



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL
TERRITORY**

**SELECT COMMITTEE ON THE COVID-19 2021
PANDEMIC RESPONSE**

(Reference: [Inquiry into the COVID-19 2021 pandemic response](#))

Members:

MS E LEE (Chair)
MS S ORR (Deputy Chair)
MS J CLAY

PROOF TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 4 NOVEMBER 2021

This is a **PROOF TRANSCRIPT** that is subject to suggested corrections by members and witnesses. The **FINAL TRANSCRIPT** will replace this transcript within 20 working days from the hearing date, subject to the receipt of corrections from members and witnesses.

Secretary to the committee:
Dr D Monk (Ph: 620 50129)

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

BERRY, MS YVETTE , Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women	100
CHEGWIDDEN, MS KAREN , President, Home Education Association.....	108
CODY, MS BEC , Chief Executive Officer, Mental Health Community Coalition ACT.....	125
CROSS, MS REBECCA , Director-General, ACT Health Directorate.....	116
DAVIDSON, MS EMMA , Assistant Minister for Seniors, Veterans, Families and Community Services, Minister for Disability, Minister for Justice Health and Minister for Mental Health.....	116
DOBSON, MS CORRINE , Senior Policy and Systemic Advocacy Officer, Mental Health Community Coalition ACT.....	125
ELLIOTT, MS VERONICA , Policy Officer, ACT Council of Parents and Citizens Associations	108
GARRETT, MS CHERYL , Acting Executive Branch Manager, Mental Health Policy, ACT Health Directorate.....	116
HAIRE, MS KATY , Director-General, Education Directorate	100
MATTHEWS, MR DAVID , Executive Group Manager, Business Services, Education Directorate	100
McMAHON, MS KATE , Executive Group Manager, Service Design and Delivery, Education Directorate.....	100
McMILLAN, MRS KYLIE , Volunteer, Home Education Association	108
MOORE, DR ELIZABETH , Coordinator-General, Office for Mental Health and Wellbeing, ACT Health	116
PEFFER, MR DAVE , Chief Executive Officer, Canberra Health Services.....	116
REA, MS KATRINA , Acting Executive Directorate, Mental Health, Justice Health and Alcohol and Drug Service, Canberra Health Services	116

Privilege statement

The Assembly has authorised the recording, broadcasting and re-broadcasting of these proceedings.

All witnesses making submissions or giving evidence to committees of the Legislative Assembly for the ACT are protected by parliamentary privilege.

“Parliamentary privilege” means the special rights and immunities which belong to the Assembly, its committees and its members. These rights and immunities enable committees to operate effectively, and enable those involved in committee processes to do so without obstruction, or fear of prosecution.

Witnesses must tell the truth: giving false or misleading evidence will be treated as a serious matter, and may be considered a contempt of the Assembly.

While the committee prefers to hear all evidence in public, it may take evidence in-camera if requested. Confidential evidence will be recorded and kept securely. It is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly; but any decision to publish or present in-camera evidence will not be taken without consulting with the person who gave the evidence.

Amended 20 May 2013

The committee met at 3.17 pm.

BERRY, MS YVETTE, Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women

HAIRE, MS KATY, Director-General, Education Directorate

MATTHEWS, MR DAVID, Executive Group Manager, Business Services, Education Directorate

McMAHON, MS KATE, Executive Group Manager, Service Design and Delivery, Education Directorate

THE CHAIR: Welcome to the fifth public hearing of the Select Committee on the COVID-19 2021 pandemic response. The committee acknowledges the traditional custodians of the land on which we meet today, the Ngunnawal people, and acknowledges and respects their continuing culture and the contribution they make to our city and the region. We also acknowledge and welcome any other Aboriginal and Torres Strait Islander people that may be joining us at today's event.

Today we will hear evidence from the Minister for Education, Ms Yvette Berry, and directorate officials; the Minister for Mental Health, Ms Emma Davidson, and directorate officials; the ACT Council of Parents and Citizens Associations; the Home Education Association; and the Mental Health Community Coalition ACT.

This public hearing is on a videoconference platform. If technical issues arise, please be patient and technical officers will do the very best they can to address those concerns. The proceedings today are being recorded and livestreamed and will be transcribed and published by Hansard. When taking a question on notice, it would be very helpful if you could please say, "I will take that as a question on notice." That will help the committee and witnesses to confirm questions taken on notice from the transcript.

I welcome the minister for education, and officials. When you start speaking, would you please acknowledge the privilege statement. Today's proceedings are covered by parliamentary privilege, which provides protection to witnesses as well as requiring you to tell the truth. The provision of false and misleading evidence is a serious matter. All participants today are reminded of this.

Minister, would you like to make an opening statement, or shall we go straight into questions?

Ms Berry: I am happy just to take questions, Chair.

THE CHAIR: Thank you, Minister. We will start with questions from Ms Clay.

MS CLAY: Minister, as a parent, I am very excited that school has gone back. I think a lot of us are very excited that school has gone back, and I think a lot of us are also quite nervous. We had a good chat with the CHO and the health minister about this on Monday, but it is very early days in the return to school. I was wondering what

concerns you. We had some outbreaks reported today. What concerns you about our return to school? And do you have any figures or data yet on whether parents have full confidence and have all sent their kids back to school? Do we have a significant cohort that are still uncertain?

Ms Berry: I am still concerned, like everybody else, since we are still in the middle of a pandemic. I am concerned about cases that arise from time to time. We will be experiencing that for the next little while, until we can have more people vaccinated, although our community has done really well in reaching the vaccination rates that it has already.

Of course, while we have people who are not yet eligible to receive a vaccination, there will still be risks for those young people. Our job in education is to implement the advice of the Chief Health Officer around making sure that our schools are as safe as they possibly can be, using the most up-to-date measures we can to ensure that we minimise the risk. They will not cut the risk out completely, but they can minimise the risk of contracting COVID or having COVID-positive cases in our schools, which we have seen in the last couple of days.

Let me go to what we have been doing in our schools. This week I announced additional funding and put more measures in place to make sure that we have safety assurance plans and ventilation plans in place and that our schools are operating as best they can to stagger cohorts and keep cohorts distanced as much as possible, and to make sure that they continue to maintain social distancing where they can, with people wearing masks inside, people using hand sanitiser, and people using the Check In CBR app.

Today's announcement was to build on the \$5.7 million that we have already implemented across our schools for term 4. That \$5.7 million went towards improving and maintaining ventilation and CO₂ monitoring in our schools; making sure we have day cleaning processes across our schools, with additional and enhanced cleaning; and making hand sanitiser purchases as well as face mask purchases for our public schools and also low fee paying non-government schools.

The \$12.6 million that we announced this week will also include the building of shade structures across some of our ACT government schools. That will maximise the opportunities to do teaching and learning outside, where there is a lot better airflow. That really does minimise the risk of contracting COVID-19.

I have funding for additional relief teaching for circumstances where we have had to quarantine some teachers or where people might be unwell and unable to work as a result of a case of COVID-19 and we need to have relief teachers in place. That is as well as putting on two more senior psychologists for telehealth services, to make sure that students and school staff can have access to that service if they need it.

That will be for the first two terms of next year. By then, hopefully, we will have primary school students under 12 able to access a vaccine; people will be onto their booster vaccines; and we will be in a much safer environment where we will be minimising even more the chance of seeing COVID-19 cases.

We are doing everything we can, based on the Chief Health Officer's advice, to make sure that our schools are as safe as possible. But I understand that people still have concerns, because it still is an uncertain time and we are still in a health pandemic.

MS CLAY: Did I hear you right that you are anticipating that an under-12 vaccine may be available by around term 2? I am aware that you do not have all the controls over that, but is that what you are looking ahead to?

Ms Berry: The advice at the moment is that it is still being trialled and is not approved yet. Once it is, we will be in a much better place. But the hope is—not just here in the ACT but across the country—that we can vaccinate young people who are not yet eligible or where the vaccine just is not approved yet. Once they are vaccinated, we will definitely be in a much more positive space as we continue working our way through this pandemic.

MS CLAY: Great. I am not sure if you went to one aspect of my question—whether you have been collecting data on how many students have not yet returned to school who usually are at school. I just want to get a sense of whether most people have come back quite happily or whether there are unusual movements happening.

Ms Berry: It has only been the last three or four weeks when we have had students and teaching staff returning to school, so those kinds of numbers would be hard to nail for a particular day. This week is the final week. Then we have had the impact of these COVID-positive cases in a couple of our schools. It will be a bit up and down, I expect. It is hard to nail an actual number at the moment. But we are keeping an eye on things, of course, because we have to make sure that people are being supported for learning opportunities at home if their children are not at school. It is a bit bumpy at the moment, with the return and the COVID-positive cases.

MS ORR: Minister, you noted the additional funding that has gone out today to make the schools COVID safe over the next two terms. How has bringing school cleaners into the public schools helped with the territory's response to the pandemic?

