

PORTFOLIO COMMITTEE NO. 2 - HEALTH

Friday, 5 November 2021

Examination of proposed expenditure for the portfolio area

MENTAL HEALTH, REGIONAL YOUTH AND WOMEN

CORRECTED

The Committee met at 9.30 a.m.

MEMBERS

The Hon. Greg Donnelly (Chair)

The Hon. Anthony D'Adam

Ms Cate Faehrmann

The Hon. Wes Fang

The Hon. Emma Hurst (Deputy Chair)

The Hon. Natasha Maclaren-Jones

The Hon. Penny Sharpe

PRESENT

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

* Please note:

[inaudible] is used when audio words cannot be deciphered

[audio malfunction] is used when words are lost due to a technical malfunction

[disorder] is used when members or witnesses speak over one another

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

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

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

The CHAIR: Good morning. Welcome to this public hearing for the inquiry into budget estimates 2021-2022. Before I commence, I would like to acknowledge the Gadigal people, who are the traditional custodians of this land. I would also like to pay respect to the Elders past, present and emerging of the Eora nation and extend that respect to other Aboriginals who may be joining us today or joining us on the internet. We welcome you. I welcome Minister Taylor and accompanying officials to the hearing. Thank you for making the time available to come along. Today the committee will examine the proposed expenditure for the portfolio of Mental Health, Regional Youth and Women.

Before we commence, I would like to make some brief comments about the procedures for today's hearing. Today's proceedings are being broadcast from the Parliament's website, and a transcript will be placed on the Committee's website once it becomes available. In accordance with the broadcasting guidelines, media representatives are reminded that they must take responsibility for what they publish about the Committee's proceedings. All witnesses in budget estimates have a right to procedural fairness according to the procedural fairness resolution adopted by the Legislative Council in 2018. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances, witnesses are advised that they can take a question on notice and provide an answer within 21 days. If witnesses wish to hand up documents, they should do so through the committee staff.

Minister, I remind you and the officers accompanying you that you are free to pass notes and refer directly to your advisers seated at the table beside you. In terms of the audibility of the hearing today, we have witnesses in person and via teleconference. In fact, the position is today that the vast majority of our witnesses are participating remotely. We welcome you all as well. Could I ask committee members, in light of this, to clearly identify who questions are being directed to and could I ask everyone appearing remotely to please state their name when they are speaking. Could everyone please mute their microphones when they are not speaking. Finally, could everyone please turn their mobile phones to silent for the duration of the hearing.

All witnesses will be sworn prior to giving evidence. Minister Taylor, of course I remind you that you do not need to be sworn as you have already sworn an oath to your office as a member of Parliament. I also would like to remind the following witnesses that you do not need to be sworn or affirmed again, as you have been sworn or affirmed at an earlier budget estimates hearing before this Committee: specifically, Ms Koff—welcome back, we had you yesterday all day and thank you for that; Dr Lyons, who is joining us remotely; and Mr Minns, welcome back. They are the three who were sworn or affirmed yesterday, so they do not need to repeat today.

MURRAY WRIGHT, Chief Psychiatrist, NSW Health, sworn and examined

ELIZABETH KOFF, Secretary, NSW Health, on former oath

CATHERINE LOUREY, NSW Mental Health Commissioner, before the Committee via videoconference, affirmed and examined

NIGEL LYONS, Deputy Secretary, Health System Strategy and Planning, NSW Health, before the Committee via videoconference, on former oath

PHIL MINNS, Deputy Secretary, People, Culture and Governance, NSW Health, before the Committee via videoconference, on former oath

TANYA SMYTH, Director, Women NSW, Seniors and Carers, Department of Communities and Justice, before the Committee via videoconference, affirmed and examined

DAVID PEARCE, Executive Director, Mental Health Branch, NSW Health, before the Committee via videoconference, sworn and examined

JULIA RYAN, Director, Office for Regional Youth, Department of Regional NSW, before the Committee via videoconference, affirmed and examined

