know if it is growing faster in regional New South Wales, coming from the regions yourself and representing the National Party. I will give you a figure if you would like. For example, in 2001 Murrumbidgee Local Health District had a suicide rate of 11.6 per 100,000, which was similar to the rate of Sydney, which was 10.3. But by 2016, the Murrumbidgee had a suicide rate of 20.9 per 100,000 population; I understand it is 7.8 in Sydney now. We seem to have in Murrumbidgee, for example, what is actually three times the rate of Sydney. Why is this happening in some parts of regional New South Wales?

The Hon. BRONNIE TAYLOR: I think what we see—that is why it is so important that we have the suicide monitoring system so that we are actually able to look at this data in detail and we are actually able to get it in a timely manner. What we are able to do with that, then, is to target those services. Dr Wright?

Ms CATE FAEHRMANN: Let's just not go to Dr Wright, if we can, for now. In terms of targeting those services, do you know how many mental health nurses are therefore employed in the hospital at Murrumbidgee, or hospitals in Murrumbidgee?

The Hon. BRONNIE TAYLOR: My advice is that the suicide rate in Murrumbidgee actually went down last year, but I am happy to take that on notice and give you the exact numbers, Ms Faehrmann. The question that you asked me was: How many mental health beds there were in Murrumbidgee?

Ms CATE FAEHRMANN: Mental health nurses in hospitals in the Murrumbidgee region.

The Hon. BRONNIE TAYLOR: Mental health nurses in hospitals. What we know, too, is that we really need to focus on our community mental health teams, and that is what the Living Well strategy has told us. I am reluctant when we just talk about mental health beds; we need to talk about the whole service and the fact that we need to really invest in community mental health services.

Ms CATE FAEHRMANN: Yes.

The Hon. BRONNIE TAYLOR: There is no waitlist in Griffith at the community mental health service for mental health help. No waitlist.

Ms CATE FAEHRMANN: Can I check, going into that, that does not mean that you are getting rid of mental health nurses in regional New South Wales, though, does it?

The Hon. BRONNIE TAYLOR: No, Ms Faehrmann. It absolutely does not mean that we are getting rid of mental health nurses in regional New South Wales.

Ms CATE FAEHRMANN: In Murrumbidgee, for example, what I understand is basically they do not employ a single mental health nurse. In fact, places like Deniliquin, Griffith, Hay, Hillston, Wentworth, Finley, Barham hospitals—basically everything outside Wagga—do not employ a single mental health nurse. I understand in terms of community funding—indeed, I just asked a question about that, and I understand the importance of that. But it does not mean that there is, therefore—your response, with respect, seemed to imply that because you are wanting to shift towards community funding, we do not need mental health nurses in regional New South Wales.

The Hon. BRONNIE TAYLOR: Ms Faehrmann, that is so far from the truth and so far from what I said, respectfully. When you talk about no specific mental health nursing positions, I will have to take that on notice to look at those exact details in places like Deniliquin and Barham and what you have said.

Ms CATE FAEHRMANN: Okay.

The Hon. BRONNIE TAYLOR: But when you say that, and when you say there is no—I was a registered nurse and I am also then trained to be a mental health nurse. So because I am not actually filling a mental health nurse position does not mean that I do not have the capacity nor the capability of being able to help and assist someone with a mental health illness.

Ms CATE FAEHRMANN: Minister, we are talking about quite a huge increase. As I said, the Murrumbidgee suicide rate is 20.9 per 100,000 population. I understand there has been a spate of young suicides in Griffith, particularly, in 2020. You are aware of that?

The Hon. BRONNIE TAYLOR: Yes, I am.

Ms CATE FAEHRMANN: So why is the new Griffith Base Hospital not including an inpatient mental health unit?

The Hon. BRONNIE TAYLOR: In terms of the new one in Griffith, it will include a rural mental health short stay service for people over 16 years of age. I will elaborate for you. The service will offer short-term care for up to 72 hours for people who would benefit from a short period of hospitalisation for respite and support.

Ms CATE FAEHRMANN: Where do they go after the short stay?

The Hon. BRONNIE TAYLOR: Those are the facts, Ms Faehrmann. Those are the facts about the new facility being built.

Ms CATE FAEHRMANN: Sure, that is a fact. The question is about short-term stays. Someone presents—we are talking people who have suicidal ideations, may have attempted self-harm. They arrive, 72 hours—you are saying short stay. What then?

The Hon. BRONNIE TAYLOR: As I have said, and we have talked about continuously in this hearing, is the need to be able to treat people. We absolutely need to be able to treat them in the acute phase of their illness, but what we want them to do, as Dr Wright has elaborated as well, is that we want to get them back out to the community. We want to have wraparound services that are available for them. I do not make those clinical decisions. If it is the case—

Ms CATE FAEHRMANN: But Minister—

The Hon. BRONNIE TAYLOR: Please let me finish the answer, Ms Faehrmann, because it is not fair if you ask the questions and then talk over me not wanting to hear the answers. The issue is that those are clinical decisions made by expert clinicians. I, as the Minister for mental health in New South Wales, will not override those decisions. Those decisions are made by them. If indeed it means that someone needs a longer extension of their admission, then that is absolutely what they will receive.

Ms CATE FAEHRMANN: Have you been advised, therefore, by clinicians in the region—say, for example, the Murrumbidgee area—not to have mental health units in the new Griffith Base Hospital? I understand that only Wagga out of all of those hospitals has a mental health unit. Minister, since your Government has come into power, the rates of suicide in regional New South Wales have skyrocketed, to use the term. You said in Sydney, yes, it is stabilising. Why is it so bad in regional New South Wales and why are you not funding and building mental health units?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, we are, and I actually talked about that one that is happening in Murrumbidgee. We need to get the facts on the table here—

Ms CATE FAEHRMANN: That is for 72 hours.

The Hon. BRONNIE TAYLOR: —and that is exactly what is happening. There are 30 clinicians who work in the Griffith mental health service in the community—30 clinicians work there, so they are doing the work that they need to do.

Ms CATE FAEHRMANN: So what is failing? The rate is skyrocketing under your Government.

The Hon. BRONNIE TAYLOR: If you will allow me, Dr Wright has some data to talk to your exact point.

Ms CATE FAEHRMANN: Sure. I just want to be very clear. We are talking about mental health units in hospitals, we have a skyrocketing suicide rate in regional areas, we have a new hospital in Griffith without a mental health unit. Other than 72 hours—

The Hon. BRONNIE TAYLOR: That is not correct. You cannot make comments like that that are incorrect about Griffith. You cannot just take someone's media release and say, "Oh, I have read that so it is true." What I have just told you, and specifically told you about Griffith, is that that unit will exist. To say that, is incorrect. It is not right and it is not fair to the people of Murray.

Ms CATE FAEHRMANN: I have asked the question around the 72 hours though because 72 hours is three days. Where do they go after that, because you did say short-term?

The Hon. BRONNIE TAYLOR: That is right.

Ms CATE FAEHRMANN: It is a genuine question. We have not had a response yet. Can anybody else—

The Hon. BRONNIE TAYLOR: No, I have responded to you but it is not the response that you want, that is the difference. The issue is that these acute facilities are set up on the guise and on the advice of expert clinicians. We know that if we can get to someone and provide acute care and provide it quickly, and provide it in the right manner in the right way with the right clinicians, we get really good outcomes.

Ms CATE FAEHRMANN: We do not get good outcomes.

The Hon. BRONNIE TAYLOR: What then needs to happen is that people need to be able to go back to their lives, to resume the life that they have had, wrapped around by community services that allow them to do that and that support them in their environment so that they continue to get better outcomes. That is what we are focused on.

Ms CATE FAEHRMANN: Thank you for your response. You are talking about getting good outcomes. I suppose the question is being asked because the outcomes are clear. The outcomes are really frightening in terms of suicide rates in regional New South Wales. So is it because—

The Hon. BRONNIE TAYLOR: I would say to you though—

Ms CATE FAEHRMANN: Let me finish my question, please.

The Hon. BRONNIE TAYLOR: —with your data with the suicide rates in New South Wales—

Ms CATE FAEHRMANN: I have not finished my question.

The Hon. BRONNIE TAYLOR: —that they actually have stabilised a bit. So although any suicide and any death is an absolute tragedy, those comments that you are making in terms of the data that we have got at the moment has shown that across the State of New South Wales we had 54 less deaths by suicide—54. That is 54 people, 54 families, 54 communities.

Ms CATE FAEHRMANN: Is that across regional New South Wales, did you say?

The Hon. BRONNIE TAYLOR: That was generally across New South Wales.

Ms CATE FAEHRMANN: Do you know the breakdown between regional New South Wales and Sydney?

The Hon. BRONNIE TAYLOR: Well, if you would let me refer to Dr Wright, he has the breakdown.

Dr WRIGHT: The statistical advice that I have got is—we need to be careful about how we interpret the figures that you are quoting because they are not age standardised. The figures over the last five years are not statistically different from each other, so there has been no substantial change in the rate over the last five years.

Ms CATE FAEHRMANN: When you say age standardised, can you elaborate what you mean by that?

Dr WRIGHT: The demographics of the populations are different, so what I mean is that the number of young, middle-aged and old people is different and that has an impact on how those figures are interpreted. The statisticians—and please, I cannot really speak for statisticians; that is out of my skill set—they have to do a process of age standardising before they can have any degree of confidence about the significance of those sorts of figures. I am not backing away from the fact that in regional and rural New South Wales the rate of suicide in some places is very, very concerning—not at all. What I am saying is that the figures that we have got over the last five years in the Murrumbidgee do not show any significant change.

Ms CATE FAEHRMANN: Thank you.

The CHAIR: That concludes the session for this morning. Thank you all very much. We will now break for lunch and return at 2.00 p.m.

(The Minister withdrew.)

(Luncheon adjournment)

The CHAIR: Thanks for returning after the luncheon adjournment. I confirm that the Committee has previously resolved to discharge the departmental staff for the portfolios of Regional Youth and Women at 3.00 p.m., after the first hour of this second session of today's hearing, leaving the staff representing the portfolio of Mental Health until we complete our questioning. The hearing will commence now and take us through till five o'clock. There will be tea and coffee brought in at 3.00 p.m. It may well not be the case that we will get to five o'clock. In other words, there may be an early mark, which I am sure most people would appreciate in the circumstances. As per normal, we will start with Opposition questions.

The Hon. TARA MORIARTY: Given the timetable, I will start with the witnesses who will be leaving early. This morning we covered a lot of ground on the current public debate about what is happening with, particularly, young women in terms of violence and other issues. I do not want to rehash any of that, but we have a chance now to get some more detail of what your office is doing in that regard. What policy or strategies has your office developed in response to an increase in violence—not just in recent times, but overall—against women, but particularly with a focus on younger women? We talked a little this morning about programs in high schools. Can you talk us through what you are working on in that regard?

Ms WALKER: Just to be clear, the majority of this does sit with the Attorney General. But we do have the Sexual Assault Strategy, which we mentioned in the last budget session is actually up for review. It goes through till 2021—this year—and I think it is fair to say that the focus of the next strategy will be taking into account the things that we are seeing both at a national but also at a very local level in New South Wales. The other work that we do around the domestic violence blueprint—a number of our funding programs are targeted. Firstly, we have a rural and regional split, as well as different age groups. Often we focus on older women, particularly around homelessness and financial insecurity. What we could provide for you on notice is our programs that particularly target youth and young women in this space.

The Hon. TARA MORIARTY: Again, I know we talked about this a bit this morning—the Sexual Assault Strategy finishes when?

Ms WALKER: This year.

The Hon. TARA MORIARTY: And when are we expecting it to—

Ms WALKER: But the Attorney General, in his budget sessions, committed to having a new strategy at the end of this year. That may be a broader strategy, as well; we are just looking at the parameters of that. But it is clear to say that there will be, as I imagine, considerable interest in what that strategy looks at. I would imagine that consent will be a strong part of that. I mentioned the Make No Doubt campaign today but, again, there are opportunities to ramp up. We are really looking, particularly in our discussions with Education, around primary prevention—so how early we need to get in—because there will be things that happen in schools but there are also things that individual communities will want to do that we want to support them with.

The Hon. TARA MORIARTY: Is there a process of consultation for that? I understand that it is mostly done through the Attorney General, but you work across all departments.

Ms WALKER: That is right.

The Hon. TARA MORIARTY: What kind of processes will be involved for people to participate in the formation of it?

Ms WALKER: There are a couple of mechanisms. I have not spoken to the Attorney General's office about this, but in March we have the meeting of the domestic violence and sexual assault council, which is a whole range of different providers as well as peak organisations, including groups like No to Violence. I think that they will probably be where we start, as well as using our domestic violence delivery board—which has all of the government agencies on it—to canvass views. But I would not be surprised if we think about some bilateral things between ourselves and Education in the early stages.

The Hon. TARA MORIARTY: Broadly, in terms of how your office works across government, what is the structure for that? This is a topic that is relevant in public debate at the moment, so you would be working with Education. How do you work across different departments to make sure that women's needs are met in each part of government?

Ms WALKER: I will invite Ms Smyth to talk about some of this. It is good to think about Women NSW as a very central coordinating function in the same way that we have a number of those sorts of roles in different areas like domestic and family violence. It is not something that you would say that the Department of Communities and Justice is solely responsible for, even though we have police and Justice and also the Families and Community Services components. Women NSW looks at developing and implementing policies, working with our colleagues, monitoring programs but also doing some of the whole-of-government reporting.

Ms SMYTH: I think I mentioned earlier, regarding the Women's Strategy, that there are working groups and steering committees regarding that work and then separately, as Ms Walker mentioned, the domestic and family violence board that also has that cross-government representation.

The Hon. TARA MORIARTY: Those are areas of focus because they are obviously big issues facing the community. How else are those kinds of issues determined? How have you determined what your areas of priority are?

Ms WALKER: There is a range of things that determine our priorities. Firstly, State outcomes, Premier's Priorities—they all feed into this. Also, to be frank, from a Department of Communities and Justice point of view over-representation of Aboriginal and Torres Strait Islander people in all of our areas really is the thing that is at front of mind for us as an agency and, I also know, for the other agencies that we work with. So regularly that is a focus, whether it is over-representation in Justice or in the child protection and out-of-home care system. Domestic and family violence and sexual assault are areas that go across all different parts of government. In a way, even with our Treasury processes we are looking at ways to do shared outcomes across government for those areas.