Ms Berry: It was almost as though we predicted we would be in this space. We were in a really good position to be able to provide cleaning services, but also certainty and ongoing employment to cleaners in our schools, at a time when, unfortunately, people in those low paid positions were losing their jobs, particularly in the hospitality and retail space. We were able to maintain that employment, and add to it, when we employed additional cleaners and maintenance staff due to the Jobs for Canberrans work during last year's part of this pandemic.

Mr Matthews, do you have some information on the numbers, particularly around the response to last year's Jobs for Canberrans? And what are we doing this year?

Mr Matthews: To answer the question generally to begin with, it has been great having all of our cleaning services staff on Team Education. They have been a critical part of our overall response throughout the pandemic. Having them very familiar with our school environments, invested in our local school communities, and with the level of security that the minister has mentioned, has made them feel a part of this really important endeavour but also meant that we can work with them in a very flexible

way to meet the different cleaning requirements of schools.

We have after-hours cleaning, of course; that is part of our permanent arrangement. We have introduced day cleaning throughout the pandemic. The purpose of day cleaning is to look at high impact, high touch point areas to make sure that we maintain hygiene as much as possible. The day cleaners are very aware of the different school environments in which they work, and they work with other school staff to make sure that we can target that individual cleaning.

In terms of additional jobs that come from this, we are currently employing 156 additional staff to undertake the day cleaning activities. We have another 45 staff that are doing overtime to help contribute to those activities. It has allowed us to both employ some new people and offer work and also offer additional hours to our existing staff. And we are recruiting at the moment for further cleaning staff. It has given us the flexibility to undertake those deep cleans when they have been needed.

I would like to pay credit to the responsiveness and flexibility of staff in working after hours and doing quite extensive deep cleaning to make sure that schools are safe to occupy as soon as possible.

THE CHAIR: Mr Matthews, would you mind confirming that you have read and understand the privilege statement?

Mr Matthews: Sorry; I have read and understood the privilege statement.

MS ORR: Minister, can you run us through the experience with home learning as we have been in the lockdown period—and how the ACT's digital capabilities and the measures that ACT Education put in have helped to enable that learning? I am particularly interested in hearing how you have made sure that every child in the ACT school system has had access to digital resources.

Ms Berry: We were very well placed in the Education Directorate and in our schools to ensure that there was equity of access to technology-based education, through the provision of Chromebooks across our public senior schools from year 7 to year 12. In addition to that, we were able to purchase additional Chromebooks to ensure that some of our primary school students were able to access them. We also made sure that families and young people who did not have access to wi-fi or the internet at home were able to get access to that through the purchase of additional dongles for families to use.

The additional positive impact of that purchase was that it was not just students who were able to access the internet; the whole family could access the internet through the provision of those dongles. We were able to partner with the ESA and other volunteer organisations to have those provided to families who needed them—particularly the dongles, but also the additional Chromebooks for primary school students.

I am not sure who is going to be able to provide some advice on the numbers around those devices. Kate McMahon?

Ms McMahon: Certainly, Minister. I have read and understood the privilege statement. Yes, we were in a really good position to move to remote learning, as we had already supplied all of our students in years 7 through to 12 with a Chromebook, through the TEL program. Those students have 22,000 Chromebooks in total. We have an additional 13,500 Chromebooks in our primary schools. And we were able to add another 2,110 Chromebooks to facilitate the possibility for all students in years 4 to 6 to have a device.

As far as the internet and dongles are concerned, from the previous iteration of the COVID lockdown we already had 300 dongles that were being used by our community. This time around, we added another 989 dongles. Each of those dongles is able to support five logins. So a family could have one dongle and all the children in that family could use that support. Some of the dongles were also provided to our teachers, who had to use their internet resources as well and may not have been able to have such a great connection in their group home or in their own home. We were able to provide that to our teachers as well. It allowed all of our students to move to remote learning in a really seamless way.

MS ORR: Ms McMahon, there was a bit of a technical issue when you were giving the numbers for the second iteration. We heard that there were 300 dongles to begin with. Would you mind running through the numbers for the second bit quickly?

Ms McMahon: We put 989 additional dongles out into our community this time, in addition to the 300. We did not take the 300 back after the previous lockdown last year.

THE CHAIR: Minister, going to the funding announcement that you made today, part of that announcement talks about the \$2.92 million for relief teachers. Can you talk us through how many relief teachers you are looking at?

I know that, in answer to Ms Clay's question, you started touching on why those relief teachers are needed, but I would also be grateful if you could expand on the number of teachers that have taken up the vaccine as a result of the mandate. Could you just talk us through that in more detail?

Ms Berry: I will ask Ms Haire to talk a bit more in detail, but there was a really positive response from our school community, as we expected from the survey work that we had done previously. I think around 98.6 per cent of teachers and school staff have been compliant with the vaccine mandate. In other words, they have provided and validated their vaccination status to the Education Directorate. It is very small numbers, but I will get Ms Haire to talk through those numbers. I can't remember the other part of your question.

THE CHAIR: It would be great to hear from Ms Haire about the numbers and the teachers. Also, how many relief teachers have been announced in the budget announcement today?

Ms Haire: I have read and acknowledge the privilege statement. As the minister said, 98.6 per cent of our school staff have demonstrated that they have complied with the order. That is the staff to whom it applies, noting that it applies to staff in primary

schools, P-10 schools, specialist schools and flexible education settings. The numbers that remain, as a result, are very small. There are only 28 teachers and 22 non-teachers who we have not yet verified. That is a very small number.

THE CHAIR: Before you go on, what are the 28 and 22 people doing now? Have they been redeployed? And, if so, in what roles?

Ms Haire: Basically, the ACT government's policy is that ultimately people will be redeployed, but there are a number of steps that need to be passed through, prior to getting to that stage. I might ask Mr Matthews to explain that further.

Mr Matthews: On the numbers that we are talking about—Ms Haire talked about the 22 non-teaching staff, the 28 teachers—there are an additional two staff, which are school leader roles, which brings the total to 52 that we are still working with. We have not confirmed their vaccination status. I want to reiterate, for the committee's benefit, that those people are not working at those affected sites. The requirements of the health order, of course, are that you cannot work at those sites unless you have demonstrated that vaccination requirement.

Of that 52 total, there are actually four of those staff members that are currently on leave. This gives some granularity to some of the details, in that they are not really required to attend their sites at the moment. Four of those staff are currently on leave, which leaves a total of 48 staff that are on alternative arrangements. We are very much in the early days of the requirement for vaccination as part of the public health direction. We are working through with each individual staff member to work out a suitable arrangement for them. And those conversations are ongoing.

There will be a range of different scenarios. Some of them may well be able to work at sites where there is not the mandatory vaccination requirement—for example, a high school or a college. Others will be doing alternative duties associated with their schools, taking on non-direct teaching roles that are based at the school site. And others may well be undertaking general duties within the directorate or other work that is required.

We want to work individually with those staff to find the most suitable arrangements. Those conversations are ongoing between supervisors and staff, and with the support of our people performance area.

THE CHAIR: Are the four staff members that are on leave taking personal leave as a direct result of not being verified as vaccinated or were they already on leave?

Mr Matthews: My understanding is that they were already on leave. Obviously, from time to time people are on various different forms of leave. So this is not related to the requirement. But of course, at any time, if people are eligible to take leave they can do so. If they have got long service leave or annual leave or other leave that is available to them—it could be study leave—there are obviously a vast array of individual circumstances. I think it is important, again, to note for the committee that of course all of our staff are continuing to be paid and continue to be engaged by the directorate while we work through those arrangements.

THE CHAIR: Ms Haire, I think I cut you off. The second part of my question originally was about the number of additional relief teachers that the \$2.92 million will seek to bring.

Ms Haire: I might just clarify that the additional relief teacher allocation is not in response to the mandatory vaccination order. It is in fact, as was announced a couple of weeks ago, in preparation for term 4. It was in recognition of the fact that schools would likely have greater need for relief teachers in case of COVID-related illness, the potential quarantining requirements or the need for some of our staff to take some leave in order to either have a vaccination or undertake a COVID test. As we have seen, there have been a few teachers who have been required to go into quarantine in the last couple of weeks.

The allocation is at properties on the basis of 0.6 of a full-time casual relief teacher per school. But of course that is only going to be used as needed. So it is basically a pool for where it is needed, should one of those occasions arise.

THE CHAIR: Where are they coming from? I know previously the minister has expressed concern about the shortage of teachers nationwide.

Ms Haire: They are coming from our existing pool of casual relief teachers. Basically, it is not an increase in the number of casual teachers; it is an increase in the budget for paying casual relief teachers.

MS CLAY: Minister, I am interested in checking in on the mental health of our kids. It has been a pretty tough couple of years. I know a lot of them felt a lot of anxiety around the fires and the smoke and then we sort of rolled straight into COVID and had a whole lot of lockdowns and so much disruption. They are doing amazingly well, but I am a bit concerned that there might be a whole lot of hidden damage and a bit of a tail end. What are we doing to watch out for that and to support that and deal with it if it happens?