CHRIS HANGER, Deputy Secretary of the Public Works Advisory and Regional Development Group, Department of Regional NSW, before the Committee via videoconference, affirmed and examined

ELERI MORGAN-THOMAS, Acting Deputy Secretary, Strategy Policy and Commissioning, Department of Communities and Justice, before the Committee via videoconference, affirmed and examined

The CHAIR: We will get underway then. Minister, just to confirm, we have got the proceedings obviously underway in a formal sense but the questions will commence shortly. We go through until 12.45 p.m. with you and the departmental witnesses. It will be in the order of Opposition and then crossbench, moving between the two, with 20-minute tranches each. Then at the very end the difference will be split to conclude us. There is of course, as you would be aware, provision for 15 minutes at the end for questions from Government members if desired. On that note, I probably should say there is also a notional break at 11 o'clock. We do not go far from those—it is 15 minutes, tight. Without any further ado, we will commence with the Opposition. Ms Sharpe?

The Hon. PENNY SHARPE: Thank you, Minister, and congratulations on your appointment to your new position—very exciting.

The Hon. BRONNIE TAYLOR: Thank you, Ms Sharpe. I always worry when you are so nice to start with, but thank you very much.

The Hon. PENNY SHARPE: It is not a small thing to have women in the position that you have taken.

The CHAIR: Yes. Hear, hear!

The Hon. PENNY SHARPE: I think it is something that we should all recognise and celebrate.

The CHAIR: It is a genuine acknowledgement, yes.

The Hon. BRONNIE TAYLOR: May I say, I very much appreciate that. As I said in the Chamber, you have been a great support and I am very grateful. Thank you.

The Hon. PENNY SHARPE: Thank you. Minister, I wanted to just start off by asking you about the impact of COVID on women. Obviously there has been a lot written about this and the impacts on women in terms of job loss, dropping out of the labour force altogether, have been massive. Can you tell me what action you have been taking to address this issue?

The Hon. BRONNIE TAYLOR: Yes, and I thank you very much for your question. You are absolutely correct—as I would have no doubt on a women's issue that you would be—in the fact that women have been adversely affected in terms of what has happened with COVID. We knew that, because we do have a higher proportion of women that work in service industries and those industries like hospitality, like child care, all of those things have been greatly affected. Obviously it is my job to advocate for all women. But can I just start by saying as well, Ms Sharpe, that there were multiple programs across the Government as a whole, not specifically under the Women's portfolio—when we look at the New South Wales JobSaver program, when we look at the COVID-19 micro-business grants, the COVID-19 business grants, payroll tax support, tenancy support, support

for the creative arts sector, and we have had supports for the travel industry. So I think when we look at that we have to incorporate all those. Now, specifically—and I know that you—

The Hon. PENNY SHARPE: Sure and I agree with that—they have been extremely important, particularly given the Federal Government was not so great in coming to the table on those. Are you able to give us a breakdown, though, of those programs in terms of the uptake that women have had as a result of those programs?

The Hon. BRONNIE TAYLOR: Specifically for each program, if you wanted to look at the uptake and have that data divided, I do not have that with me, Ms Sharpe.

The Hon. PENNY SHARPE: Are you okay to take that on notice?

The Hon. BRONNIE TAYLOR: I am happy to take that on notice, with the caveat, if I may, if it is possible to collate that data in terms of male or female, because I really honestly do not know if that has been collected. I could ask—may I just refer to Ms Smyth, to see if—

The Hon. PENNY SHARPE: Find out whether we can. That would be great.

The Hon. BRONNIE TAYLOR: Ms Smyth, would you mind answering that?

Ms SMYTH: We could check with each agency if they have that data, but I am unaware if it is available.

The Hon. PENNY SHARPE: I agree with you that these are extremely important programs, but if we do not know whether women took them up and we are not collecting the data, is that not a concern?

The Hon. BRONNIE TAYLOR: I think that in terms of the effects of COVID economically on everyone, it has been really immense. I think we would all agree to that.