The Hon. TARA MORIARTY: Who is ultimately responsible, though, for ensuring the Women's Strategy objectives are met? Who has oversight of the strategy?

Ms SMYTH: The Department of Communities and Justice.

The Hon. TARA MORIARTY: For both of those things—oversight plus responsibility for how the objectives are met?

Ms SMYTH: Yes, and then individual agencies have projects and programs that they are responsible for delivering. But, yes, in terms of reporting and oversight and making sure that those priorities are on other agency's agendas, that is the responsibility of Department of Communities and Justice.

The Hon. TARA MORIARTY: Right. You understand why I would ask. It is one of those things where it is great that you can work across every agency, but that sort of means each agency can say, "Not my problem,"—

Ms SMYTH: Yes.

The Hon. TARA MORIARTY: —or vice versa with you guys, and so therefore ultimately the Minister for women.

Ms WALKER: Yes, and I think the nature of the strategies attempting to be crosscutting is to bring all of those people to the table and also provide the Minister with the information that she needs. What we do not have in those strategies is there is no financial pass-through mechanism to other agencies, so the funding for the Department of Education to decide what is in their syllabus and what programs they are providing is within their departmental budgets. In a way, it is a challenging space because you do not have the levers of dollars available, but I think what we do have is good, collaborative processes. Everyone can be fairly dogged about these issues and it is fair to say the conversations at those meetings are robust.

The Hon. TARA MORIARTY: There was a little bit of discussion about this this morning, but what is the make-up of your office? How many staff are there?

Ms WALKER: I was going to provide that on notice just because we are holding a number of vacancies because of the restructure process that is occurring in my area.

The Hon. TARA MORIARTY: Yes, you did say that and, I am sorry, I have forgotten. There were a number of redundancies that we talked about this morning.

Ms WALKER: Across the whole of my area, which is strategy and policy commissioning across the whole of DCJ, we have about 851 positions; 175 of those positions and roles will go in the new structure. What we are currently deciding is what the make-up of that is. It really is about 21 per cent of each of the areas inside my section but there is some variability and it will not be as significant as that in Women NSW.

The Hon. TARA MORIARTY: Will you be able to carry out your functions across government with less people and less resources?

Ms WALKER: It is fair to say it is always challenging but the reason that this restructure came about actually takes us back to September 2019 after the machinery-of-government change that brought together Communities and Justice. My structure was really a structure that was set up that brought the two agencies together. There were some efficiencies that were identified through that but of course during COVID we did not pursue any of those changes. I think we can be categorical that the outcomes of the Women's Strategy will remain the priority and there will not be any impact for that work.

The Hon. TARA MORIARTY: Let me ask about women in prisons. Incarceration for women has more than doubled over the past decade, as I understand it. Do you play a role in that as an issue or in any way across agencies for trying to address that as an issue?

Ms WALKER: I do not have the figures to hand but we can provide them because it was quite a source of discussion with the Corrections estimates the other day about the numbers of women in prison. DCJ as an agency of course has the Premier's priority that looks at reducing reoffending both generally and in domestic and family violence. I am just trying to think how I would describe it. I do not think there is a specific role because so much of the justice component really impacts the reoffending and also the incarceration rate. Tanya, do you have anything in particular?

Ms SMYTH: There is some work under the domestic and family violence strategy but I suppose, too, they are in our department. They are doing that work and we have engaged with the people doing that work around women in prisons.

The Hon. TARA MORIARTY: This is maybe a bit more of a specific question in terms of something that used to happen. There used to be funding for a mentoring program, which was funded through your office. My understanding or advice is that it actually worked quite well—88 per cent of the women who were mentored through the program actually did not return to custody. There is a program on the Central Coast that is actually facing closure and the Women's Justice Network are trying to get funding to keep them open. Is that something that you guys have considered or would consider, given that you have done it in the past?

Ms WALKER: I am really happy to have a look at it if we can get the details of the programs. Whether they are programs that are funded under some of the—I am thinking, the blueprint grants. Some of those are time-limited funding, so whether it sits under that. But I am happy to take a look at that.

The Hon. TARA MORIARTY: Okay, I will have that sent. I might move to regional youth. Whoever the appropriate people are to deal with regional youth questions, there is quite a large problem in terms of regional youth unemployment. Are you guys doing any work in relation to that? Do you provide any advice to the Minister about how that can be addressed?

Mr HANGER: I might just start with some statistics because we were talking about unemployment rates in the morning session. The last data that we have, which is for January this year, the unemployment rate for youth in Sydney is at 13.7 per cent whereas in regional New South Wales it is 10.3 per cent, so actually slightly lower. That is as a result of the impact of COVID on, particularly, hospitality and people in Sydney. Lots of young people in Sydney have obviously lost their jobs because of COVID. Unemployment, nevertheless, is a really critical issue. Work readiness is one of the four pillars of the regional youth framework that has been released by the Minister and there is a lot of work that is done both in terms of the regional action plan and also in regards to the $54 million that was committed under Stronger Country Communities round three towards looking at work-readiness programs. I might hand over to Julia, who is the director of our unit, to talk a bit more about that.

Ms RYAN: We have funded over $54 million of projects for youth across regional New South Wales under the Stronger Country Communities Fund and that is allocated across 293 youth projects. Fifty per cent of that funding is already out the door and in communities, delivering projects and programs. As Chris said, we have got a focus of work under the four pillars of our framework, which are work ready, wellbeing, connectivity and community. Those projects are all underway and being carried out in our communities. We have also launched a campaign recently, a Regional Gap Year campaign, which is a website that brings together employees looking for young people to take up roles in their organisations in regional New South Wales and young people who are looking for an opportunity to travel and experience different lifestyles and look for work across regional New South Wales. They are unable to travel overseas at the moment so this is a way of bringing those two together.

We have also got our Regional Youth Action Plan, which is publicly available on the website and that is a whole lot of actions that come from our framework and across government, and those projects are all underway. There were a few delays due to COVID in the rollout. We did a six-month review and found that 25 per cent had had some COVID delay but those are now being reported as being on track. In the organisation we also have a $100 million Regional Job Creation Fund that has been established which will support economic recovery and resilience by bringing forward and attracting investment in regional New South Wales business projects. We have the Regional Growth Fund, which is the $2 billion fund for regional communities. Projects are expected to create up to 15,300 construction jobs and 17,000 additional post-construction jobs to support businesses and services across key and emerging industries.

I would also just like to refer to a program that the Government has established, which is an infrastructure traineeship program that was recently established in response to COVID. It is a government-designed two-year traineeship in the infrastructure sector and it is providing paid training opportunities to New South Wales school leavers from 2020. We have already placed 130 trainees who have commenced work in that program. They have been placed across government agencies and will be working also with the private sector.

The Hon. TARA MORIARTY: Is that targeted at regional young people, or is that across the board?

Ms RYAN: That is across the State, but we did target regional applicants to take up those roles. There is a spread of applicants from across the State.

The Hon. TARA MORIARTY: Are those projects spread across the State? For example, for regional people to participate in this would they have to move? Are there things locally based for areas of higher unemployment? I understand your point about the rates but the issues are quite different if you are unemployed in a regional area and your whole life is based in a particular area. How does this work to target regional issues?

Ms RYAN: It is being managed through the Department of Education and they are taking a very flexible approach. They have offered the trainees who are part of it the ability to travel if that is something they are interested in doing, or they will find roles based near their home. There is also some telecommuting that they are able to do to undertake the training. They are being very flexible about the ways that young people from regional New South Wales can access the program. I refer to the Infrastructure Skills Legacy Program, which has been established in government. It is really a way of trying to harness the large amounts of investment that is happening in New South Wales Government infrastructure. I have some figures from a recent review of the program. There are 18 infrastructure projects currently running in New South Wales that are valued over $100 million. There are 6,324 young people who are under 25 years and employed in those projects.

The Hon. TARA MORIARTY: Do you have a breakdown for metro versus regional?

Ms RYAN: I do not, sorry. But I do know that that is a higher—

The Hon. TARA MORIARTY: Is there one though? You can take it on notice. Is there a breakdown?

Ms RYAN: I will take it on notice to find out, and if so I will provide that.

The Hon. TARA MORIARTY: If there is can you provide it?

Ms RYAN: Yes. To note that is above the target, which was 8 per cent. That is 15 per cent of employees on the projects are young people under 25, which I think is a great achievement.

The Hon. TARA MORIARTY: The Regional Youth Taskforce is appointed yearly. Is that what it is called?

Ms RYAN: Yes.

The Hon. TARA MORIARTY: Has this year's been appointed?

Ms RYAN: Yes. The second Regional Youth Taskforce was announced on 6 March.

The Hon. TARA MORIARTY: It is for 2021?

Ms RYAN: Yes.

The Hon. TARA MORIARTY: Why does it start in March? That seems a little bit late for something that is for this year.

Ms RYAN: There is no specific deadline for the new task force. The original task force ran from October 2019 through to the end of 2020. It is not a strict cut-off that it has to be within a year. It is just a notional task force that runs for a year and has four meetings across that time, providing advice directly to the Minister on regional youth issues.

The Hon. TARA MORIARTY: How many members are there?

Ms RYAN: There are 18 members from across the State.

The Hon. TARA MORIARTY: How many people applied?

Ms RYAN: We had 135 in the latest round advertised.

The Hon. EMMA HURST: Ms Smyth, I want to get more details about the interactive women's report that we were talking about earlier, how far along it is and what you expect it will look like?

Ms SMYTH: There was a report published and it is online from 2020. In 2017 and 2018, and I think 2019, they were quite big reports and very extensive. Then there were some reports released that were much more tailored to a specific area. There was a report published last year. In terms of something for 2021, we are working through that at the moment. I do not have a specific time frame but we will likely have a version up before the end of June.

The Hon. EMMA HURST: Can you give me an idea of what it will look like? How will people be able to interact with that? I am not sure how much detail you can share.

Ms SMYTH: It is still very early development. We hope that people can use it to find information—thinking of people who need some quick statistics or school students who would use that to get information about women. It will be quite high-level data, maybe like Australian Bureau of Statistics-type [ABS] data, but it will be interactive. It will not be like a portable document format [PDF] report. It will be something that you can amend and get the data out that you want.

The Hon. EMMA HURST: Did that come from specific feedback? What was the reason for the change?

Ms SMYTH: I think that there was some feedback that the reports were quite lengthy and I suppose it depends who your audience is. They were quite heavy for people who just wanted to get some basic information.

The Hon. EMMA HURST: I am not sure who to direct this to but I want to ask questions about the women Return to Work program. Last year the New South Wales Government announced a $10 million Return to Work program that allowed women to apply for $5,000 grants to assist them in re-entering the workforce. I notice that the applications for the grants are now closed. Have the grants already been distributed?

Ms SMYTH: They are moving through various parts of that application process. What closed was the expression of interest process. There were around 10,000 women who expressed an interest. Service NSW is coordinating that and as they have gone back to contact women, that number of people who are still interested has decreased. It is likely that some got a job.

The Hon. EMMA HURST: They have found jobs.

Ms SMYTH: Or others were worried they might lose their jobs, so applied in anticipation of that and hopefully, fortunately that did not happen. That number has reduced significantly. All of the women who put in an expression of interest who are still interested have been contacted and are going through the process and have been booked into an appointment.

The Hon. EMMA HURST: Do you have any idea of the time line of when the money will be distributed?

Ms SMYTH: No. We will take that on notice. Appointments are happening at the time. It depends what information that woman has ready to go through that process of how quickly that can happen.

The Hon. EMMA HURST: Is anything else being done, other than this, to address women who have been impacted by COVID-19 economically, especially with the higher rates around joblessness and risk of homelessness?

Ms SMYTH: There are quite a few initiatives that were not specifically targeted to women that the New South Wales Government invested in regarding COVID.

The Hon. EMMA HURST: Is the women Return to Work program one of the only aspects that was specific for women?

Ms SMYTH: I think it was the only one that was specifically targeted for women. There are others that will impact women and depending on the industries that they work in more so than others.

Ms WALKER: For example, $120 million for the 700 community preschools and 38 mobile services—things that will have a direct impact for women—is probably worth highlighting. You did ask a question about homelessness. We have quite a bit of data about the dollars that were invested, both from New South Wales as well as things like the social and affordable housing program that continues. I think 756 of the 1,400 dwellings that are available have been provided to older women, particularly to address the fact that homelessness for older women is probably the fastest growing area of homelessness. We can provide the details of the COVID injections around that.

The Hon. EMMA HURST: Thank you. I was speaking with Dr Wright earlier about the Suicide Monitoring System. Could you give us a little bit more detail about the Suicide Monitoring System and what aspects specifically it is measuring?

Dr WRIGHT: Certainly. I think the Suicide Monitoring System is one of the key initiatives that comes as part of the suicide prevention strategies because the aim there is to get more timely and more localised data so that local services can plan. There has been long discussion leading up to the development of the system in New South Wales. You are probably aware that there have been similar systems, often referred to as suicide registers, in both Queensland and Victoria. They are quite different models. There has been a robust discussion about what is the most appropriate model which is going to help us understand our systems and improve our services.

In New South Wales we have gone with a model which is very similar in many ways to the model in Victoria. I hasten to add that it is an initiative which is led by DCJ. The Coroner is the lead agency in relation to this and is partnering very closely with Ministry of Health services. That is something that is important because the Coroner, through the police, gets the earliest and most detailed information following a suicide. I think there has been very good collaboration to make the best use possible of the information that we have got, rather than task people with creating additional information.

The issue is trying to put that information together in a way so that we can then aggregate it and get it out to the system much quicker than has been traditionally done. As you would know, because of the importance of getting a confirmation of the cause of death in suicide through coronial hearings, there is often a very significant time lag before we can get that confirmation. We are aware that most of the early predictions about whether a death is going to be determined as suicide are largely correct—they are not all correct, so there are caveats on the information. That is where some of the discussion is. We do not want to mislead but nor do we want to delay. The information that is presented is now presented on a monthly basis and we can see quite a lot of detail.

It goes back to the point that was raised a couple of times this morning around the importance of getting information which is specific to particular regions so those regions can then actually plan a response to whatever is happening, and to understand the data. It is not simply about a number. I hasten to add that every single number is a human tragedy and we have to treat that with a great deal of respect and delicacy. It is important, if such a terrible event happens, that we do everything we can to understand what contributed to it. We think that that understanding is best done at a local level and hence that is why are building localised integrated service responses and suicide prevention plans.

