



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE

(Reference: [COVID-19 pandemic response](#))

Members:

MR A COE (Chair)
MS T CHEYNE (Deputy Chair)
MRS V DUNNE
MS C LE COUTEUR
MR M PETTERSSON

TRANSCRIPT OF EVIDENCE

CANBERRA

FRIDAY, 31 JULY 2020

Secretary to the committee:

Ms Annemieke Jongsma (Ph: 620 51253)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

WITNESSES

FELTON-TAYLOR, MS LEITH , Manager, Policy and Sector Development, Mental Health Community Coalition ACT.....	535
LEESON, MS CARRIE , Chief Executive Officer, Lifeline Canberra.....	540
VIERECK, MR SIMON , Executive Officer, Mental Health Community Coalition ACT.....	535

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Amended 20 May 2013

The committee met at 10.21 am.

FELTON-TAYLOR, MS LEITH, Manager, Policy and Sector Development,
Mental Health Community Coalition ACT

VIERECK, MR SIMON, Executive Officer, Mental Health Community Coalition
ACT

THE CHAIR: Good morning, and welcome to this hearing of the Select Committee on the COVID-19 pandemic response in the ACT. Today we are hearing from two sets of witnesses. We will hear first from the Mental Health Community Coalition ACT. Mr Viereck and Ms Felton-Taylor, thank you both for joining us today. I understand that a copy of the privilege statement has been sent to you. Could you please confirm for the record that you received that document and that you are okay with the implications of it?

Ms Felton-Taylor: I have seen it and read it, yes.

Mr Viereck: Yes, I can confirm that.

THE CHAIR: Today's proceedings are being recorded for transcription purposes and we are also being streamed live on the Assembly website. Before we go to questions, do either or both of you have a brief opening statement that you would like to make to the committee?

Mr Viereck: Yes, I will do that. To start off with, as I am sure that you know, MHCC is the peak body for community-managed NGO mental health service providers in the ACT. We have played an important role during this period in providing a link between those NGOs and ACT Health, in particular.

To touch on the questions indicated in the email sent to us, we have seen, in terms of change in demand for mental health services, a pattern that reflects what you might expect around a major emergency—an initial dropping off in demand and a more rapid increase later on. In the ACT, it would seem that the initial drop-off in demand was not perhaps as widespread as in some other jurisdictions, but we have certainly also seen that increase in demand, increase in acuity and in level of need later on.

It has affected different populations differently. Certainly, we have learned through ACT Shelter of a rapid increase in impacts among homeless people and those in crisis and temporary accommodation. We have also heard from our other members, broadly, about an increase, and the different ways in which that might appear, including, very early on, already an increase in substance use, which probably masks an increase in anxiety. We can give you further examples, if that is useful.

An important thing that we experienced around the preparations and planning for COVID was that the work undertaken within Canberra Health Services and ACT Health, more broadly, particularly in the public health area, did seem to be both comprehensive and thorough. However, that focus was very much on hospital and government health services. That often left NGO health services in the early stages very much lacking the information and guidance that they needed. They were really making it up as they went along, in terms of the choices that they had to make. In

many ways, they were quite similar to those made by government health services. They were around, “When do I need to suspend the service?”, “Is this an essential service?”, “What is the right time to suspend this service?”, “What services must I absolutely continue to provide?” et cetera.

On the question of essential services, it was made clear that NGO health services, disability services, were also essential services, which is a broader definition than was used in other jurisdictions; it is very positive, but it did not necessarily become clear what that actually meant for NGOs. We would recommend that we need greater clarity around what that actually means and, in particular, whether that gives organisations greater access to PPE et cetera.

As I am sure you will have heard from other people presenting to the committee, a lack of access to PPE was a major concern across community organisations, and certainly for health and mental health organisations. It did have an impact on the ability to deliver services in terms of staff, and staff feeling safe in terms of their service delivery, as well as on participants, who were either cancelling services due to concerns around whether the organisation and workers had the level of infection control capabilities, wanting staff to use PPE when they delivered services in their homes, and the PPE not being in any way readily available.

In terms of service delivery and the changes that were required, service providers did make that transition from face-to-face service delivery to telephone and video-based supports, and to staff working from home where possible, as has occurred in other areas of the economy. On the whole, that went quite well, in terms of what our members have reported to us. For many of their participants it also seems to have gone fairly smoothly, and the level of support was able to be maintained.