Ms Berry: Yes, it has been a challenging time and our children and young people have been incredibly resilient. We absolutely commend them for everything. They have been just incredible in getting through this pandemic, but of course some people are affected in a way that means they need extra supports and so we have had the telehealth program within our schools to ensure that families and children, and staff too, can get in touch through the telehealth program.

As part of the funding announcement for making sure that our schools are safe but also providing additional supports, we have those two extra additional senior psychologists as part of our telehealth scheme to make sure that there are additional supports there for people who need it.

We might have some data on the number of people who have accessed our telehealth services in this part of the pandemic. I also would say that during the surveys and the conversations that I have been having with young people, through my student congress, as well as the surveys we conducted around how people were feeling during COVID-19 and the remote education, young people really just wanted to go back to school. But they also wanted to go back to school and not have to worry about

schoolwork too much. They just wanted their teachers to take it easy on them and just let them have fun and connect with their friends.

That has been the obvious advice that we have fed back to school communities so that young people do get a break when they go back in what is a different, challenging and ever-changing time. And we have seen that these last couple of weeks with some of our school community. Kate McMahon, is it you for the telehealth service?

Ms McMahon: It is. Until 18 October we had 161 referrals to our telehealth service, of which 55 per cent were attended by both the student and the parent, 35 per cent by our students alone and 10 per cent by the parent. And 76 per cent of our referrals came from primary schools. The common themes around that were families looking for support in how their children were learning during this period and also a few concerns about separation anxiety in thinking about coming back to school. We do know that when children start school it is often those children who find it a little hard to be moving away from their family. We have seen that again this time. We have been working really closely with our schools and our families.

Our school psychology service were able to link our families to lots of other community organisations that were operating during this time, including support such as ReachOut, headspace and Lifeline. All of those links are also put, as they always are, onto our website for families to be able to access.

For kids going back to school, our students have been working really closely with their teachers. It is a bit like when we come back to school or when we start school, in that we build our community again and make sure that everybody is feeling like they have a place and a role in the school and that they connect again with their peers and with all of their teachers. There has been a real focus on establishing our school communities and making sure everyone is feeling safe and supported, and our school psychologists are working at schools. We also have our telehealth service just to ensure that we are covering all of the bases.

THE CHAIR: Unfortunately, we have run out of time. Apologies for that technical hiccup right at the beginning. Thank you, Minister and your officials, for attending and giving evidence to assist the inquiry today. The secretary will provide witnesses with a proof transcript so that it can be checked for accuracy. I do not believe anyone took any questions on notice, so you are off the hook in that regard. Thank you.

ELLIOTT, MS VERONICA, Policy Officer, ACT Council of Parents and Citizens Associations

CHEGWIDDEN, MS KAREN, President, Home Education Association

McMILLAN, MRS KYLIE, Volunteer, Home Education Association

THE CHAIR: I call representatives of the ACT Council of P&C Associations and the Home Education Association. Please be aware that today's proceedings are covered by parliamentary privilege, which provides protection for witnesses but also obliges them to tell the truth. The provision of false and misleading evidence is a serious matter and all participants today are reminded of this.

Ms Elliott, would you like to start with an opening statement? Would you please confirm that you have read and understood the privilege statement?

Ms Elliott: I have read and understand the privilege statement. We thank the committee for letting us appear today.

THE CHAIR: Mrs McMillan?

Mrs McMillan: I have read and understand the privilege statement also. I am a home-educating parent in the ACT. I am really here to back up Karen Chegwidden and just help with any questions or anything else like that.

THE CHAIR: Ms Chegwidden?

Ms Chegwidden: Yes, I have read and understood the privilege statement. The Home Education Association is Australia's national peak body for home educators. We are really, really excited to be here today. One of the biggest things that we have noticed through the pandemic is that government across the country, in every jurisdiction, really has not consulted home educators. Probably that is partially due to a view that perhaps it would not affect us. But it has affected us, as it has affected everyone's lives in our country. Thank you for the opportunity to be here today.

MS ORR: I would just like to throw out a question to everyone. It goes, I think, to the last comments we just heard. How has the COVID experience been for you, from the perspective of the P&C association and also the home educators? I do not know who gets to go first; just whoever jumps in.

THE CHAIR: Perhaps we could start with Ms Chegwidden and then we will go to Ms Elliott, if that helps.

Ms Chegwidden: It has affected our students. One of the biggest impacts of the COVID pandemic on students, and not just in the ACT but everywhere that has experienced lockdowns, has been the fact that home-educated students have not had the same exemptions to gather that school students had. Whilst school students have been exempted from the movement and gathering order for the purpose of going to school, home-educated students were treated like families. What that has meant is that the group learning opportunities that they ordinarily have, where they come together in parks, in libraries, in community halls. have all ceased to occur. They have not been

able to occur because they have not been able to have those same freedoms that school students had.

Some people have even reported things like when schools have been back and kids have been back at school and all together in their schoolyards the home-educated students have still not been able to gather because those restrictions have always continued longer for families than they have for students. That has been a really significant impact.

As I said, I think it has just been overlooked by governments because they think that we do not go out, but probably every day of the week in a park or a library or a hall somewhere near you is a group of home-educated students who are gathering for a science club or a book club. They gather for choirs and drama, and they gather for sporting events and swimming carnivals, just like school students do. It has had a really big impact on our children and it has left them quite isolated in a lot of cases.

MS ORR: Ms Chegwidden, you have said that it is not just in the ACT but that this is a broader issue. We are focused on the ACT, so can I just clarify: within the ACT, under the current restrictions, are you able to do those learning activities that you have just made reference to, such as the meetings in the public places?

Ms Chegwidden: Maybe Kylie is best placed to answer that.

Mrs McMillan: This time I do not think it has been as bad as last time because of the way things opened up and the numbers and the four-square metre rule and things like that. But, just as an example, today, Thursday, is the day that HENCAST usually meets. That is the Home Education Network of Canberra and the Southern Tablelands. It is one of the ACT's biggest home education groups.

We were going to meet at Weston Park, but due to the weather we then started looking for an indoor venue. That was not possible with the numbers that we had. And because our insurance is only valid if we follow current government guidelines we cannot really meet if we are not covered by insurance. The government guidelines really matter to us for things like this. That is an example from today.

I think it is more things like if 30 students in a school, in a classroom, can be together in a room, why has it been different sometimes that 10 home-educated kids cannot meet for book club or other things like that? It is just the inconsistency. There is a lot of confusion. I think groups are quite hesitant at the moment because they do not want to accidentally be having too many people inside or breaching restrictions if they have not kept up with them.

MS ORR: Can I ask: have you sought advice from the Education Directorate or from the Health Directorate, which makes the health directions in the first place, the CHO, as to your particular circumstances? We know homeschooling is a particular way of learning and it has got particular nuances that need to be responded to. We have had the CHO already here, and she said that she has worked through a lot of things and complexities will come up when making these broader decisions. I am actually quite interested to know what representations you have made to say, "Look, these are not quite working for us. How can we work with that?" You said it has been better this

PROOF

time around, compared to last time. It sounds like there has been some progress, hopefully.

Mrs McMillan: Definitely. I do not know if it is just the way it has happened this time or not, but last year Karen and I actually met with the Education Directorate, with some senior people. I will just have to check their exact positions, and we explained this exact situation. I suppose I am just saying that it feels like it was worse last year because I think this year the outdoor limits have been lifted sooner. Is that correct? Outdoors as much as possible has been okay. but it is the indoor things, the wet weather and the times like that that are tricky.

I guess the message is just: please do not forget that learning does not just happen in classrooms. Kids come together. Some kids who do not learn in classrooms, for lots of different activities and educational purposes, come together indoors throughout the day and the weeks for things.

THE CHAIR: I am conscious of the time. Perhaps, Ms Elliott, if you wanted to add something then we will move on.

Ms Elliott: For council, it has been a really busy time, firstly coordinating with our P&Cs and collating feedback from parents and carers. Parents and carers have been much more focused this time on wellbeing: student wellbeing, family wellbeing. We have seen a lot more people reach out for support and needing linkages to support networks.

People have found this second lockdown period tougher at times than the first time around, so that has definitely been a challenge. But we recognise that there have been some really significant improvements to remote learning from the Education Directorate and support from schools, and that has been welcomed by parents.

THE CHAIR: I think this is more a question for Ms Elliott about the government's announcement of extra funding for COVID-safe measures in our schools. What is the council's view of some of those measures? Is there something that you feel is missing? Is there something more that needs to be done so that parents feel very confident about students returning to the classroom or something that has not been taken into consideration?

Ms Elliott: I think the one thing that would help parents feel more comfortable at this stage is actually having a vaccination for the five to 12-year-old age group, which is something that really everybody is waiting on approval from the TGA for. Other than that, I think most parents are really pleased with the measures, the COVID-safe measures, which have been put in place in schools to date. There are a few parents, however, who do not feel comfortable with those measures and may have chosen to keep their students at home.