The Hon. PENNY SHARPE: Sure. But we are asking about women. You are the Minister for women.

The Hon. BRONNIE TAYLOR: I understand that. It is a really good question. I am really happy to see that. To make the assumption that women have not taken up those grants, and we know what a high number of women we have in small business—

The Hon. PENNY SHARPE: That is not my question, Minister. My question very clearly is how you measure success if you do not know how many women have actually taken these up. It is not far from the "women use roads" argument in terms of how we deal with these issues. I accept that these programs are very important, and we understand that women are in these industries. I am not taking you on bad faith. I am not accusing you of not knowing whether women have taken them up or not, but I am wanting to know whether that data is being collected and whether you can report it to this Committee.

The Hon. BRONNIE TAYLOR: As I said to you very clearly, if that data is being collected, I will absolutely provide that data to you. Can I say as well that we know that there is a high percentage of women in small business and there is a high percentage of women in all of those areas where those services and where those supports were available. It would be my strong hope and my strong suggestion that they did. That is why also we looked at the women's grants as well, because we knew that could target a specific—

The Hon. PENNY SHARPE: The women's grants should be going to women, shouldn't they, Minister?

The Hon. BRONNIE TAYLOR: They are.

The Hon. PENNY SHARPE: Exactly. That is not the point that I am making. The point I am making is that, as the women's Minister, you have pointed to all of these programs, which the Opposition supports, but I am wanting to understand what your role is in oversighting the response to COVID and the impact on women if you cannot tell us how many women have taken up the programs that are there. Do not forget we know from COVID also that it is not just that women lost their jobs faster, but they had to take on most of the burden of homeschooling. They have take on other care and responsibilities throughout this. We have had hundreds of thousands of women just drop out of the workforce altogether. Surely, as a base indicator of these programs, understanding how many women were actually able to take them up is pretty important, don't you think?

The Hon. BRONNIE TAYLOR: Of course I think it is important, and of course I think that they have. We have seen with the—

The Hon. PENNY SHARPE: But you do not know, Minister. You have just said that you do not know.

The Hon. BRONNIE TAYLOR: Ms Sharpe, with the recovery that we have seen and the tick back up and the jobs that are filling up, a lot of those jobs obviously are for women. To be fair, to make those assumptions that women have not taken them up is also—

The Hon. PENNY SHARPE: I am not making assumptions. I am concerned that you are—

The Hon. BRONNIE TAYLOR: You are insinuating—

The Hon. PENNY SHARPE: No, I am not. I am asking the question—

The Hon. BRONNIE TAYLOR: You are.

The Hon. PENNY SHARPE: —about whether you know whether women have taken them. Clearly, you do not.

The Hon. BRONNIE TAYLOR: I do not think we would have the surge in employment rate that we have post-COVID if they had not. We know that women make up a great deal of the workforce. If you want the exact data—

The Hon. PENNY SHARPE: Minister, women have also dropped out of—

The Hon. NATASHA MACLAREN-JONES: Point of order: This has occurred a couple of times, where the member is asking a question but not allowing the Minister an opportunity to answer.

The Hon. PENNY SHARPE: My apologies.

The Hon. BRONNIE TAYLOR: As the Premier said in his budget estimates as well, Ms Sharpe, when you were asking him about these questions, we will have that focus on that economic recovery. We have clearly demonstrated that as a government, and you rightly so said before that those services and those programs are in place. They are there and they have been there. That is a really positive—

The Hon. PENNY SHARPE: But where is the gender lens on those, Minister? If you cannot tell us how many women are taking them up, where is the gender lens to actually follow the data?

The Hon. BRONNIE TAYLOR: We will look at that data for you, but to say that women are not taking them up is just—

The Hon. PENNY SHARPE: That is not what I am saying. You do not know whether or not. That is the point.

The Hon. BRONNIE TAYLOR: There could actually be no fact to you saying that women are not taking them up when we know the employment rates have increased and that women are a huge part of that participating workforce.