The Hon. EMMA HURST: Will that be publicly available data or is it something that health services are using predominantly?

Dr LYONS: I can add to that. We move through a process of approvals but ultimately that data is published on the website. So we go through a process of ensuring that the data is accurate. Once that is approved it goes up on the website, so that is our intention, to continue to publish on a monthly basis. I do not want to go into too much detail, but there was some discussion about suicide rates in different parts of the State before lunch. One of the things we are very conscious of with this new monitoring system is that we need to be very cautious about interpretation of the data, particularly over a month-to-month variation, or over a small part of the State where there are very small numbers. You have to be very cautious about drawing too many conclusions about changes over time.

If I can give you an example, we heard the Minister talk about the fact that the suicide rate was stable or slightly declined over the last 12 months. There were 47 less suicides. Every one of them is a tragedy, but it is

pleasing to see that they have not gone up. The distribution of those was that there was actually a slight increase in Greater Sydney—a small handful of increase in Greater Sydney—but in relation to the regional and rural parts of the State there was a decline in the number of suicides. While we might see some changes around local health districts, the overall picture was that there was actually a decline in rural and regional areas last year.

Ms CATE FAEHRMANN: I want to ask a question about disability access to mental health units, particularly in terms of those people who may require hospitalisation. I have been contacted by a stakeholder who has asked me about a friend of hers who uses a wheelchair, was suicidal and needed hospitalisation. She ended up ringing around herself trying to find a place that was accessible enough and apparently she could not. She did find somewhere. She stayed for a while but she did not stay as long as she potentially would have liked because it was physically difficult. Mental health—the statistic I have got is that people with disability are three times more likely to suffer depression than the general population. I want to ask a general question about disability access in mental health units or other areas of hospital where people in wheelchairs require treatment.

Dr LYONS: The mental health services would be covered by the general disability action plans that would be in place for each of the local health districts. They are all required to have a disability inclusion plan. So what actions they are taking in relation to physical access, helping to promote access for people who have other disabilities who might need to access healthcare. Each of those is provided right across the State. We have an arrangement where each of the districts have a plan themselves. We then monitor their application of that plan at the ministry. They are all required to be continually looking at what they can do to improve access, to monitor access, to have feedback from consumers and patients about any issues that might arise in relation to access and have active plans in place to address those with a monitoring process at the central level.

That is the process we use. I cannot speak to the specifics around what has occurred in this particular case but there is a very conscious effort. If you take the example of when we have a capital redevelopment of a facility, a lot of thought and care is put into how do we ensure we have got appropriate access to services for everybody who might need to access those. We have been, as you know, at the disability royal commission talking about the importance of the issues in health and how we improve access to information for people who have issues around reading or intellectual disability and may not be able to read the policies and procedures that we have written and the need for plain English, for instance. So we are doing a lot of work in that space as well. I think it is an ongoing process. We are constantly looking for feedback about how we can improve, but it is a continual process of looking for improvement and addressing issues at the local level.

Ms CATE FAEHRMANN: You were talking about the action plans. Basically we are hearing that people with physical disability and mental health problems often end up on mental health wards because of the lack of accessibility. You were talking about the action plan then. Do they have targets, for example, for current mental health units to be fully accessible? Do they include things like that?

Dr LYONS: They do. They have a process of actually reviewing every clinical environment to ensure that there will be able to be care provided for anybody who might need care in the environment. Remember that a lot of our facilities around the State were built some time ago and the sorts of things that we are doing now to ensure access is available were not always in place. Many of the older facilities will not have the environments that enable the movement of people in wheelchairs, for instance, inside a mental health unit if it is an inpatient unit. Those things are being addressed as we get the capital to rebuild.

Fortunately, we have had a huge amount of additional capital across the New South Wales health system over the last five to 10 years. There has been a huge investment in upgrading our facilities rights across the State. As you know, there is a statewide program for mental health—$700 million capital program in mental health as well, which the Government has committed to. We are in the process at the moment of planning how we can invest that judiciously to again have better access to services for everybody but also have those investments right across the State.

Ms KOFF: I will just add, if there is a specific issue that you would like to refer to us we can investigate it because it is unacceptable if access is denied due to disability.

Ms CATE FAEHRMANN: Thank you. I want to ask some questions around the New South Wales Mental Health Line. I am not sure if questions were asked this morning on this. I understand that additional funding has been allocated to the New South Wales Mental Health Line as a part of the COVID-19 mental health response. How much additional funding was provided to that?

Mr PEARCE: I can speak to that, if that helps.

Dr LYONS: That would be good, Mr Pearce.

Ms KOFF: Thank you, Mr Pearce. David Pearce is the executive director of the Mental Health branch.

Mr PEARCE: It was $16.4 million for this year.

Ms CATE FAEHRMANN: Thank you. Who was this funding provided to?

Mr PEARCE: It was provided to each local health district.

Ms CATE FAEHRMANN: Did the local health districts provide it to anybody else?

Mr PEARCE: Yes. There was a mixed model of Medibank Health Solutions providing services to seven LHDs that opted into that arrangement and the remaining LHDs having in-house services.

Ms CATE FAEHRMANN: Medibank Health, was that previously Medibank Private? Is that what Medibank Health Solutions is?

Mr PEARCE: It is a separate entity. It may be related to Medibank, but Medibank Health Solutions provides a range of solutions, including telehealth services.

Ms CATE FAEHRMANN: How is Medibank Health Solutions involved in the program and in the additional funding? How is that broken down?

Mr PEARCE: Medibank Health Solutions have been delivering the Mental Health Line to several LHDs for many, many years. This goes back to the origin of the 1800 Mental Health Line number in New South Wales, which goes back many years. Medibank Health Solutions, for instance, has delivered the line to Murrumbidgee LHD since 1988, Northern NSW LHD since 2004 and, in recent years, to South Western Sydney LHD. They were a provider in the space already, so there was already a mixed model of services both in house and through Medibank Health Solutions.

Ms CATE FAEHRMANN: So it expanded out to seven LHDs?

Mr PEARCE: Yes.

Ms CATE FAEHRMANN: How was it decided that local health districts and NSW Health clinicians could not deliver the service this time around?

Mr PEARCE: There are three key performance indicators that we measure performance on. It was well recognised, and the Minister has acknowledged, that there had been a lot of complaints about the 1800 number and its responsiveness, particularly for in-house services. With the COVID additional money we put a call for expressions of interest out to the LHDs as to whether they wanted to opt in to the Medibank Health Solutions service for the 12 months, at the end of which we would evaluate it. Four LHDs—Mid North Coast, Central Coast, Nepean Blue Mountains and Illawarra Shoalhaven—opted to use Medibank Health Solutions.

Ms CATE FAEHRMANN: Were they given any alternatives at that time?

Mr PEARCE: Absolutely. They were already running—

Ms CATE FAEHRMANN: What were the alternatives?

Mr PEARCE: —in-house services. It was very much the decision of each LHD as to which way they wanted to go with that.

Dr LYONS: If I could just add, this is an issue around—mental health access lines are a really important access point for our mental health services. Each of the districts has been providing, under the arrangements we set in place many years ago, those lines. The question is about how they are maintained and, as they are expanded, whether that is something the district feels they have the expertise to deliver in house.

Ms CATE FAEHRMANN: Or the resources, maybe?

Dr LYONS: No, they are getting additional resources. We put more resources in. This was about an expansion. They had the resources to invest in an expansion of the line. The question they had to come to was whether or not they felt that was something they wanted to deliver in house, or whether they would benefit from having an expert provider that does this work as a professional business to come in and help support their approach. What we have found with the in-house services is they often come from within the districts' mental health services, and the staff who staff those—the clinicians and other staff who are involved—provide an excellent service.

But the telephony and the technology that support that and the performance measures that are used to assess whether or not the service is delivering as it should are things that we have been asking for improvement in. When these services are set up as a professional service delivery model they have a range of different performance metrics that are reviewed, which then help ensure that you are offering a high-quality, efficient

service. The approach was to start to think about giving the districts options about how they might go about delivering that expansion. They would have made that assessment themselves and chosen to go down that path.

Ms CATE FAEHRMANN: Was there a tender process or was it just continuing with Medibank Health Solutions?

Dr LYONS: They went through a process some years ago on a statewide basis, is my understanding, and were successful. Mr Pearce? It is an expansion of that.

Mr PEARCE: The three districts that I mentioned that predated the COVID initiative had all gone through a contract process and had existing contracts. For the 12 months during COVID some of our concerns were around the unknown in terms of increased demand. We thought it was absolutely vital to fast-track as much improvement as we could to access to mental health services for those who would need it. There was really effectively an extension of those existing contracts to encompass the others, with an evaluation tagged to end in June. We will make decisions about going to the market after that.

Ms CATE FAEHRMANN: You will make decisions this year about going to the—

Dr LYONS: Yes.

Ms CATE FAEHRMANN: Thank you.

The Hon. TARA MORIARTY: I am happy to continue on this topic because I really want to understand what has happened here. Seven of the districts have opted to either stay running it themselves or go with Medibank?

Mr PEARCE: It is one line, a 1800 number. LHDs were offered the option of going with Medibank Health Solutions—piggybacking on the existing arrangements—or staying in house. The ones that stayed in house got additional funding to recruit more staff to improve the performance of their line.

The Hon. TARA MORIARTY: How did that work? Additional funding being separate from the COVID funding, or was that the additional—

Mr PEARCE: It was part of the $16.4 million to enhance the Mental Health Line.

The Hon. TARA MORIARTY: Yes, but what—

Mr PEARCE: All districts got funding whether they went with Medibank Health Solutions or remained in house.

The Hon. TARA MORIARTY: How was that broken down? Did you get more or less if you chose to go with Medibank or stay in house?

Mr PEARCE: The net effect is that the ones that stayed in house got $750,000 to enhance their staffing.

The Hon. TARA MORIARTY: How much did the ones that—

Mr PEARCE: The contract with Medibank Health Solutions is a different arrangement. It is based on the calls that they answer. There is a cost per call that is paid.

The Hon. TARA MORIARTY: Can you just explain that?

Mr PEARCE: Yes.

The Hon. TARA MORIARTY: Can you just break that down a little bit? I am not quite sure what it means. The $16.4 million of COVID money that went to—

Mr PEARCE: Districts.

The Hon. TARA MORIARTY: —enhancing the Mental Health Line, it was broken down across districts. All of them were given the choice to either stay and keep it in house or go with Medibank. If they stayed, they got $750,000. If they went with Medibank, what happened?

Mr PEARCE: We funded the additional cost of the charge per call. That was part of the contract.

The Hon. TARA MORIARTY: I am not quite sure what that means. Can you explain what that means? There is $16.4 million—

Dr LYONS: To explain it in simple terms, you either go out to a contract for someone to provide the service on the basis that you pay for usage of the line and the number of calls that are answered, or you provide the funds to the district and the district employs the staff to be on the phone lines and answer the calls that come through. It is just a different way of paying for the service, whether it is on a cost per call answered through

Medibank Health Solutions or it is by employing staff and then having the calls answered by the staff who are employed.

The Hon. TARA MORIARTY: Right, but the plain English version of that is the bulk of the $16.4 million went to Medibank?

Dr LYONS: From the breakdown, the districts that employed staff were more than those that took up the offer of Medibank Health Solutions. I have not done the maths, but there were 15 local health districts. Seven of them took up the opportunity and eight of them would have been employing their own staff, from what Mr Pearce has just outlined.

Mr PEARCE: Yes.

The Hon. TARA MORIARTY: How many staff would they employ? Did that depend on each district or was it for the—

Dr LYONS: The profile of mental health lines is up to the district to work out as to how it employs the staff. This is one of the issues around this service model. We have had lots of discussions with our districts around how best to provide this service. We want to do it efficiently and effectively, get as many calls answered as we possibly can and get people access to care. There have been issues about access through the lines, delays in people answering calls, calls dropping out and so forth. We did not have good information from some of the services about that because they did not have a highly professional service delivery model.

We have been working with the districts that have kept the in-house model to enhance what they do so that we can start to measure that and compare and benchmark, but Medibank Health Solutions actually brought a lot of that expertise because this is what they do in their business. So it is actually about bringing some of those ideas and concepts and business processes that are being used in highly successful outfits that deliver this sort of service as part of their core business and starting to say, "Well, how do we bring that into our local health services that have a focus on mental health service delivery but have not always been in the access line business?" So, it is about bringing that together and getting the benefits, actually, of that knowledge, expertise and capability being joined up.

What we have found from a number of the districts that have been involved in delivering these models—often they do it in a hybrid way. So, they keep their mental health staff as part of the service and they enhance with it the telephony services of Medibank Health Solutions on the front end and they get the benefits of that business model in practice, but they keep their clinicians who then provide advice to the people who call in about where is the best accessed care. They can give the appropriate advice because they know the people in the district as well because they have worked in the district. So it has actually been a good process to start to think about: How do we bring in concepts to drive efficiency and improvements in quality but also ensure that we have got the appropriate linkages with the services and expertise locally?

The Hon. TARA MORIARTY: Sure, but essentially what has happened here—and this does not have to be a criticism but I will put it to you quite bluntly—the mental health line has not performed so it has been privatised.

Dr LYONS: So, there is no doubt what we wanted to do was seek the expertise of people who are experts in this space and bring that into the system to drive improvement. There is no doubt about that.

The Hon. TARA MORIARTY: But it has been privatised.

Dr LYONS: Well, components that are being brought in are being provided by others, other than the public mental health services. You can draw your conclusions about how you see that.

The Hon. TARA MORIARTY: I have drawn them. I have just put it to you that it has been privatised.

Mr PEARCE: Could I perhaps just briefly add a bit of context? If we cast our minds back to March last year when COVID first broke out, we were all extremely concerned about a range of issues including the mental health of the population. We already had knowledge that the mental health line was performing suboptimally, so we are not pretending we have got a perfect model. We wanted to resource every LHD. We did not want to force anyone into any particular arrangement. We provided options and we provided additional funding. So, in the fullness of time when this is evaluated—is there an echo in here?

The Hon. TARA MORIARTY: It is being recorded.

Mr PEARCE: So there was an issue of immediacy and getting resources out and getting the performance improved. I could just briefly share with you the three key performance indicators [KPIs] and the performance improvement, even to date, if that is of interest.

The Hon. TARA MORIARTY: Yes, sure. We can come back to that, but I do not know why you are not just saying you are privatising it. I will be critical of it—of course I will be—and I know that that is why you are entering in this particular way, but if you think—

The Hon. NATASHA MACLAREN-JONES: Point of order—

The Hon. TARA MORIARTY: I am not trying to be rude about it.