THE CHAIR: Has the plan for ongoing management of any potential outbreaks in schools been communicated to parents and are parents satisfied with those plans and the way that they will be implemented as we move forward?

Ms Elliott: I think the Education Directorate and schools have communicated plans

PROOF

around the return to school and how a possible outbreak will be dealt with. I think it is a really difficult thing to communicate during a pandemic because nobody knows exactly how the pandemic will unfold. There are some elements which parents might have questions or concerns about, and that is really about the lack of certainty, which is really unable to be provided at that time.

THE CHAIR: Going a bit wider to the Home Education Association, do you have any concerns about the communication about what would happen if there was another outbreak or how you will handle it if there is an outbreak, certainly amongst your students? Has that been covered?

Ms Chegwidden: It has not really been an issue, Ms Lee. Because our students are within families, the families take care of that. The communication from the government to the population in general has been excellent. I think that the directorate has been quite proactive in communicating with home educating families during this time, so I do not think that that really affects us at all.

MS CLAY: This is a question for all witnesses, I think. I am interested in how our kids are going mental health-wise, given that we have had such a rough couple of years. What has been happening has been quite upsetting in itself, but then we have had all these layers and layers of suffering on top of that, with isolation. Maybe some kids are in family situations that are not great, maybe some kids really needed their friends and could not have them, and there has been a lot of uncertainty. How do you feel we are travelling in terms of mental health with our kids, and is there anything that you think government could be doing to support them more?

Ms Chegwidden: I will jump in there. I think that our children on the whole are probably experiencing more anxiety and higher levels of stress and, really, that is what we would expect. A lot of parents are reporting that the kids are feeling anxious and that they are uncertain about what is happening in the future. We have seen a real spike in home education numbers; in the ACT we have seen a growth of over 22 per cent just in the last 12 months. Quite a lot of that is driven by COVID, and it is parents pulling their children out of school because they are not coping with that uncertainty, because of concerns around vaccines or the lack of vaccines. All of that plays a part, and of course that has to have an impact on our young people's mental health.

One of the things that government could do that would really make a positive difference for home educated students' mental health would be to make some funding available to support access to counsellors. When children go to school they get access to school counsellors, but home educated students do not generally have that same level of access, so something that could fill that gap could possibly be very useful.

THE CHAIR: Ms Clay, do you have any supplementary questions on that?

MS CLAY: No, but I would love to hear from Ms Elliott on the same topic. Is that possible?

Ms Elliott: Thank you, Ms Clay. We have definitely seen the need for more mental health and wellbeing supports in schools. We know that the directorate has put

additional resources into that, with telehealth and additional psychologists in schools. The problem that we are seeing is that demand is really outstripping supply, so parents would welcome more support in that area.

MS ORR: I am actually quite interested to hear about your perspective on any experiences that have come out of remote learning during the pandemic, and whether it would be worth exploring keeping those? I know we are all quite keen to get back to schools and into classrooms, but it is also good to take the good things that have come from here. From your experience of the last period, is there anything that you think you should draw our attention to and not stop doing?

Ms Elliott: Remote learning has been a really tricky time, sort of phasing in and phasing out for both staff in schools and also for students and families. However, some of the framework behind remote learning is possibly really useful in future for students. That is one of the things about having recorded lessons that students can go back and re-listen to. So if they do have additional needs, such as attention span issues, they can go back and recap on parts they have missed. At the same time, council recognises that it is really difficult for teachers to be both teaching in a classroom and recording live at the same time. That is really tricky. But outside of that there is definitely scope to make use of the technology, going forward.

Ms Chegwidden: From our perspective, we are hearing from a group of parents who have really enjoyed the remote learning experience and would like to be able to continue; they would like that to be a choice that they could make. So perhaps we could not place demands on teachers that they do both but have some teachers who are dedicated to providing remote learning. Currently in the ACT, distance education is really only available to a small group of people who qualify because of medical conditions. Remote learning is a lot like distance education, and I think that that would be a choice that some families would like to be able to make. If we have more choices in education and we meet more of our students' needs then our students do better and everyone wins.

MS CLAY: That is a really interesting point. I am wondering if there are certain cohorts of parents and kids who you think would particularly like to do that? You have obviously seen an increase in people who are taking up home learning. Are there particular commonalities amongst the people who you think might like to access more of that, or is it just a general option and it might suit some people?

Ms Chegwidden: It is probably too early to say, and it would make a really good thesis topic, but we are definitely hearing from families who are not home educating families but who are in mainstream school. During that remote learning phase they have said, "This really works for my child, this really works for my family and I want to find a way to make it continue." Currently, that is not really a choice that they can make. So to have that choice would be supportive for those families.

THE CHAIR: Ms Chegwidden, when you say that it is not really an option that they have, what needs to happen to break down that barrier, to create that option?

Ms Chegwidden: It could probably be facilitated through distance education schools,

but currently they are only available under really strict guidelines, which are generally around geographical or medical isolation, so it is for children who cannot attend school. These are just children who do not want to attend school. Their parents would really like to be supported by a teacher. They would like to have those lessons provided, but they would like to be able to have the flexibility of doing that from their own homes.

THE CHAIR: I think that, Ms Elliott, you talked earlier about a small number of parents who do not feel comfortable sending their children back to the classroom just yet. Have you got an indication of numbers or a percentage at this point? I know it is very early, but, as the peak body, can you tell us from your interactions?

Ms Elliott: We really do not have firm numbers on the people who have not returned to school yet. Anecdotally, it may be a small number per school—maybe two students per school, or it might be a bit more in some cases.

THE CHAIR: What options are being made available to those students? Whilst it is a small cohort, they obviously are there. What options are being made available so that they can continue their education?

Ms Elliott: The Education Directorate and schools have advised families that if they are not returning to school they should let them know and that schools will provide some support online, depending on their age group, or paper packs for very young students. But it would not be a full remote learning offering. For older students it would be the use of the Google Classroom and placing work on there so that they can access similar work to their peers. For younger students it is a bit more tricky; it might be picking up a pack of work from the school once a week. It really depends on the age of the child.

THE CHAIR: But there is some support from the schools to be able to—

Ms Elliott: There is support from the school, yes. And they will be doing wellbeing check-ins with those students at least once a week.

THE CHAIR: All right. That is good to hear.

MS CLAY: In a similar vein, I heard about a lot of extremely high anxiety from parents while we were still in lockdown, at the end of lockdown, looking ahead to school returning. There was equally high anxiety about it starting, and concern about what would happen when it did. My anecdotal experience is that that extremely high parental anxiety has been gradually dropping off as the restrictions have eased and we have phased back in, and case numbers and hospitalisations are actually progressing quite well. But I wanted to test that with you. I also find it quite reassuring that there are only a couple of kids at each school who may not have returned. That is indicating that maybe there is not such incredibly high parental anxiety; that maybe people have relaxed and decided that this is a safe place. How do you feel about that?

Ms Elliott: The feedback we have received from parents and carers through their P&Cs indicates that there are some parents who were on the financial assistance packages which ended. They were required to go back to work. So a decision to return

PROOF

to school for some parents would be based on there not being any income other than returning to work, so their students were returning to school.

It is a really difficult time for parents, because while they might be concerned and cautious about that return, most parents felt, in one way or another, that—whether it was about their students’ wellbeing or their connection with their peers, or just re-establishing a bit more structure—the return to school was welcome, although there were parents who did not have those feelings at the same time.

MS CLAY: How have the kids been adapting to the restrictions that are in place? For instance, we have masks for some of the older cohorts but not for some of the younger ones, and we have a whole lot of different arrangements in the classroom. Do you feel that that is being communicated well and that the kids are actually adjusting to that well?

Ms Elliott: The pandemic has adversely affected our more vulnerable people more than it has others. For example, in this case, students with disability will probably be struggling more than other students with the changes in routine and structure, and perhaps the rooms that they might be able to use in a school due to the ventilation issues and mask-wearing requirements. Although the advice coming through from ACT Health, the Chief Health Officer, and through the Education Directorate to schools and out to parents, has been really consistent, unfortunately there has been some inconsistency around the implementation, which has affected some of our students more than others.

THE CHAIR: Is there anything that anyone else wants to add in the last two minutes that we have available to us?

Ms Elliott: Can I just say that we have worked really closely with the Education Directorate over this time, and I am really pleased with the level of consultation that we have had. That has allowed us to do a lot of work with our members and provide instant feedback in a really short amount of time. We can see that everyone has been working really hard, both in schools and in the directorate. So thank you.

THE CHAIR: Thank you for that. Ms Chegwidden or Mrs McMillan, did you want to add anything?

Mrs McMillan: Can I quickly add that the home education community in the ACT has a really good communication and relationship with the Education Directorate at the moment. Just today I had to check something, and I rang up and chatted to one of the EL1s. It was really helpful, supportive and productive, so that has been excellent.