The Hon. PENNY SHARPE: Sure. We will move on. As part of the three-year action plan in relation to COVID, what Women NSW has said is that you are going to continue to analyse the impact on the economic, social and personal wellbeing of women and consider possible gaps. Where is that up to?

The Hon. BRONNIE TAYLOR: I thank you very much for asking about the women's strategy because I think it is really important that, as a government—and as everyone—we talk about it and we have robust conversations around it and we make sure that we are on track. I would just like to say that at the moment we are on track with all of our things in the women's strategy going forward.

The Hon. PENNY SHARPE: We will get to that, Minister. I am asking specifically about what action is being undertaken re COVID.

The Hon. BRONNIE TAYLOR: For women?

The Hon. PENNY SHARPE: Yes.

The Hon. BRONNIE TAYLOR: The women's strategy looks at a whole-of-government response to women's issues. As you said—

The Hon. PENNY SHARPE: Yes. I am looking at 1.23 on page 29 of the strategy that says that you are going to continue analysis of the impact of COVID on the economic, social and personal wellbeing of women and consider possible gaps in support and emerging issues. What practically does that mean?

The Hon. BRONNIE TAYLOR: That means what it says it means: We will continue to look at that and look at the impact on economic, social and—

The Hon. PENNY SHARPE: You are looking at it. What are you doing about it?

The Hon. BRONNIE TAYLOR: Ms Sharpe, we are doing what we have been doing with everything on it. We have been providing exemplary health care, we have been providing economic recovery and we have been providing social and mental wellbeing services all across the board. Do we go and target specific things? We

make sure that we are providing the services that need to be provided. That is a whole-of-government response, and that is where we get the best outcomes.

The Hon. PENNY SHARPE: Do you go and speak to your colleagues in relation to—again, going back to these programs, what action have you or your agency taken to go and speak to Treasury—Treasury is the main one—about ensuring that the data for women is collected, that there is analysis of that data and that other programs are put in place to address those gaps?

The Hon. BRONNIE TAYLOR: I can absolutely, 100 per cent, say to you that every time I sit around the Cabinet table and every time I talk to my colleagues, I am raising the gender lens and how it looks for women. I feel very passionately about this; I always have and I always will. Also, in terms of the whole-of-government response, my department sits on strategies and committees within the Government to make sure that women's issues are progressed, that women's issues are considered and that there is a gender lens placed on those things.

The Hon. PENNY SHARPE: Have you or your department convened a specific roundtable in terms of the impact of COVID on women?

The Hon. BRONNIE TAYLOR: Labor does call for a lot of roundtables. A specific roundtable, no. I have not called for that because it actually happens. My department—

The Hon. PENNY SHARPE: How specifically—

The Hon. BRONNIE TAYLOR: Ms Sharpe, if I may answer the question—

The Hon. WES FANG: Point of order: The Minister was providing an answer. She was no more than 10 seconds into the answer when the Hon. Penny Sharpe interjected. I just ask that she be provided the opportunity to progress a bit more of her answer before the interjections start.

The Hon. BRONNIE TAYLOR: The mechanisms of the working of government—and you have been here a lot longer than I have—are that all of these things are made sure that there are strategies, there are working groups and there are committees where—it is the same with regional youth, the same with women and the same with mental health—organisations and the departments sit together to discuss policies and discuss outcomes. I have a really fantastic director in Ms Smyth. We have actually seen a \$10 million program in specific women's grants this time. That has been led by her and her team. She is always over that and always looking at that. I meet regularly with Women NSW. I have a women's advisor in my office, and we have absolute scheduled meetings every fortnight where we meet them. Any time I need something extra, I will ring Ms Smyth or she will ring me.