The Hon. NATASHA MACLAREN-JONES: I am just saying that I would ask the member to get to the question—

The Hon. TARA MORIARTY: I had just started.

The Hon. NATASHA MACLAREN-JONES: —rather trying to mislead the witnesses in how the member thinks they will answer. I just ask the Hon. Tara Moriarty to put the question.

The CHAIR: I think the member is endeavouring to give some context to get to her question, but it is important to get to the question.

The Hon. WES FANG: My objection is that she stated she was going to be oppositional, no matter what the policy was. I think that is disgraceful. But anyway, continue.

The Hon. TARA MORIARTY: Well, I can be however I want to be. That is a ridiculous thing to say, and I will have whatever opinion I want to have.

The Hon. WES FANG: Okay. Go right ahead.

The Hon. TARA MORIARTY: But what I am saying is if the Government thinks that this is the right solution, then say that. There was a problem with the health line. The calls were not getting answered in the way that they should have been. That is well established and well accepted. There were a number of options that could have been pursued. Why did you not consider extra funding in order to improve the service?

Mr PEARCE: So, I thought I made it clear, but I am happy to clarify that. We did provide extra funding to each LHD. We actually funded—for those adopted in-house, we funded a six-month project person as an improvement officer to work on those issues. We funded an improvement project for each LHD to look at their processes over and above the additional staffing to actually staff the line. So, we are very interested in the evaluation that is going to occur and the results that we receive both for in-house and Medibank Health Solutions, We will be able to do a valid comparison, I believe.

One of the challenges with the in-house service staffing it yourself, if you could imagine each LHD: This is a 24/7 seven-day-a-week line. On night shift in any LHD they might be lucky to get half a dozen calls from 12 midnight to 8.00 a.m. So, there is potential built-in inefficiency. Someone calls in sick and they are paying overtime. If you have got an approach through telephony where you are linking a service across multiple LHDs, there are some very valid efficiencies. There are people who specialise in that role. In many LHDs people rotate through the mental health line service and do other roles on other shifts. There are some challenges around the continuity of the line for the in-house service.

The Hon. TARA MORIARTY: And I can understand that. I genuinely understand where you are coming from and, again, I will come back to what I said. There were issues with the line. First of all, there were issues of the line in terms of call rates. And, to take your next point, it is in your view potentially inefficient to have it staffed 24/7 by purely government funding. It is a valid point to make. It does not make it legitimate or not but—

Mr PEARCE: I did not quite say that. I meant each LHD that is running their own answering service potentially builds in inefficiencies.

The Hon. TARA MORIARTY: Yes. I understand exactly where you are coming from. If you think that it is more efficient and in the interest of people that it be run by a private operator, then say that because that is actually what is happening.

Mr PEARCE: So, we are going to evaluate it.

Dr LYONS: Well, the evaluation is going to be the key thing because the evaluation is going to be so important in helping us make a decision around that.

Mr PEARCE: Yes.

The Hon. TARA MORIARTY: Sure. Two questions then. This has happened over different periods of time in different health districts, and I understand you have given each of them the choice. But for the ones that

happened in recent times, what is the time period of that choice? Is this a trial for them? Once they have made the decision, that is it, that is the decision, and how long is the review process?

Mr PEARCE: So, we will share the results of the evaluation. The four additional LHDs that came on, it was in a relatively short period of time. It was in that sort of June to August period last year. So, you know, it will be a valid evaluation based on both in-house—we have already engaged external consultants to do that evaluation, and we aim to have the results in June.

The Hon. TARA MORIARTY: So, what is it evaluating? Is there a choice for these districts to go back?

Mr PEARCE: Of course.

Dr LYONS: None of this is locked in so we can change the service delivery model based on what we find out through the evaluation and the benchmarking process. In fact, as you quite rightly point out if the evaluation demonstrates that one service is more effective, efficient and a higher quality than the other, of course we will be advocating to have more of that and less of what is not delivering as effectively. So, that evaluation is going to be really key.

The Hon. TARA MORIARTY: When is that due?

Mr PEARCE: June.

Dr LYONS: June.

The Hon. TARA MORIARTY: In June. Going back to my previous question and the other option. I understand there was money put into the mental health line when you considered this last year, the $ 16.4 million, but to properly resource it you could have put more money in to get the call rates better and to have the right professionals answering the calls. Was that considered?

Ms KOFF: But I think you are assuming more money means they have the expertise. The critical issue here is the professional expertise of a call line centre. Clinical staff are trained to be clinicians and that is what they are good at—being clinicians—and telephony services now are highly sophisticated professional operations that have the ability to take the call in triage. It is a little bit too simplistic to say more money and they could have done it. It really requires technical expertise. That does not necessarily exist in every district.

The Hon. TARA MORIARTY: Sure. I am happy to accept that that is what you guys looked at, but when you then say clinicians are clinicians and are trained to be clinicians but this telephone line has a particular offering, does that mean it is more of a call centre model?

Dr LYONS: So that was my point. It is mostly a mixed model that has got both the clinicians from the district as a part of the service as well as the expertise of the professionals from Medibank Health Solutions in the front end telephony services. This is why we are so interested in the model as to whether or not we will deliver benefits. If we were confident that just putting more money into the existing model was going to deliver us an efficient, highly effective service, we would have done that alone. But we were not confident, so we wanted to test this new approach and that is the approach we have taken. We will evaluate it and then we will be making decisions about the further investment based on that evaluation.

The Hon. TARA MORIARTY: Yes. I can understand that.

Dr LYONS: Yes.

The Hon. TARA MORIARTY: I think that is fair enough. That is literally why I asked the question, but I am now trying to understand what the model is that you are doing at the moment that is being reviewed. I understand what you have said in terms of a mixed model, so there will be some clinicians and is it otherwise a call centre model? When you talk about triage, does that mean a call centre person takes the call and then works out the best place to send it?

Dr LYONS: That is correct. There are protocols that they use that they work up locally, based on the environment in which the service is going to be delivered. But they do that with Medibank Health Solutions and then the call centre staff take the call, triage it, get it to the right place and then things go from there.

The Hon. TARA MORIARTY: The districts that have kept the traditional model—the existing model—who answers the phone there, is it clinicians?

Dr LYONS: It can be a staff member, not necessarily a clinician first up.

The Hon. TARA MORIARTY: Sure. So a staff member who is a health professional—

Dr LYONS: Not always a health professional necessarily. They might be an admin person who takes the call first up and then refers it to a clinician based on what the content of the call is.

The Hon. TARA MORIARTY: So there are not rules around that, each district decides for themselves?

Dr LYONS: I think this is the thing is that these have been established over time. They were not designed from the base up at the outset with a clear understanding of how the service should be delivered. In fact, they have to be delivered in different ways in different places because of the differences in service profile as well. What happens in a rural district and what services they have available and how they set it up is going to be different to what happens in a metro as well. It is about starting to say, "We need improvement. We need standardisation and consistency. We need to drive a more professional service. How do we bring that in?" That is the approach we have taken.

The Hon. TARA MORIARTY: I can genuinely understand what it is now that you are considering. But I guess from a member of the public's perspective, depending on where you live, you call the exact same number. So if you live in—I do not know what districts have it or do not have it—Queanbeyan and you call the Mental Health Line you will get a clinician. But if you live on the Central Coast or in Murrumbidgee you will get a call centre who will then direct you.

Dr LYONS: The call centre staff are not just—I think we are hearing "call centre" in a term like a normal call centre. This is a health call centre. They are clinical staff as well, often, in the call centre operation as well.

Mr PEARCE: Yes, I can confirm that. They are clinical staff that Medibank Health Solutions are utilising to man the service.

The Hon. TARA MORIARTY: I think that is helpful, but it is also a bit confusing in terms of why. We have clinical staff who are doing it in the sort of traditional model, but that is not necessarily working in the most effective way. So we are bringing in Medibank in some areas because they have specific call centre—I am not making it a derogatory term, but I am using the term "call centre" staff because based on what you have said today that is more efficient. But they are clinicians as well.

Dr LYONS: It is about how the model is designed locally. The districts came to the conclusions about what they wanted to invest in and how they wanted to do it. If they felt that they could build the service more effectively from within, they chose to take the money and take the project person to redesign and look at the improvement. Others, actually, already had Medibank Health Solutions providing the service and spoke very positively about it, so invested in that type of model. Then based on the experience that was presented by some of the districts, other districts said, "We think we need to test that type of model as well, so we will go with an investment in the Medibank Health Solutions model." But it is an integrated model that is built on the expertise of the Medibank Health Solutions people and the people who provide the service in the district.

The Hon. TARA MORIARTY: So the ones who are using Medibank with the call centre model, how does that work then? You have a person who takes the call and then has to send it somewhere. So the call will get answered in terms of the stats, but what is the time line or what are the requirements for it to be passed on to a professional? What happens to the person in-between?

Dr LYONS: The requirements are very rigid and we actually get better performance monitoring data from the Medibank Health Solutions model than we do from the in-house model, which has been one of our issues. We want to make sure that we have good data to manage the service and look at performance issues and benchmark, and look at quality dropout rates, call answer rates and whether they are referred to the right person. All of those things are being monitored. That is what the evaluation is going to look at and be able to compare which model is delivering more effectively and efficiently.

The Hon. TARA MORIARTY: Sure. But as part of that evaluation, what is the specific breakdown that you are looking at in terms of the KPIs? Call time would be number one, I get it. How quickly a call is answered. But for the person in Queanbeyan who picks up the phone and calls the same line as the person on the Central Coast, are you measuring how quickly I get to speak to a clinician—an actual health professional—or how quickly the phone is answered?

Dr LYONS: Both of those things are being looked at is my understanding, but on notice we can give you a detailed analysis of the sort of KPIs so that you have got those.

The Hon. TARA MORIARTY: Yes, please. I think that is important.

The CHAIR: I note that we have now gone past 3.00 p.m. meaning that there will be discharging of the witnesses from the Regional Youth and Women portfolios. Thank you very much for coming along today. It has been much appreciated.

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

The Hon. TARA MORIARTY: I would like an update or some information about Campbelltown and Camden hospitals. You would be well aware that doctors in the emergency departments of those hospitals have made quite a lot of public commentary around mental health waiting times—in some cases up to 100 hours—coming out of the Health inquiry. I am interested to know what work is being done to improve mental health access through the emergency areas of Camden and Campbelltown.

Mr PEARCE: I can start. It is important to have a look at the whole system. When we talk about access, it is a cycle. You need access to acute inpatient beds and acute inpatients require assertive community care when they are discharged. So it is not necessarily a matter of just looking at additional beds, but looking at the resourcing across emergency departments, inpatient and community. In the COVID enhancements there were some specific enhancements that increased resources to that area. We mentioned the Mental Health Line and there was resourcing for virtual mental health so that is teleconferencing, connecting clinical settings, connecting clinicians to clients with iPads and other devices to enable assertive care in the community.

The Hon. TARA MORIARTY: Sorry, I genuinely do not mean to interrupt or cut you off, but can I just clarify? I am talking about people presenting to emergency. Are these things that are being provided to them in those circumstances?

Mr PEARCE: Correct. This is about avoiding the need for a presentation to emergency in the first place. Often mental health clients present to emergency departments [EDs]. There are other more appropriate venues. That is what I meant about the whole cycle of care. Some will require assessment and admission to an inpatient unit, but others will not. The suite of funding options that we gave to south-western Sydney included additional community mental health clinicians for more assertive care in the community. Also in the Towards Zero Suicide funding there was specific funding there for alternatives to ED—the Safe Haven Model. Funding was given to south western for that. Also, suicide prevention outreach teams provide assertive care in the community for clients who had suicidal ideation. There was a suite of measures where funding was provided to south western Sydney. I can take on notice if you wanted specific dollars—

Dr LYONS: I can answer more. In addition to that there has been the investment of $1 million to fund two PACER models in partnership with Campbelltown and Bankstown police Local Area Command; $2 million to enhance the current Community Mental Health Emergency Team at Campbelltown, Liverpool and Bankstown to support vulnerable community clients. The therapeutic activities—there was $590,000 there under the COVID funding to a range of therapeutic activities for inpatients, particularly when we were concerned about having day passes and day leave because of concerns about COVID in the early phases. The Mental Health Line boost we have already talked about, so they would have got an investment on the Mental Health Line as well. There was $840,000 that they received to fund additional staff and technology to enhance virtual mental health, particularly in response to COVID as well.

There are also initiatives, as Mr Pearce has outlined, under the Towards Zero Suicides. So they have received additional investment for a number of projects there. One of the issues that we heard in the south-west Sydney inquiry was the issue around access to inpatient beds. There are, at this stage, plans in place if they do require additional inpatient beds to purchase those from a local private operator. But ultimately there is a significant enhancement in mental health beds across the district when the Campbelltown redevelopment comes online, and that is under construction at the moment. So they get 130—I think that is the number, it is around that mark—extra mental health beds, including for some specialised mental health services. So there is going to be a significant boost over time.

The other issue that had been raised was the issue of attracting and retaining psychiatrists in south-west Sydney. We worked with the south-west Sydney LHD and we heard that they have now got a full complement of their senior medical practitioners in psychiatry for the first time. The other thing we have heard today is—and you would have heard this morning about the full complement of registrars in training as well across all our services across the State. So those would be adding a significant benefit. That is not to say there are not still challenges and there are not the pressures in the services, but there have been stepwise improvements in the service delivery in south-west Sydney.

Ms CATE FAEHRMANN: I wanted to ask about the Productivity Commission's inquiry that was finalised on 16 November and get a sense of what the Government is doing in terms of responding to those recommendations. What is the process? Would that be you, Mr Pearce?

Mr PEARCE: I can comment. We did provide a response to the Productivity Commission recommendations. We are still in a further discussion at Commonwealth level with all the other jurisdictions. But, by and large, it was consistent with the strategic direction of NSW Mental Health. There was a particular issue around an optional funding model for regional commissioning authorities that would replace potentially some of the role of primary health networks [PHNs] and LHDs, which was not supported by NSW Health or the Government. So that was two options presented, and one was really around continuing to focus on better cooperation and integration between PHNs and LHDs to ensure integrated care across prevention through to acute care.