And just really quickly, on the point about mental health for children during this time, one of the things that came up—and this would probably be in all families, not just home educating ones—was that, particularly in families with an only child, the requirement to stay within their suburban area was really hard. When things opened up and we were allowed to have, I think, two people visit a home, that was really nice for a parent and a child who had not seen anyone else for ages, but if they lived in Belconnen and their friends lived in Woden that was heartbreaking. It was a little unclear whether mental health needs would override that, and whether that could be a

PROOF

legitimate parental judgement to make, in some of those cases. Those boundaries that divided people into those areas, I think, were very harsh on some families.

MS CLAY: Thank you for that comment. You have at least one, maybe two, of us, who have young only children, so that comment has landed well.

THE CHAIR: Yes, thank you for that feedback. Given the time, I will call it to an end here. Thank you to Ms Elliott, Ms Chegwidden and Mrs McMillan for providing evidence today to assist the committee's inquiry. The secretary will provide you with a copy of the proof transcript to check for accuracy for Hansard. I do not think anyone took any questions on notice, so there is nothing there. On behalf of the committee, I thank you very much for your time. We will take a short suspension.

Short suspension.

DAVIDSON, MS EMMA, Assistant Minister for Seniors, Veterans, Families and Community Services, Minister for Disability, Minister for Justice Health and Minister for Mental Health

MOORE, DR ELIZABETH, Coordinator-General, Office for Mental Health and Wellbeing, ACT Health

REA, MS KATRINA, Acting Executive Directorate, Mental Health, Justice Health and Alcohol and Drug Service, Canberra Health Services

PEFFER, MR DAVE, Chief Executive Officer, Canberra Health Services

CROSS, MS REBECCA, Director-General, ACT Health Directorate

GARRETT, MS CHERYL, Acting Executive Branch Manager, Mental Health Policy, ACT Health Directorate

THE CHAIR: Welcome. Please be aware that today's proceedings are covered by parliamentary privilege, which provides protection to witnesses but also obliges them to tell the truth. The provision of false and misleading evidence is a serious matter, and all participants today are reminded of this. When you start speaking, in addition to stating your name and capacity, please state that you have read and understood the pink privilege statement. Minister, do you want to start with a short opening statement?

Ms Davidson: No, I am happy to skip that and go straight to questions, if you like.

THE CHAIR: Thank you very much. I have a starting question. Obviously, the last 18 months—with the pandemic and the lockdown—has had some concerning impacts on mental health. Can you tell us, in terms of numbers, whether there has been an increase in the demand for services and, if so, how much we have seen and whether there is going to be an increase as we move on and come out of lockdown, or where you see that trend going.

Ms Davidson: Sure. I will pass in a minute to Dr Elizabeth Moore in a little bit to talk in more detail about where we are seeing increases in the need for services. The reason I am doing that, rather than passing to Canberra Health Services, is because the Office for Mental Health and Wellbeing provides us with that kind of research and understanding across the entire service sector so that we are looking at not just what is happening in acute services and emergency department presentations but also what is happening in calls on services delivered in the community.

If we do not look at how we are taking care of people's mental wellbeing and if we do not look at how we are doing early intervention work then we are never going to be able to reduce the number of people who have acute care presentations. I might pass to Dr Elizabeth Moore to talk a bit more.

Dr Moore: I acknowledge the privilege statement. In terms of mental health and wellbeing, it is important to know that we have had a range of different responses to both the lockdown and to anxieties around COVID. Generally, from the surveys that have been undertaken by the University of Canberra and YourSay, there has been an increase in the rates of anxiety and depression, which is very understandable in an abnormal situation. We have also had increases in the number of calls to crisis lines such as Lifeline and Beyond Blue. Some of that is due to demand and some of that is

due to supply: because they have had increases in their funding, they are able to take more calls.

Where we have found a difference is that young people have disproportionately shown increases in anxiety and depression. Again, it is understandable in terms of transitions. They have found themselves noting that they have more anxiety and depression. Where the data shows a difference is that we have not seen the rates of presentation to hospital services go up in older people; it has been in that younger age group—12 to 17.

When we are in lockdown or under stay-at-home orders, our presentations to the emergency department go down. That could be explained by the fact that people cannot get out; they do not get out. So there are a number of factors in there. When we got out of lockdown or the stay-at-home orders last time there was an increase back to our pre-COVID levels. We are going to see that again, I think, as we come out of this lockdown. We are starting to see that.

In terms of overall increase, yes, there has been an overall increase compared to last year and, again, to 2019, of the 12 to 17-year-olds particularly but also the 30 to 40-year-olds. So that is where some of our targeted intervention has gone to.

THE CHAIR: Thank you for that, Dr Moore. Maybe you need to take this on notice, but do you have actual figures for some of the increases that you referred to?

Dr Moore: Yes. It is in the public domain, but could I take that question on notice and refer back to you?

THE CHAIR: That would be great. Thank you very much. Just going back to the acute space, Minister Davidson, I know that you wanted Dr Moore to answer it holistically, but, further to Dr Moore's answer, do we have any figures for presentations last year, compared to the year before?

Ms Davidson: Yes, we can provide you with that information. I will pass to Canberra Health Services in a moment to talk about that. I refer to that question about the statistics and the numbers that you were just asking Dr Moore about. There was a YourSay survey about a month or two ago, and in that survey 43 per cent of 16 to 24-year-olds and 66 per cent of 25 to 34-year-olds rated their mental health as fair or poor. That might help, in addition to any other data that she is able to provide you with. I will hand over to Canberra Health Services to talk about presentations to ED.

Ms Rea: I acknowledge the statement.

THE CHAIR: Thank you.

Ms Rea: Absolutely, our experience, particularly at Canberra Hospital, reflects Dr Moore's description of what has occurred throughout lockdown, and this also reflects some of that period of time in 2020 when we had a brief period of lockdown. What we have seen is that presentations to the emergency department have decreased and therefore the length of stay of people waiting to access an acute bed has also decreased by about eight per cent from the year prior. The demand for beds decreased

for the same period as last year, up until about September this year. But, interestingly, we have seen that that has mainly been in the high dependency space. We have seen about a 10 per cent reduction in that really acute end of the spectrum. Our bed days overall have increased, but that is more a reflection of increased access to additional beds—for example, the funding that was received for 12B, an extra low-dependency unit.

MRS JONES: I wonder if anyone can explain: is there a process of satisfaction surveys for people who have been in the acute system—particularly in the involuntary spaces but also the inpatient units? Do we do any sort of satisfaction survey of clients or their carers?

Mr Peffer: Yes, we do. I acknowledge that I have read and understand the privilege statement. We have a consumer feedback and engagement team, and we have a range of mechanisms through which we seek the feedback of patients who have spent some time in our care. We have expanded the avenues through which we can receive feedback. We have digital means as well as paper-based forms, and we encourage people to provide feedback.

We also follow up with phone calls to seek views, because we are conscious that not everyone wants to provide feedback at the time that they are in hospital or before they have been discharged. We are seeking to increase the number of patients who provide feedback. That is one of our accountability indicators in the budget papers that we report on each year—we have the target, and how we perform against that target.

MRS JONES: Thank you, Mr Peffer. Can you supply, on notice, the link to the feedback online, a copy of the paper form, and the last 12 months of data that has been collected through this system?

Mr Peffer: Yes, we can do that. Certainly, the last 12 months will be reflected in the budget papers in terms of how we performed, but we can provide that on notice as well.

MRS JONES: Not how you have performed; how people have experienced their experiences, which is, I presume, what these feedback forms are asking for.

Mr Peffer: Yes. Mrs Jones, I am not in a position to provide you with the actual feedback that patients have provided—

MRS JONES: Do you collate it and get some statistical profile about numbers of people satisfied or something like that? How do you—

Mr Peffer: Yes, of course. We can provide—

MRS JONES: What I am after is the higher level summary, for the 12 months, of people's satisfaction or dissatisfaction.

Mr Peffer: Okay; we can take that on notice.

MRS JONES: Thank you.

MS ORR: We hear a lot about the tail of COVID and coming out of lockdown. Dr Moore, I think you mentioned that as we come out of lockdown we start to see more presentations. I am just curious to know what you might be anticipating in the coming months, what sorts of supports you feel the community will be needing and what we have in place to respond to that demand.

Ms Davidson: Before I hand over to Dr Moore to talk a little bit about what we are expecting to see, I can talk about the research into the ongoing mental wellbeing impacts of a disaster. The pandemic is a kind of disaster. It is different to a bushfire, but there are still things that we can learn from that. We would expect that there will be ongoing effects, and that transition points like coming out of lockdown or young people returning to school or to university might be the times when we might start to see some of those impacts occurring.