The Hon. PENNY SHARPE: That is terrific. There is no argument here. I am trying to understand what mechanisms you have within government, as the Minister for women, to cajole, influence and work with your colleagues and those departments to maximise the outcomes for women. It is good that you meet with your own advisers. That is terrific. What I am specifically asking in relation to COVID and women's economic recovery is what specifically has your department led or have you led in relation to making sure that the programs that this Government adopts are maximising the opportunities for women?

The Hon. BRONNIE TAYLOR: In terms of tracking data for women, we have the Gender Equality Dashboard, which has gone live, which I am sure you would be very interested in. An enormous amount of work has gone into it. You would know previously we used to print all of those reports. Now we have decided to, under the advice of my department—which was excellent advice as well, and a lot of work has gone into that. A lot of data is there. That will be available and transparent for everybody to see.

The Hon. PENNY SHARPE: Thank you for that—

The Hon. BRONNIE TAYLOR: I think that is really important. Also, if you would like to know, Ms Sharpe, what the mechanisms are within Government to do that, I would like to defer to Ms Smyth for her to tell you what she does on a regular basis to make sure that has happened.

The Hon. PENNY SHARPE: That would be great. Just to be clear, there is not a subcommittee of Cabinet looking at women's issues, is there?

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

The Hon. PENNY SHARPE: Do you chair any kind of interdepartmental committee that oversees the women's strategy?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I am responsible for the women's strategy, through Women NSW. I meet with them regularly. They meet with every single department that is in government, regularly. I am happy to—

The Hon. PENNY SHARPE: Maybe we will go to Ms Smyth, if she could explain to me the interdepartmental operation of how the women's strategy is delivered.

The CHAIR: Ms Smyth.

Ms SMYTH: Thank you. We have an interdepartmental committee, which has recently met, last month. That is to guide and monitor the implementation of the NSW Women's Strategy [disorder]—

The Hon. PENNY SHARPE: Thank you. Ms Smyth, would you be able to provide to us the members of that committee?

Ms SMYTH: Yes. There are other members of the Department of Communities and Justice in addition to Women NSW; Treasury; Department of Premier and Cabinet; Public Service Commission; Ministry of Health; Transport for NSW; Planning, Industry and Environment; Create NSW; the NSW Small Business commissioner; Multicultural NSW; Education; Primary Industries; Office of Sport; Aboriginal Affairs; and Customer Service.

The Hon. PENNY SHARPE: Thank you. Would you be able to provide the Committee with the level—you can take this on notice; I do not need it now—of the departmental representation that comes to those meetings, please? You can take it on notice.

Ms SMYTH: In terms of the seniority of the membership?

The Hon. PENNY SHARPE: Yes, please.

Ms SMYTH: Yes. Generally, it is—

The Hon. PENNY SHARPE: Could you also—

The Hon. WES FANG: Point of order: I just think what we need to do is, when we are asking questions of the people on Webex, just pause slightly, just to allow the delay in the digital, because what we are seeing is people talking over each other. It is going to make it very difficult for Hansard to be able to record it.

The CHAIR: We know how to proceed. Ms Smyth, were you going to respond to that question about the seniority?

The Hon. PENNY SHARPE: I am happy for you to take that on notice.

The Hon. BRONNIE TAYLOR: She is trying to respond, to be fair.

Ms SMYTH: Generally, it is at a director level. But we also have executive directors that attend and, in some cases, managers. But I am happy to provide information about who is the delegated officer for those departments.

The Hon. PENNY SHARPE: Could you also provide me with the list of the number of times the committee has met?

Ms SMYTH: No problem.

The Hon. PENNY SHARPE: Thank you. Minister, do you attend those meetings?

The Hon. BRONNIE TAYLOR: The departmental meetings?

The Hon. PENNY SHARPE: Yes.

The Hon. BRONNIE TAYLOR: No, I do not. They are for department staff.

The Hon. PENNY SHARPE: Minister, how many times has the NSW Council for Women's Economic Opportunity met in the past year?

The Hon. BRONNIE TAYLOR: Hang on. Let me just—eight times.

The Hon. PENNY SHARPE: Do you chair that committee?