With particular groups there were challenges. That was due to a range of things which I am sure you have also been presented with before, around a digital divide, lack of equipment and connection, lack of literacy and a lack of trust. Also, for individuals, it was about a lack of privacy in actually receiving that service. In situations like that, some of our members came up with innovative solutions around different ways of delivering that service, including doing it face to face but outside—maintaining proper distancing, going for a walk in a green area et cetera.

We certainly understand that staff isolation has been challenging for some and there has been a lot of stress and fatigue. One of the things we have also learnt is that doing things over video is certainly useful, and it has been quite helpful in many ways, but it seems to be harder work and it is leading to people becoming more fatigued.

Touching again on the government mental health response, as I mentioned before, largely, what was put in place and the planning that was done within government mental health services appeared to be quite sound, but we thought that there was a certain slowness and delay in providing that information and support to NGO services. The flexibility that was offered around contracts and deliverables was very helpful and came in a reasonably timely manner.

There was also good accessibility to and responsiveness by officials during that period, in particular through the ACT Health NGO leadership group and briefings from the

chief operating officer of Canberra Health Services. Again, that was really helpful and there was the opportunity to bring through information, ask questions and work to get out to providers the information they needed.

On the whole, we think there is the opportunity to learn from this, and that is really important. If I can summarise, I mention the need to really clarify what it means to be an essential service and what it means in practice as well. We certainly learnt that clear, consistent and plentiful communication is vital and, through a variety of delivery mechanisms, getting that information out as broadly as possible. There was lots of good work done around the general information; also, we need more specific and detailed information, in particular for service providers.

One of the things we can learn from this is what we had and what we did not have in place to manage this pandemic. We need to make sure that we do that assessment and that we build on a framework. We need to have in place a framework to understand how we identify the vulnerable groups and reach out to them quickly, and what tools we need in order to quickly distribute information et cetera. That is a piece of work that we believe still needs to be done. We have to make sure that it does not fall off the agenda again, when things do not seem to be as urgent anymore.

I touched before on the ACT Health NGO leadership group. That very much became the key mechanism for communication between NGO health services and the Health Directorate. It played a very useful role in that regard. It showed also that there was not a mechanism in place to take on that role of communication and information sharing. It could be useful to establish a high-level group that is ready to do that and is ready to be activated as needed—a network—and to understand who we need to have involved in that conversation.

THE CHAIR: I am mindful of the time, and I know that we have some questions. I will go to Ms Cheyne.

MS CHEYNE: Quite a few questions have come to mind as you have been speaking. You are not the first person to tell us that the rates of higher acuity for mental health have really spiked during this period. Is there anything that can be done to lessen or make that spike a little bit flatter, or is it simply due to the nature of what we are going through?

Mr Viereck: Initially, it is very much due to the nature of people delaying seeking help; therefore, at the point when they seek help, they are in a greater level of distress. At this stage and going forward, continuing to communicate broadly around mental health impacts and around the fact that it is natural to feel stress and anxiety in this situation is really important, in order to try and bring people back to seeking help at the appropriate time.

MS CHEYNE: You mentioned that there was a bit of slowness in responsiveness from the government in the early stages. Just before you were talking about having a working group that could come in and give that advice to government straightaway, if it looks like it is peaking again, in order to give that rapid response. Is that the solution—an existing group that can be drawn on to give advice?

Mr Viereck: There are two aspects to it. One is that it would be useful to have an understanding of which players need to be brought in quickly in this situation, to facilitate that information. It does not need to be an ongoing group; it is more about having an understanding of what the organisations are, and what the key positions within Health are as well.

With the second part, to some degree this was underpinned by an ongoing sense within government that Canberra Health Services are the health system, in a sense. We understand that they are focused on their own services, and that is certainly very important, but, actually, there is one health system that consists of government, private and NGO providers. That whole system needs to be the focus of a health system response.

Ms Felton-Taylor: If I could add to that, I was thinking of a particular example. Early on, when things were very unpredictable, there was a problem with congregate living and people getting extremely anxious. When one of our members tried to raise concern around that, because they felt they were getting to the stage where they were going to have to bring in the police, which they really did not want to do, it took quite a while to get a specific response. At the beginning they just got very general advice, which was completely inappropriate for the situation. Having that high-level group, where you can quickly go to the right channels to get the detailed information and the right type of detailed response, would be very helpful.

MS CHEYNE: Everyone has said many times that there is no playbook for this, but having been through it before, it is about building up an advice repository and being as specific as possible—

Ms Felton-Taylor: Absolutely.