So taking care of people's holistic wellbeing—not just their clinical health but also the social determinants that contribute to that; for example, making sure that people are still able to earn an income, pay the bills and those sorts of things, and access support if they are experiencing increases in domestic and family violence—is really important. I will hand over to Dr Moore to talk a little bit about what we might expect to see and how we are preparing for that.

Dr Moore: We really are going into the unknown, but there are a few things that we can predict, and that is that our most vulnerable groups, those that already have vulnerabilities, will need extra support. We have had some modelling—the UNSW modelling and the University of Sydney modelling—that indicates that our young people will need extra support. Again, as the minister said, it is around transition times and around grief and loss.

Similarly, our culturally and linguistically diverse communities and those that have been separated from family, either interstate or overseas, and have missed major milestones such as funerals, weddings—those family situations—will need extra support. In fact, we had a Mental Health Advisory Council meeting this morning that was discussing some of the things that we might be able to put into place.

Continuing on the work that has already been done around supporting community to support each other, we have in our schools a program called Youth Aware of Mental Health, which is targeting our year 9 students. It is resilience building and community building, as well as being an individual mental health program. There are a variety of things that have already been undertaken within a mental health support package that we would want to continue post the pandemic.

MS ORR: Thank you.

MS CLAY: Minister, I was interested in hearing you talk about the importance of getting the social settings right when we are dealing with mental health and anxiety problems. Obviously, it is not just about feelings or the medical problem; it is often the social setting. Do you think we have got those social settings and those wraparound services and community services right? Are we doing that properly now?

Ms Davidson: There is ongoing work to constantly improve how we provide all of those support services. Part of that is about all of the directorates working collaboratively on things like the interconnections between mental health and housing and homelessness, drugs and alcohol and domestic and family violence—all of those things coming together. There is work that is being done that looks at people who have complex situations that require a multidisciplinary approach in a number of different areas, and that includes for young people.

Some of this connects up with some of the work that we have ahead of us in raising the minimum age of criminal responsibility as well, because that is about providing support not just to young people but also their families, and mental health and wellbeing is part of it. The other really good thing is that because we have the wellbeing indicators framework in the ACT now, it means that, when we are looking at areas of policy that are not directly mental health, we are also thinking about what the impact of that is going to be on people's mental wellbeing. That is really valuable.

MS CLAY: Minister, I know that we obviously have really high anxiety as a result of COVID, with our young people in particular, but I also know that before COVID there was quite a lot of anxiety around climate. I am wondering whether one has replaced the other or, if climate anxiety is still quite high, whether they are contributing to one another, how that relates and what we should do about it.

Ms Davidson: That is a really important question. Climate anxiety has not gone away; it is still there. We have seen a real increase in concern about climate change in young people in the ACT in recent years. There is a correlation between mental health and the environment as issues that young people believe are really important for Australia. The 2019 Mission Australia youth survey showed that the top two issues facing Australia for ACT young women were the environment, at 55.7 per cent, and mental health, at 40.8 per cent. For ACT young men, the top two issues were the environment, at 55.1 per cent, and mental health, at 24.8 per cent.

Young people are physically demonstrating how important the environment and climate action are to their mental wellbeing through things like climate strikes, like the one that is going to happen in Canberra on the weekend. Mission Australia's youth survey report from 2019 also talks about the benefits for mental wellbeing for young people when they are able to participate in events that allow them to express their views, like going to climate strike events.

In the 2020 Mission Australia youth survey, ACT young women said that their top three issues facing Australia were equity and discrimination, at 50.9 per cent; environment, at 38.2 per cent; and mental health, at 33.8 per cent. For ACT young men, keeping in mind that the 2020 survey was done after COVID had hit Australia, the top three issues were COVID-19, at 44.1 per cent; equity and discrimination, at 38.4 per cent; and environment was still up there at 33.5 per cent. Worries about the pandemic have not replaced worries about the environment; they have added to it. It is layering up.

In addition to that, one in eight ACT young people in 2020 felt negatively about their future. Noting the higher correlation for ACT young women, compared to young men, between mental health and the environment as top issues, I would also note that more

than double the proportion of young men than young women felt very positive about the future. Only 15.3 per cent of young men were feeling positive about their future in 2020 compared to seven per cent of young women. Those are pretty low numbers. Climate anxiety is a very real and growing issue and it taps into this existential crisis that a lot of young people are feeling about their future that the pandemic is just adding to. If we want to support young people who are experiencing issues with their mental wellbeing, we have a real responsibility to act on these global existential threats.

There are things that the ACT government is doing that will help. I will hand to Dr Elizabeth Moore to talk in a bit more detail about the services and things that we are doing for young people. The newly launched MindMap portal—it is mindmap.act.gov.au—can really help young people to navigate their mental health and find support, if that is what they need. There are trained youth navigators to talk them through their options every day, from midday through to 11 pm. I will pass to Dr Moore to talk in more detail about how we can support young people with this.

Dr Moore: I emphasise that MindMap was co-designed with young people. We have some fabulous young people in the ACT who are able to express what they need. Part of the reason that climate anxiety, I think, is so prevalent is that young people are not being heard. It is that loss of control. Making young people feel heard and acting on their very sensible recommendations, I think, is the best thing that all of us, including government, can do.

MindMap, if you have not had a chance to have a look at it, is for young people and their parents, carers and services, to actually connect the services that we already have, not only the acute services but also services in the community. As the minister said, we need to tailor services to the individual, and that means that it is not just acute services; it is around being part of community and friendship groups. The youth navigators within MindMap, and there are some clinical and some non-clinical, help guide the young person, if they need it—and a lot of them are much more computer savvy than I am—to the right service to see whether or not the match is there.

In terms of clinical services, we have noted that eating disorders have increased. I would pass to my Mental Health, Justice Health and Alcohol and Drug Service colleagues to describe some of the work in that area.

Ms Rea: Reflecting on previous comments around demand, obviously the number of young people in the acute setting has increased not just in relation to eating disorders that we are seeing but more broadly. We have seen a lot of that increase in support around our community child and adolescent teams. The contacts have certainly increased in that space.

With regard to eating disorders, in line with the ACT Health Directorate's plans on eating disorder investments in the hub, for example, the team are also being provided with additional funding to support a reach program, which is a program run in conjunction with University of Canberra students.

Our team provides a 12-week program where families and young people can work collaboratively with our teams to address some of their unique needs and connect

them to services as appropriate. There has been some really great preliminary feedback and evaluation on that so far. It is a great opportunity that we have some additional funding to support that work, going forward, so that we can do a full evaluation and identify what the future of that service will look like. It is an important piece of a broad puzzle.

MRS JONES: You just mentioned an increase in young people seeking acute assistance. Can you quantify that—the contacts, I think you said, with the child and adolescent services?

Ms Rea: I do not have that exact number for you at the moment, but I am happy to take it on notice. It is in the community setting. It could be bifold in that we are seeing increased acuity of those community contacts with the community team. Because we have moved throughout lockdown to predominantly a telehealth model, the capacity to have increased appointments has also changed. The team are working really hard to identify and adjust those needs. I am certainly happy to give you some data.

MRS JONES: What would be excellent to know, on notice, is the exact data which created that impression for you that you just concluded was an increase in need.

Ms Rea: Yes.

MRS JONES: Thank you. Of the \$260,000 announced for additional mental health support for COVID-19, how much has been spent so far?

Ms Davidson: Before I pass over to ACT Health to talk a bit more about where all of those contracts are up to, I can tell you that when we were looking at which organisations we would direct the funding to we were looking at organisations that were already working with the groups of people that we knew were most at risk of needing additional support for mental health during lockdown. We knew from our ongoing relationships with those community sector partners which ones would be in the best position to be able to deliver services quickly. I would really like to thank all of our community partners.

MRS JONES: Minister, with all due respect, I have quite a few supps here. I accept that the community sector is doing a great job, but can we get to how much of the \$260,000 has been spent?

Ms Davidson: Sure. I will pass to ACT Health to talk about where the contracts are up to for delivery of that funding that was announced in September.

Ms Cross: I have read and understood the privilege statement. We will give you the data, but there is a distinction in us giving the money to a community sector organisation, in which case we have spent the money. That does not necessarily mean that the community sector organisation have fully spent the money we have given them in the grant. We can certainly tell you where we are up to with the grants at the moment.

MRS JONES: Sure. I presume that they have to feed back to you the expenditure at the other end as well, though?

Ms Cross: Yes. It is just that some of that expenditure will be ongoing. If we say we have fully spent the \$260,000, that means we have passed it all on to the relevant community organisations.

MRS JONES: I still have not had an answer to the question. How much of it has been spent?

Ms Garrett: I acknowledge that I have read and understand the privilege statement. As Rebecca said, all of the contracts, the deeds of grant, with all of the organisations for the \$260,000 have been executed. We will receive reports and financial acquittals of those as the contracts come to an end, which is until the end of this year. There are further contracts and deeds of grant that have been executed as part of the September 2021 further \$3.6 million investment, and all of those have also been executed with all NGOs that received funding.