Ms CATE FAEHRMANN: I think the Minister earlier today was talking about the fact that there is rising demand for mental health services and that New South Wales is meeting this demand. I understand that the Productivity Commission has suggested that demand estimates, like estimates for demand from a tool called the National Mental Health Service Planning Framework—which is the tool to model demand for health services. I understand that the Productivity Commission has recommended publishing that demand. Where is New South Wales at with that thinking? That was a recommendation from the Productivity Commission.

Mr PEARCE: Yes. I cannot give you a definitive answer on that. I would have to check our response. My recollection is that we wanted to confer with other jurisdictions and have further dialogue on that so there is a consistent approach nationally to that.

Ms CATE FAEHRMANN: The Victorian royal commission also recommended the same thing. What are the reasons that are coming out of those two commissions in terms of why that demand should be made public in the first place? What is your understanding of that?

Mr PEARCE: It would give you a good comparison of resourcing to meet need across all jurisdictions. But it would be good to have a consistent approach nationally and with the support of all jurisdictions.

Dr LYONS: I think that is our position. The national mental health planning tool was actually developed in New South Wales probably 10 or 15 years ago now, so that is a product of work that was done by Mental Health Branch at the time here in New South Wales. So it does provide a good basis for looking at and assessing the likely demand for service and then what would be required to invest in to support that over time. The issue for us when you look at comparisons between the States and Territories is that our service profiles and configurations of services—it is a recommendation from the royal commission in Victoria as well. The way we deliver services and the way we are configured is very different and the way we count things and what descriptions are used for how we deliver care are very different, and it makes direct comparisons somewhat difficult. So we need to move to a much more standardised approach nationally about what we count and how we count it.

Ms CATE FAEHRMANN: Yes.

Dr LYONS: That has come up in relation to some of the work we are now starting to do for the development of a new national health partnership agreement with the Commonwealth because the relative starting positions of each State and Territory are very different. What they provide in their State-funded public services, what they provide in primary care, what is under the Commonwealth—they are all very different.

Ms CATE FAEHRMANN: Yes.

Dr LYONS: What non-government organisations provide—all very different. So I think it is a challenge for us, and we need to look at the totality of service delivery once we look at those planning models because it is not just about what we deliver on the State side, it is also about what is available in totality.

Ms CATE FAEHRMANN: Sticking to the State side, sticking to New South Wales. There is the National Mental Health Service Planning Framework. What are the tools available for NSW Health to estimate the demand for mental health services? What do we use?

Mr PEARCE: We use that planning framework.

Ms CATE FAEHRMANN: What is it saying in terms of what the demand is currently in New South Wales? Is that demand being met?

Mr PEARCE: Again, I would have to take the specifics on notice, but there is further work to do in investment in community mental health.

Ms CATE FAEHRMANN: Yes. The tool is saying that there is an enormous gap potentially—or there is definitely a gap in supply for community mental health services.

Mr PEARCE: There is recognition of that in the strategies that we have been putting in place.

Ms CATE FAEHRMANN: Is there recognition of that if there is an enormous gap at the moment? The tool that you have to measure whether supply is meeting demand is clearly saying no. It is saying there is an enormous gap in supply for community mental services, so the funding is not matching or meeting that or addressing that gap. Would that be fair to say?

Mr PEARCE: I would not frame it as an enormous gap, but there is a recognition that there needs to be further investment in community mental health at both State and Federal levels.

Dr LYONS: I think we have got to be very cautious about that planning tool as well, from having been around a little while and understanding a little bit about that. That was developed in a way that we need to now reflect on as: What is contemporary delivery of mental health services? What should the focus be across the continuum of primary prevention, community-based care, some of the new models we are developing in ambulatory and outpatients? There was historically a very strong focus on inpatient models of care. I think what has driven a lot of investment over time has been a focus on having inpatient models, and we are very much now saying we want to see much greater investment in the community-based.

The evidence basis on which the planning framework was developed is also somewhat limited. What is built into that planning framework is: What is the optimal level of investment that should be made not necessarily based on any evidence about what the outcomes will be if you make that investment? It is all notional because no-one is actually at that level, as far as I am aware, anywhere in the country. So it is a planning tool that gives you a sense of where you should go but it is not as definitive as saying that you need to be at this because if you are not, you are not delivering an appropriate mental health service. Do you know what I am saying? It is a tool to assist with thinking about where you invest across a range of different services. You might see you have got a big gap in one part of a service delivery model, which is where you need to prioritise your investment. It does not mean you need to have everything up at the maximum level is what I am saying.

Ms CATE FAEHRMANN: Sure, and thank you for that explanation. Given that we do have rising demand for mental health services and community health services, it is not really fair to say that we are meeting that demand, because the tool is suggesting that we are not.

Dr LYONS: And that is why we are making a greater investment in community. It has been a focus now for many years because we want to see greater investment in that space. That is where we are most deficient.

Ms LOUREY: Could I make a comment here?

Ms CATE FAEHRMANN: Of course.

Ms LOUREY: When we were doing *Living Well in Focus*, we obviously did not have access to that data. That is why we relied upon what was publicly available through the Australian Institute of Health and Welfare. But I have used these planning tools in my career and I suppose, for me, the point that we have raised in *Living Well in Focus* and in Living Well initially is that you are actually trying to address distress and mental ill health. And if you take that as the first step, then you understand that is why investing in schools and that is why investing in early childhood and families is important. And that goes to my point earlier that if you understand how we can prevent mental illness and invest in those other portfolios, then it means that the investment in health becomes a lot more effective and targeted, and we keep people in the community well.

I and the other Mental Health Commissioners around Australia met with the Productivity Commission during their deliberations. This is really the point that we made to them and we think that they picked up on: We do have the National Mental Health Service Planning Framework. We also have the NDIS now that also influences how people get services. We have the advent of a range of investments in suicide prevention. The National Mental Health Service Planning Framework, though, is about health but also about mental health. It actually just looks at one part of the whole picture. That is why—I mean, when we look at what we invest in the non-government sector as well in housing. Housing, first, is a really important thing when we are looking at mental health. As a person who has used the model I think it can be fit for purpose for what is meant for, but you do have to understand that if you only looked in that lens, you are not always going to be able to address the mental health issues of a person.

Ms CATE FAEHRMANN: As commissioner, you said earlier that you do not have access to the framework but you have had access to it in different roles. Would you find it useful, from the commission's perspective, to have access to that to be able to do your work and have you asked to have access to it?

Ms LOUREY: It would be useful. Also noting that one of the commissioners in the Productivity Commission was Professor Harvey Whiteford at the University of Queensland who did the latest iteration of that model. So, I suppose he is speaking from a particular lens as well. I just think that transparency and accountability are really important, and they are important to the role of the commission. As I said, for us it would be having access to that. But it is also having access to that bigger picture because everything has to come

together. As I said in that earlier answer to you about how we can get Treasury to start thinking in that broader sense of investment. It is no use us investing in mental health, even if we do it brilliantly, if we do not have all those other investments in those other parts of someone's life because it will not be effective.

Ms CATE FAEHRMANN: Thank you.

The CHAIR: You still have some crossbench time, Cate. You are most welcome to it.

Ms CATE FAEHRMANN: Okay. That is interesting. Just to clear: Has the commission asked for access to the data and the framework?

Ms LOUREY: We have previously but, as you can see, there are a whole lot of other issues around inter- jurisdictional issues. I used to be at the National Mental Health Commission and we were at the same sort of flipside, if you know what I mean.

Ms CATE FAEHRMANN: But in terms of transparency of data—

Ms LOUREY: You are trying to understand every jurisdiction.

Ms CATE FAEHRMANN: Mr Pearce, are you aware of this request and why we do not give the Mental Health Commission access to the National Mental Health Service Planning Framework data?

Mr PEARCE: I am not aware of that request in my time.

Ms LOUREY: I made it a while back.

Ms CATE FAEHRMANN: Is there a reason why, that you could see, they would not be able to access it to assist their work?

Mr PEARCE: I would just have to check in terms of the cross-jurisdictional rule around access to that information.

Ms CATE FAEHRMANN: On the face of it, it does seem like it would be a wonderful thing for the Mental Health Commission to have access to data around whether the supply of mental health services is meeting the demand, and I am sure there is a lot of other—obviously I do not know the detail of the framework and what it provides, but on the face of it that would seem extremely sensible. It may be something I should have asked the Minister this morning and perhaps we will do that in the House next week. So I am sure her people will be listening and can prepare for that.

Ms KOFF: We can take it on notice because I think the critical issue is the proprietary nature of it.

Mr PEARCE: Correct.

Ms KOFF: Given Catherine, the commissioner, mentioned that it was updated by Queensland—I do not know the licensing requirements but we are happy to take that on notice and find out.

Ms CATE FAEHRMANN: Great.

Ms LOUREY: Also, it is a planning tool for local health districts to put into their own populations. So it is also at what level of reporting as well, not just—the commission's role is about systemic reform, not about individual services. So it would not be about what is in that tiny little part of the world.

Ms CATE FAEHRMANN: No, no. Exactly, but there is the meta view in terms of your work.

Ms LOUREY: Yes.

Ms CATE FAEHRMANN: I want to move to the official visitors scheme, if I may. Firstly, I am wondering how many full-time equivalent positions there are for the official visitors scheme, if you have that information.

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

Ms CATE FAEHRMANN: You can take that on notice? Okay. I am also interested in: How many by LHD? How are they distributed throughout the LHD? Also, for the official visitors scheme, whether you have people who identify as Aboriginal or Torres Strait Islander in those, whether you specifically recruit for that, and also people who identify as LGBTIQ. So that would be useful on notice. Thank you. Do unannounced visits happen with that scheme? How do the visits themselves work?

Mr PEARCE: Do you want to comment on that, Murray?

Dr WRIGHT: Short answers is "yes". There is a mix of both regular and unannounced visits. Effectively, the official visitors can turn up to any declared facility at any time they choose.

Ms CATE FAEHRMANN: How are the visits documented? What do they then do in terms of documenting the visits?

Dr WRIGHT: That is an internal matter for the official visitors program. What I am aware of is that the visitors will report back to the principal official visitor; that they have a regular, kind of, gathering of the official visitors and they report back to her. If there are issues—

Ms CATE FAEHRMANN: Sorry. Who do they report to? I missed that bit.

Dr WRIGHT: The principal official visitor.

Ms CATE FAEHRMANN: Okay.

Dr WRIGHT: But if there are issues arising in any of the visits, the response to that is sort of a matrix. So they can raise the issue on the spot with the senior manager, which is often the preferable way to deal with any kind of concern or questions. If the issue is more complex or it is not resolved, the official visitors can make contact with the local senior management and then they can also escalate it to the principal official visitor. My understanding is that the principal official visitor also raises these matters with the Minister and can also raise those matters with the ministry as well. Ideally, they are resolved at the local level at the time, but if it is repetitive or not resolved or complex then there may be an escalation of process.

Ms CATE FAEHRMANN: Okay. Just remind me of the scheme: Is there like an official reporting to the Minister in terms of like an annual report?

Dr WRIGHT: My recollection is there is and it is to the Minister.

Ms CATE FAEHRMANN: Okay. I want to turn to the issue of suicide and self-harm, but particularly as that relates to amongst transgender people. Limited studies—and they are limited studies—do suggest that the rate of suicide and self-harm is between 5.7 to 19 times higher in this population than cisgender population. We do know that, of course, the bullying and what have you that happens with that community is so much higher as well. First, I want to see whether there is information around this community that is particularly vulnerable as to whether the Government collects information, and then what targeted programs there are for transgender people in relation to mental health but particularly suicide.

Mr PEARCE: I could perhaps respond to a part of that question just in relation to our suite of initiatives—the Towards Zero Suicides, the Premier's Priority. One of the initiatives is funding community response packages for priority groups. We have requested proposals—they are currently out and close 26 March. We are offering resources to five priority groups at risk of suicide. One of those groups is LGBTIQ communities, as well as that men, Aboriginal communities, young people—

Ms CATE FAEHRMANN: What is that funding package?

Mr PEARCE: That will provide funding to run community campaigns, social media content and awareness raising, CALD community discussions, improved linkages with services—that is $1.7 million.

Ms CATE FAEHRMANN: Over?

Mr PEARCE: For this year and next year.

Ms CATE FAEHRMANN: So $1.7 million this year and next year

Mr PEARCE: A quantum of $1.7 million through the end of next financial year.

Ms CATE FAEHRMANN: Okay, $1.7 million.

Mr PEARCE: Yes, $1.7 million is the total.

Ms CATE FAEHRMANN: With five targeted groups, so you are saying that includes Aboriginal and Torres Strait Islander people. Did you say men as well? In terms of regional—

Mr PEARCE: Yes.

Ms CATE FAEHRMANN: Then LGBTIQ—there are two others?

Mr PEARCE: Young people and older people.

Ms CATE FAEHRMANN: Wow. That is a big demographic.

Mr PEARCE: It is a big demographic.

Ms CATE FAEHRMANN: So that is Towards Zero. That does not sound too targeted to me.

Mr PEARCE: In response to your specific question around LGBTIQ—

Ms CATE FAEHRMANN: Transgender specifically, so say they might get, there could be, say, a few hundred thousand. That would be very competitive, I would think, in terms of programs. So that is all?

Mr PEARCE: That is one specific example. I guess the approach we have taken with a lot of Towards Zero Suicides strategies is that they are broad strategies that can encompass all populations. So the suicide prevention outreach teams, for instance, that are funded in each LHD across the State would be providing support to anyone with suicidal ideation. The safe havens, again, are open to all who require an alternative to an emergency department when they have suicidal ideation, and have peer support in that environment.

Dr WRIGHT: I can add some further comments. At a systems level, NSW Health is working with LGBTIQ stakeholders in developing a statewide strategy that will provide direction to the system to improve health outcomes broadly. It is not specifically mental health, but every time you get into a conversation about health, mental health comes up. That is expected to be released in this calendar year. I think one of the initiatives that was funded in the Suicide Prevention Fund, which began in 2016—it runs out at the end of this financial year—was $631,000 to ACON to develop and deliver two targeted suicide prevention projects for people in Sydney. Those funds included aftercare support, which is interesting because the aftercare support has now become a mainstream issue in suicide prevention.

It was mostly delivered within the Sydney and the South Eastern Sydney local health districts and the St Vincent's Hospital network. We are also using the fund to work with GPs, who are often the first point of contact. I think that is also an important point. In many cases, it is about providing a safe engagement process with our systems of care. There are a number of GPs in particular parts of the city who have a fairly significant clientele, so providing them the support and the services and the skills was an important part of that as well. There has also been—is this the bit you were talking about, David?—the $150,000 from July 2020 to January 2022 to develop the specific suicide prevention program for the trans and gender diverse community. That is very, very targeted.