MS CHEYNE: about all of the different permutations of issues that can occur. That is good feedback; thank you.

THE CHAIR: I am conscious of the time. Ms Le Couteur, do you have a question?

MS LE COUTEUR: A quick one. You mentioned that you were doing some of your support outside—walking in green spaces. Given lots of reports that nature is good for us, how did that work for your clients and your staff?

Mr Viereck: It is one of our member organisations. In particular, Menslink was one of the organisations that changed to some service delivery in that space, and found really good results from that. Being outside in a green space and the physical activity of walking added to the efficacy of that intervention.

MS LE COUTEUR: Great; is it something that you will look to do in the future?

Mr Viereck: Yes. All of the organisations here have learnt lots. Again, we would encourage them to maintain those positive impacts and practices.

Ms Felton-Taylor: Some of our organisations were meeting with their clients at the front door rather than going inside the house. Again, they found that that was a way

that their participants and their staff could feel safe and the service was able to be delivered. Sometimes it was as simple as just stepping outside the house and not even going for a walk.

THE CHAIR: I am afraid that we are pressed for time today. I do apologise. Thank you very much for presenting today and for passing on the experiences of the Mental Health Community Coalition. Please keep us informed and, if there are any particular developments in the coming weeks, please get in touch with the committee secretary.

Mr Viereck: Thank you very much for the opportunity.

LEESON, MS CARRIE, Chief Executive Officer, Lifeline Canberra

THE CHAIR: Good morning, Ms Leeson. It is good to have you with us. I understand that a copy of the privilege statement has been sent to you. Could you please confirm for the record that you received that document and that you are okay with the implications of it?

Ms Leeson: Yes, I have received it. I understand it and I confirm that I am happy with it.

THE CHAIR: I remind you that this is being recorded for transcription purposes and we are being webstreamed on the Assembly website. Before we go to questions, do you have a brief opening statement that you would like to make to the committee?

Ms Leeson: Yes, a general one. Obviously, it has been an unprecedented time. From Lifeline's perspective, we have seen a dramatic increase in the number of people requiring our services and supports. By way of context, we have also had a significant drop-off in terms of our crisis supporters being able to physically do shifts and take calls, because they have been self-isolating for some time now.

Despite that, we have seen a two per cent increase overall in the last few months in crisis supporter hours. The existing crisis supporters have doubled down and done additional shifts. We have been able to use some of that COVID funding for an additional phone room, which has allowed us to do social distancing, as well as maintain the same number of crisis supporters on shift wherever possible.

I would like to make a general comment in terms of the significant impact and the demand on both our staff and our crisis-supported population. It has placed an enormous amount of pressure on the organisation as such. We have had to cancel a number of crisis supporter training rounds. All of that has impacted on our ability to meet current and future demand, which is what we are focusing on, because we are anticipating that that will continue to increase.

THE CHAIR: Specifically about the organisation and the business that you are running, how are you going from a fundraising and financial point of view, noting that events and other activities are so much harder to run?

Ms Leeson: Our fundraising has absolutely bottomed out. We are, in fact, doing zero fundraising in terms of our normal fundraising events around community engagement and mass gatherings, where we tend to be most successful in that space. Our iconic book fairs have obviously been cancelled. Again, just like every other Canberra business or businesses nationally, we have had to evolve and we have had to strategise around our revenue streams and our commercial operations to make sure that we are sustainable.

We have only ever been funded to the tune of around four per cent of what we need to run the service. \$200,000 is what we receive from the ACT government year on year. We have had to find the millions over and above that to provide the service on our own, and we have been able to do that through our commercial operations.

Unfortunately, with our main revenue earners, our corporate training, which is the preventive arm of Lifeline, is where we have our limited-space training programs. With the restrictions in place and face-to-face training coming to a very abrupt halt, all of that revenue fell through. At least we qualify for JobKeeper and other such supports. We received a couple of hundred thousand dollars over two different funding rounds through the ACT government, which was very much appreciated. It did a lot to plug the gap.

We have moved into the retail space with our book fairs to create some revenue there as well, to continue to try to reduce the pressure on the ACT government to keep us going. By the same token, we are making sure that we can also plan for that increased demand in the next few months.

THE CHAIR: I am sure that committee members and many Canberrans saw the story yesterday about the shopfront opening up. A question from Ms Cheyne.

MS CHEYNE: I do not know exactly how you might record the figures here in the ACT, but is there anything that you are able to share about the crisis support text service and the take-up of that? Is that something that has seen an increase as well or are people largely calling?