MRS JONES: On notice, can I please be supplied with the list of the grants that have been agreed to?

Ms Garrett: Yes.

MRS JONES: Why is the funding for one year only? Is that the expected extent of COVID mental health needs?

Ms Garrett: These grants were announced during the lockdown in September, in response to the additional pressures that we knew were being faced during lockdown. In terms of ongoing needs for additional mental health support, that is probably better addressed in the longer term through the regular budget processes, because we do expect that there will be ongoing needs in the community for some time, because the pandemic does not end when the lockdown restrictions ease.

MRS JONES: Thank you. Last year, during the lockdown, I understand that there was around \$1 million allocated to the mental health sector. Was \$260,000 considered to be sufficient this year, when the lockdown was longer and more severe?

Ms Garrett: At the point at which we made the decision to provide some additional support to community sector organisations and other health services that were doing mental health support for people, we did not know exactly how long the lockdown would run for, but we knew that there were immediate needs and we wanted to meet those as quickly as possible. That is why we were able to get an additional \$3.6 million in funding out the door, which included some contribution from the commonwealth as well, which we greatly appreciated.

We did, though, also provide more than nine per cent in additional funding for mental health in this year's budget, in recognition of the increased need for support that will extend beyond Christmas this year. We are actually increasing support, not just through services delivered in the community but through additional beds in our hospital services for people who have mental health care needs.

THE CHAIR: Minister, to you and your officials, thank you for your evidence. A

PROOF

couple of questions were taken on notice, I think from Mrs Jones. The secretary will be in touch with you on that. The secretary will also provide to you the transcript to check for accuracy. On behalf of the committee, thank you for your time in giving evidence today.

Short suspension.

CODY, MS BEC, Chief Executive Officer, Mental Health Community Coalition ACT

DOBSON, MS CORRINE, Senior Policy and Systemic Advocacy Officer, Mental Health Community Coalition ACT

THE CHAIR: I welcome the Mental Health Community Coalition ACT. Please be aware that today's proceedings are covered by parliamentary privilege, which provides protection to witnesses but also obliges them to tell the truth. The provision of false and misleading evidence is a serious matter, and all participants today are reminded of this. Before we start, can you confirm that you have read and understood the pink privilege statement.

Ms Cody: I have read and understand the privilege statement.

Ms Dobson: I have also read and understood the privilege statement.

THE CHAIR: Ms Cody, can you give the committee an outline of how your services have been impacted throughout the latest lockdown? Have you seen an increase in requests for services? What feedback have you had?

Ms Cody: As the peak body for community mental health providers in the ACT, we have had a lot of our services contact us. A lot of our members have talked to us about the increase that they saw not only during this particular lockdown but throughout the pandemic as a whole over the last 20 months or so that we have been dealing with this. We have seen a massive increase, particularly around children's services, perinatal support services. My understanding is that we have seen about a threefold increase there.

In general terms, people's anxiety levels have definitely risen, from the start of the pandemic last year, right the way through to, and particularly during, this latest lockdown phase. It has been a bit difficult for some people to come to terms with it. It has definitely affected their anxieties, which has meant that they have had to reach out for help and support through our members.

THE CHAIR: You mentioned that there was a threefold increase in service support for perinatal. Have you been able to get to the bottom of why that is so high?

Ms Cody: The problem we have is that our member, Perinatal Wellbeing Centre, do not actually collect statistics; they do not have the ability to do that. I believe the ACT government have some statistics; I do not have access to those statistics. We are going off anecdotal evidence that the Perinatal Wellbeing Centre is talking about.

I can only talk from an anecdotal perspective, but I know myself—and, Ms Lee, I am sure you remember when you had your beautiful daughter—that it is quite a trying time when you have a baby, let alone when you are all alone in a hospital and you are unable to have your partner or your support person with you, have that support around you. That can raise concerns and anxiety, and it does cause a bit more stress. Anecdotally, that is where I would suggest the issues are coming from. Of course, we are unable to change those things. It is about making sure that people are safe and

PROOF

protected and that the health system is safe and protected. I understand what is happening, but it definitely has seen an increase.

MS ORR: Ms Cody, I am very keen to hear from you, on behalf of your member groups, what they see coming in the next phase of the pandemic, as we move out of lockdown and we move into this tail end. And what sort of feedback have they already provided to you as to what they might see as the needs of the ACT community?

Ms Cody: I think people are going to need psychosocial supports over the next period. I honestly believe that this tail will be five or seven years long. I do not see it subsiding over the early stages. Again, that is anecdotal evidence; I do not know that there has been substantive data tracking to show that. But when we look at a person's cycle of support process, it can be quite a long period. We have changes that will be happening over the next 12 months at the very least while we move through and look at the immunisation levels that we have now, the possibility of booster shots—some people are already having those—and what it means to be able to access services.

Our members are reporting that people really struggle with not being able to have face-to-face contact with their support people like they used to. I understand that is now coming back online, and that is fantastic. You have then got the other side of the coin, which is that people are scared to go back to face-to-face contact because they are scared they are going to get COVID or get sick, or not be able to manage what could happen if COVID (a) takes out their support worker or (b) makes them ill.

MS CLAY: I am interested to know what sorts of services you are providing to your members and how that has changed—before the pandemic compared to the pandemic.

Ms Cody: For us in particular, the big change has been that we are providing a lot more mental health support to our members. Prior to the pandemic, we were a peak body. We were really about advocating for our members, ensuring that we were doing the best we could. We were ensuring that we were involved in policy changes and supporting how to build the community mental health sector and support people in the community better. Since the pandemic, our role has shifted. We are still doing advocacy, but we are probably advocating for different types of services. We are also being there so that some of our members can use us a little more to lean on, helping them to unload some of the frustrations, anxieties and feelings of despair they sometimes have.

It has changed. It has been very interesting, I guess, to hear from our members about how they are doing. You hear fabulous stories about how people are helping, and the Canberra community are incredible at the best of times, but we can be feeling that the scene in Canberra is not as wonderful as it was, because we are all in lockdown and everyone is scared and those sorts of things. The great stories that we have all seen through social media, through the media and from talking to our friends and family have been wonderful. But there are always the other stories that we do not hear about: the people that are scared and the people that are feeling alone and isolated during this pandemic.

MRS JONES: I get the impression that the ACT government assistance during

COVID is not as generous as it was last year. In an ideal world, how much support does your sector need in order to respond properly to the needs in the community, which we all know are increasing at the moment?

Ms Cody: Obviously, the pandemic has had an impact on our members; no-one is denying that. We see that. But what we have really come to see is that over the last five years—longer, 2014—there has been a massive decrease in the level of funding that has been provided to the community mental health sector. That has been really since the NDIS came on board. It has been really difficult. Our service delivery for our members has not changed; we are still expected to provide as much, if not more, service delivery on the same, if not less, funding than we were receiving in 2014. That has been challenging at the best of times; the pandemic made it more difficult.

MRS JONES: On notice, would you be able to quantify that reduction since 2014? And, if I am correct, the problem with funding being assumed to be through NDIS is that people need diagnoses, and a lot of what the community sector does is help people at the very early, as well as advanced, stages of their mental health journey in a way that the NDIS probably can't. Would that be fair to say?

Ms Cody: Yes. Mrs Jones, you are quite correct. Obviously, from a community mental health perspective, we look at being the rounded support that we give our community members. Ms Dobson was in a meeting earlier today that unfortunately I had to drop out of, but I believe—she may correct me if I get this wrong—that there are some new statistics indicating that there are about 92,000 people now accessing psychosocial support through the NDIS.

Ms Dobson: That was the projection; it is not clear that that will be reached. In the 60,000s was what was understood—people who would be accessing the NDIS primarily for psychosocial supports. That has been projected to increase, but it is not clear, because then it is also looking at the sustainability of the system at the federal level. If some policy changes are made to try and curb that, that is obviously going to have an impact. But it is also important to point out that it is only a fraction of people who have psychosocial disability who will be able to access the NDIS. So you do have a proportion of people—

MRS JONES: Or who even see themselves as having a psychosocial disability. They might say, “I have a mental health concern,” and they may not wish to go down the track of identifying as having a disability. Therefore, who is there to look after them?

Ms Dobson: Yes; that is correct. The model of the NDIS is challenging in that it does not fit well with the recovery-oriented approach that we would adopt in our services. There are a lot of challenges. As Bec said, that has presented enormous challenges to the sector over the past few years.

MRS JONES: I would love it if, on notice, you could get back to me with some information about that drop in funding for your sector and how it has affected the ACT since 2014.

Ms Dobson: Yes.

Ms Cody: Absolutely. I believe the ANU have done some modelling around that that we have been involved in. We are happy to provide that on notice.

MRS JONES: If you were put in charge of the COVID response and were given the opportunity to change something about what we currently have available in the ACT, funded through the ACT government, what would you do for your sector? What is the burning issue that you would like to see improved, apart from this generalised funding decrease? What is the one service or the one area that we really should be pumping effort into?