The Hon. BRONNIE TAYLOR: I do. Actually, I have asked that Ms Smyth start to chair that because I felt that—when I first came into this position, I used to chair that, but I felt that I wanted to be part of that and equal with the people that were on that. So I asked Ms Smyth to chair that now. But I am always in attendance. When they have official CWEO—may I refer to it as "CWEO", Mr Chair? The Council for Women's Economic Opportunity, for the benefit of Hansard—they meet out of session as well so that we have been able to progress a number of programs as well. They formed into subcommittees to do that. That has been something that I started when I was Minister for women.

The Hon. PENNY SHARPE: But you are no longer chairing it.

The Hon. BRONNIE TAYLOR: No, Ms Smyth chairs it. But I am in attendance.

The Hon. PENNY SHARPE: You are in attendance for all of the meeting?

The Hon. BRONNIE TAYLOR: Most of the meeting, yes.

The Hon. PENNY SHARPE: But the fact you are not chairing means that you do not necessarily stay for the entire meeting?

The Hon. BRONNIE TAYLOR: Ms Sharpe, I always stay for as much of the meeting as I am able to. I have a very long record of attending the CWEO meetings. There has never been an issue with me not attending those meetings. I am very actively involved with CWEO. I would ask you even to check with the membership as to how active I am.

The Hon. PENNY SHARPE: That is not my question.

The Hon. BRONNIE TAYLOR: Ms Sharpe, I cannot give you a percentage of—

The Hon. PENNY SHARPE: Having the Minister chair a committee is actually quite important. Delegating that to your—

The Hon. WES FANG: Point of order: I think that, again, I am going to have to take a point of order. A question is asked by Ms Sharpe. The Minister is attempting to provide a very detailed answer. Before the Minister can barely get five words out, there are interjections from the Hon. Penny Sharpe. I would ask that the Minister be allowed to provide that answer, not only for the benefit of those of us in the room but also—

The Hon. PENNY SHARPE: You can take up as much time as you like, Wes. We get the idea. I will be quiet.

The Hon. WES FANG: Penny, now you are interrupting me. But it is also—

The Hon. PENNY SHARPE: Yes, because you are taking five minutes to make a point of order.

The Hon. WES FANG: It is also Hansard that struggles to record this. Now, not only is she interjecting over the Minister, she is interjecting on me raising a point of order.

The Hon. PENNY SHARPE: Because you are taking five minutes.

The Hon. WES FANG: Stop interjecting, then, Penny, and I will not be taking points of order.

The CHAIR: Order! I am following this very closely. I am watching the exchanges that are taking place. The Minister is providing a response. My sense is it does not contain a specificity of what is being sought by the questioner. That is why it is being re-asked. So there is a bit of back and forth, but that is perfectly natural. We know that people have to conclude their answer before it is followed up with a further question, but I think we have done this before. So let us just proceed.

The Hon. BRONNIE TAYLOR: Ms Sharpe, I attend. If you would like me to go back and work out my attendance at each of my meetings and use my time—

The Hon. PENNY SHARPE: No. You are missing the point.

The Hon. BRONNIE TAYLOR: No, I am not missing the point.

The Hon. PENNY SHARPE: You are.

The Hon. BRONNIE TAYLOR: The point that you are trying to make is do I not attend the meetings, which is factually incorrect and factually untrue.

The Hon. PENNY SHARPE: No, I am not.

The Hon. BRONNIE TAYLOR: My answer to you is that, since I have become Minister, we have had those meetings with CWEO, which I have talked about. I am actively involved with CWEO. I speak to the CWEO members often. I attend the meetings as often as I can. If I may have left a meeting or two early because I have had to do something, I would have explained that to the CWEO members and discussed that. There is no issue with me not attending CWEO meetings.