Ms Leeson: In Canberra we operate the 13 11 14 telephone crisis support line. With the text service, I would have to take it on notice. If you want more information, I could certainly source that for you through the national office. I am unaware of what is happening with that specific service. I do know that the hours are limited and it is in the evenings. I am not sure who is providing that service or about the uptake of it. I can give you statistics on the phone lines, though, specific to the ACT.

MS CHEYNE: Yes, that would be great.

Ms Leeson: Obviously, the ACT does encompass surrounds. The sophistication of the system is quite high but we can only extrapolate for the ACT itself. For example, with Jerrabomberra, Queanbeyan and Yass, which is where a lot of our crisis supporters come from, we are not capturing our service in that area.

To talk specifically about the ACT geographically, we have seen an increase of 22 per cent in the number of Canberrans picking up the phone to ask for help. That is highly courageous but also indicative of the amount of distress that is out there. Most notably, we have had a 129 per cent increase in emergency interventions, this time this year versus this time last year. That is, essentially, crises in terms of suicide, child safety and domestic violence. That is where we have had to engage the emergency services to deploy to the individuals as soon as possible to secure their safety. That 129 per cent increase is remarkable.

Immediate safety issues have increased by eight per cent. Again, we are looking at March to June 2019 to March to June 2020. We have put in place 28 per cent more safety plans. That is, essentially, someone that is not at immediate risk and does not require immediate emergency intervention, but someone that we can contact for safety—to ring us back in five minutes, five hours or every day, just to check in and make sure that they are tracking okay. So the increase there has been in the hundreds

of individuals.

With financial issues, there has been a 44 per cent increase in those ringing up to discuss financial distress in relation to COVID, most likely bushfires, and the storms and the smoke as well. We have seen that economic impact in Canberra, as well as around the country.

The number one reason people tend to call Lifeline is due to family and relationship breakdowns. We have seen a seven per cent increase in that, year on year. We have seen a 23 per cent increase in those struggling with mental illness or mental health concerns. There are increases on every front, which is not common year on year. You tend to see a fluctuation in different areas.

With community issues—it is probably the most remarkable one—people are ringing up to discuss community issues. This time last year we had around 17 Canberra callers ring up specifically to talk about a Canberra community issue. That was higher when we had Mr Fluffy et cetera, so it was a relatively quiet year on the community issues front. In the last four months we have had 885 Canberrans ringing up—a 520 per cent increase, essentially—to discuss this community issue. That obviously flows on from bushfires through to hail and smoke, and on to COVID.

Those are some of the statistics. They are very telling. They are on the increase and we are anticipating that they will continue to increase for the next few years.

MS LE COUTEUR: That was a very interesting and very disturbing bunch of figures. I would have asked that question if you had not already answered it. I have a smaller question. You talked about the difficulties for your volunteers because of socially isolating. Are you looking at reorganising your technology so that people are able to volunteer from home, given that it is a phone service, or does that not provide enough support for your volunteers if you do it that way?

Ms Leeson: In the first few days leading in to COVID, the initial restrictions when we were shutting down, our centre in Canberra was the trial centre for exactly that—remote access to the crisis support service. We had a number of crisis supporters trialling the system from home. We watched them very closely and a lot of the team were involved intimately in that process and that trial.

It is a capability that we hold and it is something that we can deploy. In the event that we are forced to work from home and we cannot leave our homes, we can provide the service from home. It is not our preference and we would not recommend it, because of the risk of vicarious trauma. Our clinical supervision models are very robust and very thorough. We are very proud to say that our crisis supporters are always left better than we found them. It still feels like a privilege to be on the crisis support line. However, with people operating from their own homes and actually having those stories and those crises breaching their sanctuaries or their place of safety, it is something that is of grave concern to us because we do not understand fully at this stage, nor will we until we are forced into that situation, just how big a risk that is or what damage can be done.

It is not our preference at this point in time, until we can again revisit our clinical

supervision models and ensure that our crisis supporters are not being harmed whilst trying to help others.

MS LE COUTEUR: You talked about the huge increases in demand in every category and your difficulties with volunteers. Are you able to meet the current demand?

Ms Leeson: No. In Lifeline's history we have not been able to get to every caller nationally, or in the ACT, for that matter. We are limited only by funding. Our cost base, essentially, is the training. It is an accredited course that our crisis supporters go through. It costs Lifeline Canberra to the tune of about \$10,000 per crisis supporter in their first year alone, just to get them up to the point where they are confident and they have the skill set to pick up the phone and deal with any conceivable human crisis on the other end. It is an incredible course but it does cost.