Ms Cody: That is a very good question, Mrs Jones. I think this is possibly the biggest area. As Ms Dobson was just talking about and as you quite rightly pointed out as well, Mrs Jones, I do not think people understand that a psychosocial disability is not actually a terrible thing. A lot of us out there have anxiety or depression or, you know, other forms of mental health issues—

MRS JONES: I joined the club, yes.

Ms Cody: Sometimes it is really good to have a little bit more education to help remove the stigma around that. There is a lot that has been done. These conversations help, and the opportunity to raise awareness of the community mental health sector helps, but it is always good to continue to have those conversations, to continue to raise the profile of the community mental health sector, and to continue to educate the community on how they can access mental health services through the community mental health sector. We can always do more around that, which of course also takes on financial burdens as well.

MRS JONES: How many organisations do you represent, roughly?

Ms Cody: I think at last count we were in the 40s. The exact number I am—

MRS JONES: Is that a commercial-in-confidence list, or are we able to know who you represent?

Ms Cody: My understanding is that it is on our website, so I am very happy to provide you with that link.

MRS JONES: That would be great, yes.

Ms Cody: Yes. Obviously, at each board meeting, the board discusses where we have had other people come on board and want to become members. So the membership list does, on occasion, fluctuate, but it is always available on our website.

MRS JONES: On the concept of unmet need, you would get a lot of anecdotal evidence and feedback on it, but what is your current impression of our unmet need in the ACT? I know people are waiting a long time to get in to see a psychologist or a psychiatrist or even a counsellor. What are your members' impressions of the unmet need?

Ms Cody: Yes. You are right; there is a high unmet need. Ms Orr already talked about

the tail of COVID. I think we will certainly see some increases in unmet need.

MRS JONES: I have to say, although I have been at work, the stresses that I have had coming out of the lockdown have surprised me—even things like the first time I went back to the swimming pool and could hardly remember how to bloody swim. People must be struggling with all sorts of things at the moment—a whole new wave of distress.

Ms Cody: Let's be honest, I am sure there are not many of us who love wearing a mask, and we know we have to do it. But the feeling of being isolated by covering your mouth is difficult for some people.

MRS JONES: You cannot see anybody smiling at you.

Ms Cody: Yes. A lot of people on the autism spectrum disorder struggle with social cues at the best of times, but covering a lot of your face makes it a little more difficult for them. I know that from a religious perspective there are always going to be face coverings and I have no issue with any of those things, but all these added changes are new complexities that people may not have had to deal with before.

MRS JONES: Thanks to your sector for doing so much, but I am sure there is much more that you would love to be able to do.

Ms Cody: Absolutely there is. Our members are fabulous and, as we know, when it comes to the community sector, they get funded for a certain amount of work that they have to do. They usually end up doing three times that amount of work because they are so committed.

MRS JONES: Good people.

Ms Cody: Yes; they really work with their hearts and souls to give back to the community. It is a really wonderful sector, but they really do work very hard.

Ms Dobson: I was just going to say that something we are aware of, as Bec says, is that it is a very challenging but rewarding sector to work in. It has always had its challenges in terms of retaining staff, and burnout because it is very hard work, but obviously COVID has added to some of those challenges and stresses for frontline workers, so we are very mindful of some of those issues for the workforce and making sure that we are supporting the workforce to continue to provide those really important services into the future.

MRS JONES: I wonder if you could take this on notice as well—probably you will not have the numbers with you. What was the funding received this year during COVID—the \$260,000—versus the need at that point in time? How much additional money would it have been good to receive at that point in time to make a big difference to the community? It would be good to get a professional view from your member organisations. They know how much of a call for service they are getting, and it would be good for the committee to get some feedback, on notice, about what those figures would look like if the community sector and mental health was completely satisfied with their level of funding. We want to know: are we doing

10 per cent, are we doing 80 per cent or are we doing one per cent of what we need to be doing to make that sector really able to provide the services that they wish that they could?

Ms Cody: I will do my best to provide that for you, Mrs Jones. I can't guarantee that we have that sort of detail, but I will absolutely do my best. There is also a report that is due to be released in the coming weeks that the ACT Council of Social Service have been doing. It is about the real cost of service. It is a whole-of-community sector project that has been undertaken. That report will probably have a lot of that information in it. I will do my best to provide it for you, from our members' perspective. The sector itself does not collect a lot of data, so it might be a bit difficult to give you exactly what you are looking for. We will absolutely do our best.

MRS JONES: Because our mental health professionals are so hard to come by—we have a shortage of mental health professionals in the ACT—does your organisation get asked to have discussions or do you initiate discussions with the university sector about the number of graduates that they are able to put out in these different fields?

Psychology is a cost degree to universities, as far as I know; psychiatry may be more so. It is around the cost of the placements—that is what I have been told—and the number of quality placements that can be had in a specific-size system. Have you got any feedback on the supply of professionals? MIEACT, one of the other groups, told me that we also need to translate the skills of those people into courses for people to do. For example, the skills that you might learn by going to a psychologist initially could be provided in a group setting to get people thinking about things that will improve their mental health. Do you have any thoughts on the training side of things?

Ms Cody: We actually support training for the sector. We support a lot of MIEACT's trainings—DoNOharm in particular. We do some alcohol and other drugs training and we do some training with A Gender Agenda, which are all around supporting mental health. They are accessible for our members and the rest of the community. Anyone can join in. We run different sessions approximately once a month. They have been fabulous. They are a really good way to help educate people and the sector and to ensure that we are getting the right messages out.

From a psychiatry-psychology perspective, we do not necessarily get involved per se. I personally have been in discussions with some of our bigger educators about looking at ways that we can better access the workforce for the community mental health sector. As Ms Dobson pointed out a moment ago, we have a huge deficit of workforce in the community sector—a massive deficit.

MRS JONES: Is that because of pay rates but also the nature of the work?

Ms Cody: It is a combination of both. I am sure Ms Dobson can add some additional information here. It is the pay rates; it is the type of work; it is the burnout. The burnout has a massive impact. It is also the fact that some of these students finish their studies and go to work in a field and get confronted with people that are dealing with their mental ill health, and it is quite confronting for them. There is not a lot of peer support that happens to help them understand what they are going to be facing when they get out in the—and I hate to use this terminology—real world. There needs to be

a bit more work done around those things. I think that will help support both the professional sector as well as the community sector workforce.

MRS JONES: Do you think there are learnings that could happen from the medical field about that? We know that, for example, in a really well-functioning emergency department there is a debrief after serious events or at the end of the shift. Do you think some of the practices might need to come across into the community mental health sector, just to give people that ability to keep going and to be satisfied with their work without burning out as easily?

Ms Cody: Yes. A lot of those things probably do occur, absolutely. Ms Dobson has probably got a lot more to add on this. She has been in the community sector much longer than I have. When people come into the community sector, they are doing it for all the right reasons. They are doing it because they want to make a difference. They want to support someone. They want to ensure that they are doing the best that they can do. But no-one really gives you, I guess, the—

MRS JONES: Training.

Ms Cody: Yes. You do not really have the—

MRS JONES: Equipment, yes.

Ms Cody: face-to-face, almost peer training when you are at university and when you are doing some of the other CIT courses that are probably needed, I think, to support the workforce. Would you agree, Ms Dobson?

Ms Dobson: Yes. Certainly, it is a combination of factors. All the things that you have mentioned really do present challenges in having and retaining a skilled workforce. One of the challenges, working in this sector broadly and in the community mental health sector, is that you are under-resourced; there are not enough resources to deliver the services that you are trying to deliver.

As Bec said, you have a very dedicated workforce, but it is really challenging to do that and to do it to the extent that you want to. Working in that context does contribute to burnout. Also, when you have short funding cycles and the funding is short, you have that perennial question hanging over you: “Is my contract going to be renewed? Are we going to have funding?” All of those factors make it quite a challenging and stressful environment to work in.

One thing that we have advocated for is a workforce strategy to look at, as you said, issues around training. The community mental health sector encompasses a wide range of roles. That includes training, for example, through TAFE and other avenues. We need to look at that and make sure that, in identifying where those gaps are, we have a strategy. We do need more funding to meet the demand, but if we get more funding we have to have the skilled workforce there to be able to deliver that. It is a really important issue that we need to look at. It is probably across the community sector but particularly in the community mental health sector, where there are particular issues.

PROOF

THE CHAIR: Thank you very much, Ms Cody and Ms Dobson, for giving your time to provide evidence and assist the committee with its inquiry. The secretary will provide you with a proof transcript so that you can check it for accuracy. There are a couple of questions, Ms Cody, that you took on notice for Mrs Jones. If you can provide those? The secretary will assist you with that. On behalf of the committee, thank you very much for giving evidence today. I also thank all witnesses who have given evidence at this fifth public hearing of the Select Committee on the COVID-19 2021 pandemic response.

The committee adjourned at 5.17 pm.