The CHAIR: With due respect, I do not think that is what is being—

The Hon. PENNY SHARPE: Yes. That is actually not the question that I am asking. The point that I am making here, Minister, is that previously it has been said at CWEO, which is very important—we are all in furious agreement about that—that you have been set up to chair that meeting. The fact that you are not chairing the meeting now, I think, diminishes the status with which this committee operates. All due respect to Ms Smyth

and the work of your department, but the whole point of this was to elevate this by having the Minister chairing it. If you are no longer chairing it and therefore not staying for the entire meetings and leading it—I just think that is an error. If you are comfortable with that, that is fine.

The Hon. BRONNIE TAYLOR: I would like to answer now.

The Hon. PENNY SHARPE: If you let me finish the question before I get interrupted, that would be helpful.

The Hon. WES FANG: That was the point. Where was the question?

The CHAIR: I think the Minister is listening to the question. I think the question is coming to its point.

The Hon. BRONNIE TAYLOR: Ms Sharpe, I am the Minister for women in New South Wales. It was my decision and my decision alone. I felt the greatest benefit of the Council for Women's Economic Opportunity was to have someone else chair the session so that I could contribute as actively and as often as I wanted to. My personal feeling, which, obviously, is different to yours—but I am the Minister for women in New South Wales. I feel being Chair made it look like I was more of an authority figure on that board, and I wanted to actually hear from them and participate in them. I have a really terrific Council for Women's Economic Opportunity. The work that they are doing is phenomenal. It works really well. If there is a different Minister for women in time to come and they disagree with that stance, that is absolutely fine. But that is my decision as the Minister for women. We have had exemplary results out of CWEO since we have done that.

The Hon. EMMA HURST: Minister, on 30 August you announced \$8 million in grants to six organisations for suicide prevention, targeting specific communities, including LGBTIQ people, older people, people who have previously attempted suicide in regional communities, men and young people. Are there any plans to expand this funding? Or was there any consideration of including funding to address suicide rates in the disability community, given that, prior to the impact of lockdowns, it has been reported that they are a particularly vulnerable group?

The Hon. BRONNIE TAYLOR: Ms Hurst, if I may clarify. You mean that \$8 million that was part of the COVID response?

The Hon. EMMA HURST: I believe so.

The Hon. BRONNIE TAYLOR: Or do you mean as part of the Towards Zero Suicides strategy money?

The Hon. EMMA HURST: I am referring to a release that was put out by you on 30 August. I can get the exact release. I have just got to find it in my notes. Unfortunately, I do not have everything in order.

The Hon. BRONNIE TAYLOR: That is fine. I am presuming it is the Suicide Prevention Fund, as well, that we did.

The Hon. EMMA HURST: It was for suicide prevention specifically.

The Hon. BRONNIE TAYLOR: All of those organisations—those are grants. They all go through the branch to look at who those successful tenderers are. This would be the Suicide Prevention Fund, where we have looked at those. I would just actually, if I may, just pass to David Pearce in terms of specific suicide groups, people with a disability, which, I am assuming, are in there. Mr Pearce, would you mind just answering that question for Ms Hurst?

Mr PEARCE: David Pearce speaking. The Suicide Prevention Fund is funded for four years and has a range of strategies embedded within that, particularly packages, including support for LGBTIQ and disability. I can obtain the details of those specific grants within that \$8 million package and provide those. I have not got those to hand at the moment.

The Hon. BRONNIE TAYLOR: Ms Hurst, may I also add that disability is a vulnerable population and that it is a priority population with the Towards Zero Suicides strategy.

The Hon. EMMA HURST: So while it has not been considered in this one, you are saying that it has been considered in another package?

The Hon. BRONNIE TAYLOR: One hundred per cent.

The Hon. EMMA HURST: Thank you. In August in *The Sydney Morning Herald*, it was reported that 17 people under the age of 18 in New South Wales are believed to have died by suicide in the first six months of this year, compared to 13 in the first half of 2019. Obviously that has been a really big issue this year. Outside of the grants and the Child and Adolescent Mental Health Response Team, what is being done particularly to tackle

this, given that there has been that increase? I am not 100 per cent sure, but I am assuming some of that is related to the lockdowns and the COVID situation.