Unfortunately, although we have so many people who are willing to undertake the training, we do not have the funding to train them at this point in time, nor do we, with the restrictions in place, have the capacity or the space to train more than 45 people at a time. We have had to cancel two rounds of training due to the COVID restrictions that were in place in the last few months. With our latest recruitment round, we received a little over 100 applications in the ACT from individuals who are willing to give up their time and have the capacity to undertake the training. However, the funding and the restrictions in place have limited us to 45. We will start training 45 in the very near future, and we will do everything to put on a couple more rounds before the end of the year, to get all of those 100 through. That will help us to maintain the call answer rate and maybe even get a little ahead in that space.

MS LE COUTEUR: I can see a recommendation coming out of your evidence there.

MRS DUNNE: Thank you very much for what Lifeline does and what you have been doing in the community, especially at this time. You touched on the impacts on your volunteer base because they are isolated. You used quite evocative language—that the troubles they confront are now penetrating into their sanctuary. What capacity does Lifeline have to support those volunteers? Do you feel that you are meeting that need?

Ms Leeson: Whilst we have our crisis supporters coming into the centre, absolutely. It is a very robust clinical supervision model—probably one of the best. We have a brief before our volunteers start. We make sure that they are in the right head space to be on the crisis support line. We debrief with them after every difficult call. We have a wonderful space here where they can debrief after each call, if they need to. We have a centre supervisor team who are here to support them wholly and solely whilst they are in the crisis support centre. They debrief at the end of every shift.

In addition to that, our crisis supporters, to remain accredited, have to undertake professional development. They have to do clinical supervision regularly, as well as group supervision, which is where they come together in groups and discuss the challenges they are seeing and share ideas and concepts. That is facilitated by someone who is qualified to do so.

We have a number of things in place. We also have systems so that, if someone takes

a difficult call or a safety call specifically, or any call that requires reporting, we follow up with them the following day, and ongoing if necessary. All of our crisis supporters are very much supported by that supervision model. Our staff have mandatory external supervision as often as they need to—at least once a month. We are making sure that people are checking up from the neck up.

MRS DUNNE: You had some quite startling figures about the uptick in demand. Are there particular sectors that you see, perhaps socioeconomic sectors rather than the types of inquiries? Are they coming from particular sectors where you have not seen it before? One I have been thinking about a bit lately is the impact that this is having on health professionals. Is that showing up in your calls?

Ms Leeson: We do not have that breakdown. In terms of the themes, there is that increase in financial distress or financial issues. In terms of a specific demographic, I think that this is a community-wide issue at the moment and it is complex. Some people have experienced one or all of the various disasters that we have had in the last six months. It is really on a case-by-case basis and it is about people's individual resiliency reserves, their own financial stability at this point and their own personal circumstances. There is not a specific cohort, nor would we comment on that. We do not have that specific breakdown. We do capture age. We do capture marital status. We do capture whether they are of a specific background, cultural or otherwise. We capture that information but we cannot say that there is any specific high-risk group there.

THE CHAIR: I will ask a final question. With regard to the mid-term, looking ahead maybe one or two years, financially, what will be required in order to give you, as the CEO, and the board the confidence that you will still be able to meet demand?

Ms Leeson: With the various government supports in place already, and with the threat of those being removed in the next few months, we are acutely aware of our financial situation. We are running almost daily our cash flow forecasts, as well as our budgetary requirements.

We do have reserves and we do have commercial operations. There is a lot of uncertainty around whether we will be able to get up and do that corporate training again. We would seek to obtain funding or permission to be able to do that because we believe that that skill set needs to be out in the community. It is also win-win, in terms of us providing a service and generating revenue.

THE CHAIR: What sort of quantum are you talking about that will be required? How much money?

Ms Leeson: We are running, with our cost base, at about \$2½ million a year. Our funding is \$200,000 a year. There is a massive void there. Of course, any assistance and any support would be greatly appreciated and put to good use.

THE CHAIR: Unfortunately, we are out of time. To you, Ms Leeson, your staff, volunteers and the board, I say thank you very much for the extraordinary service that you provide to the territory. It is an extraordinary and very special asset, a much cherished community asset, and we are all very grateful for all that you do.

Ms Leeson: A pleasure; thank you.

The committee adjourned at 11.01 am.