Ms CATE FAEHRMANN: Okay, thank you.

The CHAIR: Thank you very much, Dr Wright. I suggest we take a short break of about five minutes.

(Short adjournment)

The CHAIR: We will continue with questioning from the Hon. Tara Moriarty.

The Hon. TARA MORIARTY: I want to ask a couple of questions in relation to the Auditor-General's report from last year into the Health cluster. There were a couple of things that jumped out in terms of mental health issues. One of the things that they recorded—and, in fact, that Health reported—was that 12 out of the 17 health entities, so the districts and the others, did not meet targets for acute readmissions of patients last year. It was also the same number for the year before. What is happening there and what is being done about it?

Dr LYONS: This is the target that has been set for readmissions to acute health facilities post-discharge. Of course, there is a desire to make sure that people who are admitted are provided an appropriate transition to the community and are maintained in the community in a way that their health does not deteriorate and need readmission to hospital. Our major focus is on making sure that there is appropriate follow-up post-discharge. Each of the districts have been set targets to ensure that there is a follow-up post-discharge. Their targets have been set—David, can you assist with the level of requirement, what the target is? Is it 75 per cent?

Dr WRIGHT: Yes, it is.

Dr LYONS: The target is 75 per cent within seven days. Each of the districts are putting plans in place to make sure that they have the follow-up arranged and that transition into a community setting, the care being transitioned to the community mental health teams, and making sure that they are connected up with their local primary care providers and any non-government organisations providing ongoing care. So there has been a real focus there. The issue around readmissions is challenging because they are a particularly challenging group sometimes. Post-discharge sometimes people do not want follow-up, are not keen to be followed up directly by the health providers.

The readmission rates are on the higher side but they are not that much higher than any other chronic condition that we see in Health. It is really interesting because we do not monitor readmission rates generally in other disciplines of care, but if you look at other chronic conditions—things like heart failure, respiratory failure, chronic respiratory and heart conditions—you see similar patterns of readmission to hospital. The issues that we see in mental health and where we are actually trying to address those by ensuring we have appropriate transfer

of care and support into the community setting and access to healthcare professionals in that setting are replicated in other aspects as well.

So it is an ongoing challenge for us but one that we are continuing to focus on. We are not quite there yet in terms of seeing that level of improvement that we want to see. But certainly we ultimately want to see the readmission rate down and sustained in a downward trend. Do you want to say anything from a medical perspective, Murray?

Dr WRIGHT: The only thing I would add to it is that the readmission figure should be more of a window than an absolute number. There are certain conditions in mental health where one of the components of treatment is to encourage people to present early for a short admission as opposed to staying away and delaying presentation, which often leads to either a crisis or a more prolonged admission. Actually, in particular forms of psychotherapy, they actually contract with the individual so that, instead of escalating to a point where perhaps they might even self-harm, they agree to present to an emergency department and have a short admission. They agree that they will stay no longer than, for instance, 24 to 36 hours. It has been demonstrated to improve outcomes.

For those individuals, an unplanned readmission is actually considered to be a positive outcome. It is also putting that individual in more control of their circumstances and what happens to them. They are a small number. When we look at the readmission rates, if a facility or a service is running with quite high readmission rates then we really want to understand what is happening there. There are a number of factors that might be going on. But we are not looking for zero either.

The Hon. TARA MORIARTY: When I was looking through these figures, I was reminded—I know we covered this last year—that the 2019 Auditor-General's report was quite damning of the interaction between Health and local Aboriginal communities in terms of how mental health is managed and how local communities can work with Health to improve local outcomes. It has been a year and a bit since the report came out. I assume you are doing some work on that. Where is that up to?

Mr PEARCE: Yes. There has been a lot of work in that space. We released the Aboriginal Mental Health and Wellbeing Strategy and that requires each district to develop an implementation plan by September this year. Out of additional funding we have got from July this year, we have encouraged the districts to engage project officers to support them with their current Aboriginal mental health staffing—their clinical leads—to really work closely with the local Aboriginal community-controlled organisations to co-produce those implementation plans. They are not imposed by the LHD but are a product of that collaboration. So we are really optimistic that that document will be a lever for improved collaboration and good outcomes for the Aboriginal population.

The Hon. TARA MORIARTY: Thank you. I have a couple of specific questions relating to the Southern NSW Local Health District, probably because it is my neck of the woods. I am sure you have followed the restructure that is happening there. It has caused quite a lot of concern for the community and for the staff working in Health across the area and particularly in major centres such as Goulburn and Bega. There have been mixed reports about the number of jobs that will be gone—I am told 50 to 60. I know some of them have gone already, with voluntary redundancies. Can I get some numbers on that? There have also been mixed reports on affected positions, so restructured positions within the district. The reports I have range anywhere from 50 to 220. The people I am speaking to who work in the district down there do not know and that is why they are really concerned. That is why I have said to them I would raise it here. Can you give us an update on what is happening?

Ms KOFF: I am just looking to Mr Minns, our director of workforce, to see if he has that information at hand. He would be best placed—

Mr MINNS: Yes, extensive consultation over a long period. The restructure actually first commenced four years ago under quite possibly—well, definitely a different chief executive [CE] and I think there might have been another in between. It has been a very long, drawn-out process. The commitment of the new CE when she started in May of last year, after listening to staff feedback, was to commit to bringing it to a swift conclusion, albeit continuing a very strong consultative model. I am aware that there have been many, many meetings on all impacted sites to go through the change plan. I can take on notice the exact numbers, but my recollection is that it is about 40 to 50 actual roles that are impacted. The district has been at pains to emphasise no forced redundancies, so it is a voluntary framework only.

They have sought the agreement of the ministry—and we granted it—to provide a longer grandfathering arrangement for people who would find themselves placed in a role but at a lower level than where they may have been acting for a period of time. That was done because of the length of uncertainty with the restructure, such that we had people who were acting in roles and, therefore, being paid perhaps higher than their normal base salary for much longer than we would normally think is a good thing. Therefore, we extended salary maintenance out to

12 months for people who are placed in roles where their substantive pay reduces. The last piece of information I can advise is that parties were in the Industrial Relations Commission today, talking about a small number of contested roles. Agreement has been reached, with the support of the commission, on how to approach those. So the restructure will continue and it will be complete, I would think, within four to six weeks.

The Hon. TARA MORIARTY: Thank you for also taking on notice the numbers of jobs.

Mr MINNS: There are two numbers that are important: The number of equivalent full-time roles and then it is a question of how many positions—how many people by headcount—might be impacted. They are different numbers but we can get them both for you. I might be able to do it before the end of today's session.

The Hon. TARA MORIARTY: That would be great. I guess I am asking this with a couple of hats on. That restructure is happening across the entire health district, so it affects all kinds of different roles within that district. If possible, can I also get a breakdown—based on this estimates—of how many mental health roles in whatever capacity will be gone as part of that?

Mr MINNS: We can do that for you. The generic issue about the restructure is that it is concerned with managerial roles, more so than frontline service delivery roles. That is just a function of that period of time that it has taken to complete this restructure.

The Hon. TARA MORIARTY: The information I have is that some of them are front facing, some of them are kitchen staff or bus drivers, and some of them are managerial, so whatever breakdown we can get but particularly—given the topic today—in terms of mental health. You are welcome to give the Committee a breakdown on all of it; that would be helpful. As I said, this has been raised with me by people who work in the areas and they are genuinely very concerned. While we are on the topic of Goulburn, can I ask what is happening with one of the mental health units there, the Ron Hemmings Centre? It was closed last year—for what period it was originally supposed to be, we are not sure—but suddenly was then going to be kept open but under review. I think two reviews have happened. The second one was happening over the Christmas period and finished in January. We are expecting a report this month. Firstly, what is happening with the review? Secondly, is the Ron Hemmings unit going to stay open?

Dr LYONS: I think you are as well informed as we are about the process. Yes, we were advised that late last year there were some issues with the service profile and concerns about maintaining safety for staff in the environment, so for a period of time no admissions were taken into that unit and care was provided in other settings in mental health in Goulburn for any clients who needed it. There has been an independent assessment of the service delivery model, particularly looking at the model of care that is being provided through that unit and how the district wants to configure its acute and subacute mental health services and a particular focus on rehab and how that should be best delivered and where. We are awaiting that outcome as well.

Our desire, and we have continued to reinforce and support this with the local health district, is that—it is an appropriate thing to do to revisit service delivery models and make sure you have got contemporary practice and appropriate and safe quality care with the right people delivering that care. But we need to ensure that we are maintaining access to services for our clients. It is not a change that is going to reduce access to care, but actually should be done in a way that is going to deliver improvements to the service and not take away from the service. That is the message we have been providing through to the local health district management. We will wait and see what the outcome of the independent review is and what applications it has for the services, and then work with the district to ensure that they are appropriately responding to any recommendations on that basis that I just outlined.

The Hon. TARA MORIARTY: I appreciate that. I completely understand reviews happen all the time and you want to be doing things the best way that you can locally. In this particular situation, it caused a lot of concern for the people who use this facility and for their families. So the report is still due this month?

Dr LYONS: We understand it has been completed but we have not seen it yet. I am not sure where in the process it is up to, whether the districts have received it yet, but we certainly have not seen it yet. We will be staying close.

The Hon. TARA MORIARTY: And the details of it will be publicly available, not just the decision?

Dr LYONS: Once there is a decision made about what actions are to be taken, absolutely, it should be provided transparently and publicly.

The Hon. TARA MORIARTY: We touched on this a little bit this morning but probably not in enough detail and I am really interested to hear some more about it. There has been some reporting recently about very young children being medicated for mental health related issues, so anxiety and all of the rest of it. It is quite

concerning because it is reported that the numbers are growing in terms of GPs providing medication to children. Can I get some information from your perspective about what is happening?

The Hon. WES FANG: What GPs?

The Hon. LOU AMATO: It is called Ritalin.

The CHAIR: Order!

The Hon. TARA MORIARTY: It is genuinely a very serious issue and really concerning.

The Hon. WES FANG: Yes, I am just wondering what GPs are prescribing it.

The CHAIR: Order!

The Hon. TARA MORIARTY: For background, I know a lot of GPs have confirmed probably off the record, but a lot of the public commentary is saying that GPs are saying they are the ones who are prescribing it and in a lot of cases it is because they cannot get the kids in to see psychologists and psychiatrists. If you want to comment on that as well, I am interested to know more about it because it is quite a concerning issue.

Dr WRIGHT: The issue of what kind of treatment should be provided to children and adolescents is something that certainly my colleagues and my profession is very well aware of. There is always concern about the risks attached to certain medications in the young and the very young. I am comfortable talking about that issue. I am not so comfortable talking about the suggestion that GPs are prescribing that medication because they cannot get into mental health services. I would really need to see some evidence to support that because in some instances that may be access to a publicly funded service and in some instances it might be private services. Without that kind of detail, my answer could be all over the place.

I do think that the importance of a comprehensive assessment of young people—and it is usually between paediatricians and child psychiatrists and community adolescent mental health services and it is an assessment of the individual and their whole family. When you go about it in that kind of way—and that often takes several goes to achieve a comprehensive picture of what is actually happening with the individual because quite often it is their environment that is the issue as much as it can be the individual themselves—you end up with a treatment plan which does not include medication. My comment would be probably the same as your comment was which is that it is really important not to reach for the quick solution but, rather, for the more comprehensive assessment process, which can take time but can save you from going down a wrong pathway.

Dr LYONS: I can add a little bit. This is not just a mental health issue. We did a review of child health and paediatric services across the State about 12 months ago and it came up as a big issue in relation to paediatric and child health care as well. It is often around not specifically mental health issues but behaviour in young children and behavioural assessments, and they were often done not by psychiatrists but by psychologists and general paediatricians, particularly behavioural paediatricians. What has happened over time is that increasing referrals for those types of assessments has meant that access to paediatricians to do this work is limited now. It is about an issue around access.

Because the prescribing of these medications was a specialist model—so it was actually on authority by specialists initially—a lot of the children who were receiving these medications were going back for ongoing assessments, which meant that new assessments were difficult to get in. We are now looking at a model of service delivery with the paediatricians actively involved in defining up under what circumstances might we accredit a GP to be actually providing some of the ongoing care, so that there would be an initial assessment done by the appropriate people, a decision made that this is an appropriate treatment path. Then if there was an ongoing assessment and monitoring of the medication requirements then that is done by the accredited GP practice. We are exploring that model at the moment but it is a big shift and as a result of some of the increasing demand for care for children who have got behaviour disorders.

The Hon. TARA MORIARTY: Thank you, that is actually very helpful. I am not a doctor; I do not know. That is why we have you guys here. But this is something that has been reported as a concern by major news outlets so it is my job to ask the questions about it. That is very helpful in terms of an answer. Are we seeing more children presenting with issues? I hear anecdotally when I meet with service providers across the State that they are seeing kids younger with more issues. Is that something that you are seeing and, if so, what is going on with our kids?

Dr LYONS: We are seeing some shifts occurring and there is certainly increasing demand for these assessments and for assessments that might allow people to potentially access the disability insurance scheme. Part of what we are seeing here, we think, is an interplay between an increasing demand for things but also a gateway to access other services and care pathways. There is an Early Childhood Early Intervention pathway in

the National Disability Insurance Scheme that allows people to access some resources and care if they qualify but they need to have a behavioural assessment and an assessment about development milestones being met as part of that. We are seeing an increasing number of children being referred to those assessments as well, which is putting quite significant strain on our services. I think it is all tied up together and it is probably multi-factorial.

Ms CATE FAEHRMANN: Dr Wright, I want to ask a few questions about forced medication or chemical restraints. I understand you have been approached by some mental health advocates, particularly Justice Action and some other organisations, around what I understand is a 2014 communiqué in relation to community treatment orders as well as forced medications. Are you aware of what I am referring to?

Dr WRIGHT: I am not aware of the specific communiqué that you are referring to. I am certainly familiar with community treatment orders and I am certainly familiar—

Ms CATE FAEHRMANN: It is a 2014 communiqué from you and basically it is around treatment orders as well as, I understand, forced medication—this is the power of the health department to forcibly medicate individuals.

Dr WRIGHT: I understand what the powers are under a community treatment order but I am certainly not familiar with the detail of that communiqué.

Ms CATE FAEHRMANN: Are you aware of the case of Kerry O'Malley that went before the Supreme Court?

Dr WRIGHT: Yes.

Ms CATE FAEHRMANN: I think she was successful in that in terms of being forcibly medicated and what she endured as a result of that.

Dr WRIGHT: Yes, although again, the detail eludes me. Perhaps if you ask your specific question and I will see if I have got sufficient information.

Ms CATE FAEHRMANN: We have had Justice Action and a number of different organisations advocating for the law to be updated to reflect, for example, the Supreme Court's ruling in relation to forcible injections or forcible chemical restraints. The court found that we have to define what is "serious harm". Are you aware of that? I understand that you have had quite a few people contacting you about this.

Dr WRIGHT: No, that is not correct.

Ms CATE FAEHRMANN: I have some emails in front of me. Basically, you have suggested to these people that they contact the Mental Health Review Tribunal to essentially see if they can update their website. This is a serious issue. You are aware of potentially thousands of people in New South Wales who are basically being forced to take medication potentially that is being used as a chemical restraint?

Dr WRIGHT: I am certainly aware of the Mental Health Act and how it pertains to community treatment orders, and I am certainly aware that there are concerns about the, at times, coercive nature of community treatment orders and how they are interpreted and play out. I think that the specifics of the issues that have been raised with my office, I ought to take that on notice so that I do not mislead. But the question of definition of serious harm, that is an issue not just for community treatment orders, that is an issue for the Mental Health Act per se. It is one of the characteristics of any form of involuntary treatment, whether it is under a community treatment order—

Ms CATE FAEHRMANN: I do understand that you can potentially change your direction to NSW Health, though. The Supreme Court ruled that the justification of serious harm in terms of forcibly injecting should only be used to describe extreme situations. I understand that the way in which the potential to pose serious harm, according to a number of different advocates, is too broad; therefore, this is being used too widely. Have you had advocates for that particular point of view approach you, and as I said, this is what the Supreme Court has found?

Dr WRIGHT: Again, I do not have a recollection. Sorry, I have a—

Ms CATE FAEHRMANN: What is your view of it, Dr Wright?

The Hon. NATASHA MACLAREN-JONES: Point of order: The member is asking the witness for an opinion.

Dr WRIGHT: I can go to an email. There was an email that I sent on 8 December last year and it is in response to the communique in November 2014 about—shall I read it out? That might help.

Ms CATE FAEHRMANN: Sure, I am happy for you to read it out, unless it is very, very long.

Dr WRIGHT: No, it is not. It states:

As per our previous correspondence on 4 November 2020, the New South Wales Chief Psychiatrist's communique of November 2014 remains relevant in guiding mental health clinicians regarding the considerations in the assessment of risk and in line with the legislative definitions as provided by the New South Wales Mental Health Act 2007 and the New South Wales Mental Health Tribunal. No further action is indicated at this time. If you wish to further clarify the legislative definitions of serious harm, you should contact the New South Wales legislative bodies or the New South Wales Mental Health Review Tribunal.

Ms CATE FAEHRMANN: Just to be clear then, given what the Supreme Court found and the treatment of Ms Kerry O'Malley, in terms of your role making recommendations around those guidelines, your role in terms of narrowing the definition of serious harm—which really should be in terms of serious harm, physical harm, obviously sexual assault, any physical harm—but in terms of discomfort or disturbance by that individual, that should not be serious harm. I suppose the question is, firstly, what is the definition from your point of view? What is serious harm? And is the only way for it to be updated, despite what the Supreme Court says, is the only way for it to be a legal change? Surely you have a role as well in terms of making recommendations?

Dr WRIGHT: Again, I think that to give fairness to this issue is to take the question on notice so that I can go back to the sources that were utilised when I composed that response, because I do not really want to give a misleading answer on the run at this point.

Ms CATE FAEHRMANN: I respect that. I am not trying to push you further in that way. I respect your response. When there are court cases, for example that have the potential to change the law, I am assuming that the mental health Minister, yourself and others would get together and say: Do we need to update these guidelines considering this is still happening? Is that happening, for example?

Dr WRIGHT: It happens most commonly in response to coronial inquiries and the recommendations of coronials, and there is a clear process for a review of all the recommendations that come out of those kinds of inquiries. Obviously, if there was a case that was specific and to another aspect of the mental health legislation, then we, in conjunction with the tribunal and the legal branch within the ministry, would also review that.

Ms CATE FAEHRMANN: Can I potentially make a strong recommendation that—thankfully in this situation it is not a coronial inquiry and it is something that went to the Supreme Court—this is something that should be looked at before, thankfully, we are talking about dead bodies and looking at what we should have done. I am very interested for you to take this on notice and coming back. Not just Justice Action, but a number of different organisations have been asking for this: Mental Health Australia, Mental Health Carers NSW, the Victorian Mental Illness Awareness Council [VMIAC] and Consumers Health Forum of Australia have all been asking for this. Obviously Justice Action has been calling for this. It is something that is an issue and I have been asked to ask the Chief Psychiatrist directly to see if some conversations can take place internally. Because what we are getting from those advocates for people with mental health issues is that the situation is less than perfect and far from ideal, that they are hitting blockages internally within the department. Thank you, Dr Wright.

The Hon. TARA MORIARTY: I want to follow up on a couple of things that we talked about this morning. The first one, Dr Wright, you were talking to us a bit about the processes that you are undergoing in terms of looking at the increase in young people presenting with self-harm and eating disorders at emergency. You were outlining some of the work that was being done on that. I said we would come back to it this afternoon. You are welcome to explain what is happening.

Dr WRIGHT: Sure. Just to recap, it was during the course of last year when we were meeting with our leadership groups from the LHDs on a more regular basis to monitor what was happening during the pandemic, because we had many predictions about what was going to happen and we wanted to be very clear about what the evidence was telling us. The most significant, I guess, change that we saw, apart from the early reduction in demand for services, which I think was not for good reasons, was the increase in presentations and particularly increase with suicidal ideation and self-harm amongst that adolescent group. We raised that as a specific issue, got as much data as we could, which was thankfully more data than we were able to get pre-pandemic—so that is one of the benefits that we have experienced—and got a fairly good picture, which showed that this was indeed a problem across many of our services. As I said before, we also reached out to some of the other jurisdictions interstate and they were experiencing similar problems.

What we have done is put together a working group which, I will not labour the point, is across a number of different agencies. They really wanted to look at what could be done right now—I think you used the word "crisis" this morning—to begin to respond to this issue, which has been growing for a number of years. They looked at a number of different components. They looked at the governance arrangements—I know that sounds dry but good governance gives you an idea of changing demand very early so that you can respond, realign and reallocate your resources. They were looking at access to services and models of care. Again, these things are

important because there are some potential adaptations and models of care which can improve access for people if there is an increase in demand for services. Pathways to services and also staff training.

They developed up a number of small projects in different districts. There are six different districts running small projects to look at whether there are some initiatives that they can pilot quickly and to see whether that helps in responding to the increasing need. Obviously you heard this morning about the Youth Aftercare Pilot and the fact that there is an expansion of Headspace facilities. These are things that will also contribute to a response to these things. Quite frankly, the improvement in community-based and primary health resources—which is how I would characterise Headspace—that early intervention, should help us to encourage people to engage early and intervene early so that we do not end up with a crisis.

The Hon. TARA MORIARTY: Thank you, that is really helpful. I understand that it is relatively new information but we also talked this morning about how this has been a growing phenomenon for 10 years now. Why do you think it is happening? Why are these figures skyrocketing? What is happening with these teenagers?

Dr WRIGHT: That is why I signed up for a webinar late last year with the epidemiologists from North America because I wanted to see whether there was any evidence to support the numerous different issues which are out there. Obviously we were concerned last year that what was already a trend could be exacerbated because of the significant disruption, particularly to schooling and social engagement for young people for whom that is a vital part of life. I do think—and I know I am repeating myself—identifying that it is an international trend and it has been going on for a while means that we need to be cautious about reaching for simple explanations.

The idea that it is social media influenced, I think, just does not hold up. I think that is important because that gets a fair bit of airplay from time to time. I really do not have—and no-one at that meeting that I attended who are more expert than I was able to give a, kind of, coherent and comprehensive response to that issue. In health and in mental health that usually means there are multiple factors. I do think that because it is something which we are seeing across advanced western countries, I think it is something to do with some of the pressures that exist for young people. I would like to think there is an element of it which is a product of us trying to destigmatise mental health issues so that we actually want people to put their hand up and reach out for services. That should lead to demand but my preference is that that demand would be early intervention, not in crisis.

I think that kind of education as a community and destigmatising of these things is a factor. But I think we have got to be looking to the possibility of wide, sort of, social pressures and changes as having some kind of impact, otherwise it is difficult to understand why what we are going through here is very similar to what is happening in places like North America and Europe.

Mr PEARCE: Would I be able to add briefly to that?

The Hon. TARA MORIARTY: Yes.

Mr PEARCE: In terms of the level of reassurance that the increased demand was addressed by increased service response: Having a look at the data for increased presentations to emergency departments 2019 to 2020 for the aged group nought to 17, there was an 19 per cent increase in presentations and there was a commensurate increase in the percentage of admissions. About 20 per cent of those young people were admitted, so the increase was commensurate with the presentations. Also looking at new community clients that are managed by public mental health services for children and adolescent services in the community, there was a significant increase there in new clients. So, it was not that they presented and did not get a service—that was addressed. It is obviously increase demand for the children and young people services. In that COVID space the latest figures I have: As of January, 290 additional staff across those strategies, including children and young people, clinicians. There has been an immediate service response to the increased demand.

Dr LYONS: I might also add, you mentioned there was an increase in presentations for eating disorders. We have recognised that that is an area that needs increased support and resources as well. There is now a process for an eating disorders strategy across the State. The Government announced a $7.7 million investment on top of what is already existing in the 2020-21 financial year and ongoing. That is going to allow significant investment in further services. InsideOut is the group that actually provides the expertise for the State in relation to evidence- based programs for eating disorders. What has been highlighted is that there is a real issue around care pathways locally and navigation of services, particularly for young people who need access to both mental health care and physical health care.

There has been agreement to establish a coordinator role to be a focal point in each local health district to be the coordinating point to ensure that if people are referred in that they can access the appropriate care. There will be additional day programs offered to allow people to attend day programs across the State—I think they are three or four day programs that we have invested in to allow people to be able to be seen in an environment with expertise provided to support them. There is a recognition that there has been an increase in presentations at

emergency departments. The explanation around that as well was what Murray was alluding to—there is a sense that we are actually saying for eating disorders we are prepared; this is something that you should seek care for; we have got services available; if you are unwell you need to present. What we need to do is to get enough services in place so the pathway for entry is not through the emergency department. So that is where we are headed and that is why the investment is in place, and that is where we want to go.

The Hon. TARA MORIARTY: Thank you. That is helpful. I want to follow on from what my colleague Ms Faehrmann referred to earlier in terms of seclusion and restraint. The numbers we were looking at were from last year. The target is less than four hours—correct me if I am wrong. Last year and in recent times it has blown out to seven and above. Dr Wright, you talked about this morning. What are we doing about this? This has been an issue for a long time. We cannot go back to the days of restraining people and leaving them in seclusion.

Dr WRIGHT: As I mentioned this morning, I think we saw a reduction of performance in the early part of this last year. In context, I think that from where we started this journey, which was around 2010, we are very significantly better, and I would hope so, than we were back then. The issue of that kind of deterioration—again I apologise to recap but I just feel the urge to put it in context—is that the achievement of the targets in relation to seclusion and restraint requires the application of highly skilled staff and their invariable attention over a 24/7 period. They are dealing with really very complex and very challenging situations. That is not by way of an excuse, that is really to say that it does not take much in terms of kind of distraction either at a local level, at a facility level or at a district level in terms of the various roles that people play for things to slip.

That is the big message that we took out of that because we have certainly spoken at length in the meetings that I was talking about before—our Mental Health Community of Practice meetings—about what this all means. Again, there is a variety of explanations, but I think the big one is that it is a whole-of-team comprehensive effort to achieve a reduction in seclusion and restraint. I know you are familiar with the strategies that drive that change. They are an intricate set of interdependent strategies that include leadership, culture, education and support, data et cetera.

The slippage that occurred was certainly, to some extent, influenced by what was happening in the whole world at the beginning of last year. It is difficult for us from this vantage point to look back and to remember—it is not that the pandemic overwhelmed our services, but we spent an enormous amount of time and energy at every level in the health system, including the mental health system, anticipating what could happen and preparing for that. That is a real effort. That effort included people who were on the floor in the clinical services, their managers and their leaders and everybody else.

Everybody at all levels has some kind of role in the mental health system to monitor seclusion and restraint. When we were collectively—and, in my view, reasonably appropriately—distracted trying to prepare for what we thought was a catastrophe, in the form of the pandemic, and to contingency plan about what we would do in our mental health units, one of the unforeseen effects of that was a reduction in attention to the efforts that drive improvement in seclusion, and that is what we saw.

We had a very frank discussion with our directors and clinical directors when those figures emerged and said, "Look, we have got to keep one eye on what is happening with the pandemic and how that is affecting our services and our communities, but we have also got to start picking up the processes, strategies and initiatives that drive things like the seclusion and restraint practice." That is where, as the Minister was mentioning this morning, there was correspondence to each of the LHDs to provide us with an understanding of why their performance had changed—and we got that information—and also what they were actually doing about it.

The explanations are different in each place—which is, again, as it should be—and so are the responses, but we are continuing that process. The conversations are happening in the ministry performance meetings on a regular basis. It is very much at the front of the agenda because we are not happy about it, you are not happy about it and, quite frankly, the services are not either. But the services are enormously proud of their achievements when they can drive that down because no-one benefits from having that kind of practice happening on a regular basis. They are disappointed as well, and I do think there is a renewed focus and attention that was happening towards the end of last year and into this year.

Mr MINNS: Chair, if possible, I could return to some of those questions asked by Ms Moriarty earlier?

The Hon. TARA MORIARTY: Sure.

Mr MINNS: I can answer all bar one.

The CHAIR: Thank you, Mr Minns.

Mr MINNS: The restructure was designed to impact 50 full-time equivalent roles but that had an impact on 53 people, given some job-share arrangements et cetera. It was focused on managerial and support positions.

There were a further 94 people working in the district impacted in the sense that their reporting line might change, their work duties might change and there could have been a change to their grade, which is where that matter of salary maintenance that I mentioned earlier came in.

Just to the point about concerns about understanding the restructure, the new CE arrived in May and focused on this issue very clearly with the staff and management. They released an extensive plan for the restructure on 10 September and had four weeks of formal consultation, during which there were at least 39 workshops, face to face and via Skype, and many other craft group meetings involving staff and staff leaders. There were 689 pieces of feedback tendered and responded to as part of that process. It has been a very intensive effort to try and resolve the matter. To your question as to whether there have been any impacted roles in mental health, that is one I will keep on notice. But I can indicate that there has been augmentation of management roles in respect to mental health in the district. I will provide that detail as well in the further response.

The CHAIR: Thank you, Mr Minns. Ms Faehrmann, do you have any further follow-up questions?

Ms CATE FAEHRMANN: Yes, I do. I just wanted to ensure we were clear in terms of the discussion before, Dr Wright, about the Supreme Court ruling in relation to 74-year-old Kerry O'Malley. This ruling, as I understand it, was last year and came basically after Ms O'Malley was essentially fighting the imposition of what I understand was forced medication for the last 47 years. I think you are aware of that situation, is that correct—the Supreme Court order?

Dr WRIGHT: I am aware of it but my recollection of it is not strong. That is why I wish to take the question that you asked on notice.

Ms CATE FAEHRMANN: The question, just so we can be really clear: Firstly, you have had mental health patient advocates asking you about this and asking you to look at the guidelines. Essentially the Supreme Court ruled that the justification of "serious harm" should only be used to describe extreme situations—

The Hon. WES FANG: Point of order: The witness has taken the question on notice and now Ms Cate Faehrmann is using this as an opportunity to put on the record, it would seem, the details of the issue that she is questioning. The witness is aware of it and has taken the question on notice. There is no need for this line to—if there is a question then I am happy for the question to be asked, but what is happening at the moment is Ms Cate Faehrmann is just reading onto the record detail—

Ms CATE FAEHRMANN: To the point of order: For goodness sake! I am just trying to clarify what I was asking before. Obviously we are allowed to ask the questions in the way that we want to ask them. I am getting to a question just to clarify what I was referring to before because I have found—

The Hon. WES FANG: I don't think there is any need—was clarity asked for?

Ms CATE FAEHRMANN: Excuse me! This guy really needs to—

The CHAIR: Order!

Ms CATE FAEHRMANN: —get a grip.

The CHAIR: I have been listening quite attentively. What I understood the honourable member was doing was to in fact delineate the specific questions that Dr Wright has agreed to take away on notice and deal with. I do not think there is a need to contextualise what the questions are but rather to nominate those questions for him to take away for examination and provide an answer to the Committee.

Ms CATE FAEHRMANN: Thank you. Just to be clear, since the Supreme Court ruling around the justification of the use of "serious harm" has there been consideration of changing the guidelines to reflect the law—and if not, why not? That is essentially what is to be taken on notice, thank you.

The Hon. WES FANG: We got there in the end.

The CHAIR: Order!

Ms CATE FAEHRMANN: I also just wanted to ask a question about whether there has been any consideration of provision of education in mental health hospitals in terms of locked hospitals. What consideration has been given to that? I understand that there is not any access to teachers or courses, if you like. Is that correct?

Dr WRIGHT: I think the question related to that was asked by Ms Hurst this morning and I gave a response to say I do not have any specific details. But there is a broad issue, which is that for the most part what we are trying to do when someone has a serious mental health condition requiring to be hospitalised is to assist them on the path to recovery. The recovery includes, where possible, engaging with normal activities, which include education, employment and other social activities. So if someone is able to productively engage in

education, then it is more likely than not to happen in the community as opposed to in a facility. That is in the young adult and adult area. With young school-age people, some of our facilities do actually have access to education on site in the facilities. It is a vanishingly small number, thankfully, of people who are permanently locked up in mental health facilities. It is not the same as being incarcerated.

Ms CATE FAEHRMANN: Sure. I do understand that those people who advocate for consumers, however, have been after and advocating for access to education, particularly after the situation with the terrible death of Miriam Merten in Lismore. I understand that that has been something that they have been advocating for.

Dr WRIGHT: One of the recommendations—well, the recommendations talk about the importance of having a meaningful program within the inpatient units. In broad terms I would include different forms of education as part of that. The program is often based on improving on activities of daily living. It is often based on occupational therapy or psychotherapy. As for specific components of education, I cannot comment on its connection with the case that you are referring to.

Ms CATE FAEHRMANN: I just drew the connection for it in terms of the mental health consumers advocacy network have said, on behalf of mental health consumers, that access to education is one key area that they felt they were not listened to.

The Hon. WES FANG: Is there a question there?

Ms CATE FAEHRMANN: I am clarifying.

The Hon. WES FANG: Well, you are clarifying rotten.

The CHAIR: Order!

Ms CATE FAEHRMANN: We will have to look into how we can boot out a member of the Committee when they become—

The Hon. TARA MORIARTY: Do it!

Dr WRIGHT: I do think the importance of access to education is—I am absolutely 100 per cent with that. I think my point is that wherever possible that would be in a community-based setting, not in an inpatient setting. So I am not sure, particularly in adult inpatient units, precisely what it is.

Ms CATE FAEHRMANN: This question is very specific about that. That is the question.

The Hon. WES FANG: The question was far from specific.

Ms CATE FAEHRMANN: Point of order: Honestly, the banter from across the other side by that member is incredibly rude and disrespectful. Can I suggest he be chucked out of the room if he continues?

The Hon. TARA MORIARTY: Hear, hear!

Ms CATE FAEHRMANN: Seriously, I am asking legitimate questions about deaths of patients and he is being so rude and so disrespectful to the whole process.

The Hon. WES FANG: No, what is disrespectful is the way that you—

The CHAIR: I ask the Hon. Wes Fang to please restrain himself. Government members made a decision not to ask questions, leaving it to the Opposition and crossbench. Ms Cate Faehrmann has the call so I ask that you not interrupt her, please.

Ms CATE FAEHRMANN: I was just clarifying that. It was specifically a question within locked mental health units.

Dr WRIGHT: It may be preferable to take that very specific and, I think, relatively discrete issue on notice.

Ms CATE FAEHRMANN: Okay. Discrete, but still impacts, obviously, on people.

Dr WRIGHT: Yes.

Ms CATE FAEHRMANN: I just want to go back to the seclusion and restraint, if we could. I understand in relation to ensuring compliance with the policy that all districts and networks must develop a service level action plan?

Dr WRIGHT: Yes.

Ms CATE FAEHRMANN: Do you know off the top of your head that most services are developing these plans or are on track to do that?

Dr LYONS: Yes, I believe so. Mr Pearce may have something to add to that.

Ms CATE FAEHRMANN: Mr Pearce, is it?

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

Ms CATE FAEHRMANN: Okay. We will leave it there because I think most of my other questions on this, if you are taking that on notice, you will probably take the rest on notice. That is it for me, Chair.

The CHAIR: Thank you. We return to the Hon. Tara Moriarty.

The Hon. TARA MORIARTY: I am going to try to wrap this up like rapid-fire style, but we will see how we go. Commissioner, I have a whole bunch of questions on the Living Well report but I understand the time of the day. In terms of the comments that you made earlier, I think you are absolutely spot-on—and there is a question. With mental health, other than the acute services, it really needs to be a whole-of-government approach. I know that is a big focus of your work and your report. How are you going with government in relation to that? What is your response from, first of all, the mental health Minister, but also do you have any engagement with any other parts of government, or is it through the Minister?

Ms LOUREY: Thanks for your question. Under our legislation, when the report gets tabled in Parliament we then write to each secretary head and ask them specific questions about reporting back to the Minister and to the commissioner on recommendations or any particular issue within the report that is relevant to them. Under our legislation, they have six months to do that, so that would be May or something like that—19 May maybe. The commission has formally written. We have also held a Zoom meeting with relevant agencies before Christmas to talk through the plan so that they can understand what those relevant actions or recommendations may be to assist them in understanding in framing a response. We also held Zoom briefings with relevant community peak organisations because they are obviously not only interested as stakeholders but in some of those recommendations they are also partners.

I have also briefed and spoken with the Mental Health Taskforce, that the Secretary chairs, and I think that has been a really valuable exercise. So in terms of how we engage, that has been our primary engagement across government. We also, outside the task force, have other government agencies that are very interested in our work; for example, the Ombudsman. We have been meeting with the deputy Ombudsman in regards to Aboriginal mental health. We really are, in one sense, trying to support agencies in understanding how the implications from *Living Well in Focus* are for them. I would also really have to say that a lot of what is in *Living Well in Focus,* agencies are already on track. Sometimes they might need a bit of a nudge, but I think it has been very well received from the conversations that I have had with agencies to date.

The Hon. TARA MORIARTY: Thank you. I should know this—I can check—but I will quickly ask you. You have written to all the secretaries. They have to respond by May. Will that information be publicly available or how do you deal with it?

Ms LOUREY: No, under our legislation we have to include it and publicly report in the commission's annual report after it is received, so that would be the annual report for 2020-21. It will be made publicly available.

The Hon. TARA MORIARTY: Thank you. I am sorry that I am not going to be able to properly go through the report but there will be chances to do that because I know it is planned over a long period of time. What is going on with your funding?

The Hon. WES FANG: A budget question.

The Hon. TARA MORIARTY: You have lost some funding. I understand that it is some of the grant funding that has been moved to Health. Is that what has happened? It is attached but it has been moved. Can you tell me what is happening with that?

Ms LOUREY: When the commission was established in 2012, our budget comprised of grant funding to Beyond Blue, WayAhead, Mental Health Carers NSW and BEING, the consumer peak body. From this financial year those grant funds, which is about $3.9 million, have been transferred to the ministry and to the Mental Health Branch for administration.

The Hon. TARA MORIARTY: I really should have asked this of the Minister this morning, but can the Mental Health Branch guarantee that that money will be allocated to mental health services?

Mr PEARCE: Yes. Those contracts have continued so we have taken on the contract management and the funding of those existing contracts that were previously managed by the Mental Health Commission.

The Hon. TARA MORIARTY: So that is for the existing ones, but what about into the future?

Mr PEARCE: Correct. Those contracts are multi-year contracts. They are reviewed and renewed. The commitment will be those funds will be supporting mental health services across the State. Typically, with all our contracts we review—

The Hon. TARA MORIARTY: Understood. The grants are given to some organisations currently and there are contracts in place for those. Each of those will come under review at some point. I understand that. But the $3.9 million will stay—if it was to be moved from one of those organisations to another, it will stay in mental health services.

Mr PEARCE: Correct.

The Hon. TARA MORIARTY: There was going to be a review done on the Central West. We have seen a doubling in escapes from facilities—for want of a better way of putting it. What is happening with that? I was promised that there would be a review undertaken—in fairness, it was by the Minister, but I ran out of time this morning. Do you guys have any information on that?

Dr LYONS: I can give you an update. The district has commissioned an independent review of how the care is being provided in those environments with a view to minimising those instances. My understanding is the review has now been received by the district. Once the district have reviewed it, we will review it at the ministry, particularly looking for any statewide implications for what we should be advising all of our services to do differently as a result of what might have been learned from that review process. So it is imminent. The district have it at the moment and are considering it, and then it will come into the ministry.

The Hon. TARA MORIARTY: Great. Will that be publicly available?

Dr LYONS: I am not sure about the detail of the report. I suspect the response from the district and any issues that the ministry sees as being statewide issues will definitely be public.

The Hon. TARA MORIARTY: Just quickly, there was an announcement we touched on this morning that the Minister made in terms of 100 nurses in schools over a period of years. Presumably the department is involved in that in some way. Can I ask: What planning has been done? Really the crux of my question, given the time, is: Are these positions going to be existing nurses moved or are they new positions? What is the process?

Dr LYONS: They are new positions. We are well advanced with the planning. The investment the Government made was announced in November and we have very rapidly worked with the local schools and education department along with the local health district to identify what communities would be best for those positions to go into. The advertisements are now running. They will be new positions. So they are in addition to the existing profile of the local health service and the education department. Ads are running at the moment for people with the appropriate skills, training and experience to apply for those and we are looking to rapidly fill them.

The Hon. TARA MORIARTY: You said that you worked on deciding which communities would be best to get these nurses. Which communities will be?

Dr LYONS: I will take that on notice about the detail of it. I think there are about 40 or 50 in the first round. Basically, we have worked through a process with the Department of Education about saying what will be the best schools and communities for these to go into. We have got a list. I will provide that on notice.

The Hon. TARA MORIARTY: So that list has been created. There are 40 that have been decided to date and will get that—

Dr LYONS: Yes.

The Hon. TARA MORIARTY: Fantastic. Thank you. I am not leaving this till the end of the day on purpose and I want to be really sensitive about how I ask, but there are a couple of things that I want to know if it is possible to get some updated information on. Again, I want to be really sensitive and careful about this but they are in relation to the deaths of nurses in the mental health system—one of them at Liverpool Hospital and the other is the community nurse. Is there any update on what is happening with reviews of those that you can provide? Again, I do not mean to be insensitive to leave it to this point, but I would like to ask.

Dr LYONS: I think in the interests of time we might take it on notice. They were very distressing events that have been reviewed very thoroughly both by the districts concerned and have been the subject of coronial inquiries as well. We can take it on notice about what actions are in place. I know that the Sydney LHD were very active in responding and very supportive of the family of the nurse, very concerned for the staff and colleagues. So a whole lot of actions are being taken. But I think in terms of the detail it would be safe if we could take it on notice, if that is okay.

The Hon. TARA MORIARTY: If that can include, obviously, the reviews of the incidents themselves but also things that have been put in place in order to—

Dr LYONS: Make it safer.

The Hon. TARA MORIARTY: —not let it happen again. That would be great.

Mr PEARCE: Mr Chair, could I just quickly respond to the last question I took on notice?

The CHAIR: You may.

Mr PEARCE: I have received confirmation that all districts and networks in relation to seclusion and restraint have developed local seclusion and restraint prevention action plans.

The Hon. TARA MORIARTY: Thank you.

The CHAIR: I thank you all very much for coming along today. The Committee secretariat will be in touch with you in the near future regarding questions taken on notice and what might be some supplementary questions that are expected to follow the hearing. On behalf of the Committee, I thank you all for the most important work that you do for and on behalf of people with mental health issues in this State who need care and support. Thank you very much.

(The witnesses withdrew.)

The Committee proceeded to deliberate.