The Hon. BRONNIE TAYLOR: Two really good questions. Thank you, Ms Hurst. What we have seen in New South Wales as part of our Towards Zero Suicides strategy—I will just start at the beginning, if I may.

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

The Hon. BRONNIE TAYLOR: With our Towards Zero Suicides strategy, we looked at a suicide monitoring system because previously the data was quite outdated. As you can imagine, if you have outdated data, it is very hard to then target your services. One thing we have seen in New South Wales was a very slight—when we talk about suicide, I just need to precursor that with the fact that every suicide is an absolute tragedy, as I know that you would share and everybody in this room would share that. What we did see last year was a slight decrease in suicide in New South Wales, and this was after numerous people had actually predicted that we would have a large increase. In saying that, any death is a tragedy. We have actually seen overall a decrease in youth suicide in rural and regional areas, which is something we had not seen before, so that was actually very positive. That is not because of me; that is because of the amazing services on the ground.

What we have seen—and I will let Dr Wright elaborate—is an increase in self-harm in young people. We have seen a dramatic increase in self-harm, not only in New South Wales but in Australia and internationally as well, and that was happening before COVID happened. Whether that is a result of COVID, the jury is still out on that, and there are numerous documents and research papers that are associated with that that Dr Wright can talk about. In terms of your question to me on what are we doing about young people, we have been really focused on that. You mentioned the Safeguards team. Even before all of this, we were already working on that to make sure that we got that out. We have also looked at, as part of our Towards Zero Suicides strategy, which other States are looking at now because we jumped out of the bolts early—that was probably the wrong analogy.

The CHAIR: Out of the gates.

The Hon. BRONNIE TAYLOR: I cannot believe I just did that. Sorry.

The CHAIR: Off the blocks.

The Hon. BRONNIE TAYLOR: I take it back. We were prudent in making sure that our planning was appropriate to make sure that we were absolutely investing in that area. But one of the things that we do know, categorically, is that 50 per cent and up to 70 per cent of people who will commit suicide have never ever contacted a health service. When we talk about services, that for me is an absolute focus because we can do what we can do with the services that we know when people are going to reach out, but we need to capture all of those people who have never thought about reaching out. That is why there are a lot of really important things in that space as well. In terms of young people, I will talk about one of the things that we have done because we have recently seen them open at the safe havens. I was out in Blacktown last Friday at the opening of their first safe haven. I would encourage—anyone here from any side of politics who wants to go out and have a look, I am really happy to arrange for you to do that because it is an innovative model of care and it is actually making a huge difference.

By doing that, we can look at somewhere where you can walk in; you do not have to have an appointment. You do not have to have seen anyone. You can just walk in because you are just not feeling quite right and you need someone to talk to. One thing that we do really well in the mental health space is we really value lived experience and we really use peer support workers. So this entire unit at Blacktown—it is not a unit, it is a safe haven; I need to stop using medical terms for that—is staffed by young peer support workers. It was incredible to see. Just having things like that will make sure that young people can actually go in there and access those services. Dr Wright, would you like to just elaborate a bit more on why we are seeing that with young people?

The Hon. EMMA HURST: Dr Wright, I do want to hear from you. I also want to hear about the research around self-harm increasing generally and whether or not that is related to COVID as well, but, Minister, are you predicting or hoping that these safe havens will specifically reduce those self-harm statistics that we are seeing?

The Hon. BRONNIE TAYLOR: I think it is going to be a lot more complex than that. One thing I have learnt, Ms Hurst, in this portfolio—and I have a background in health, but this was a whole different learning curve for me—is the fact that there is no one-size-fits-all. I think that is why it is so difficult when people go down a track of saying, "Okay, if we're going to solve the issues of young people's rising rates of self-harm and mental health issues, we want to have school counsellors." School counsellors are so important and they are such a vital part of this program, but what we know is that we need a web of support. I am not young, obviously, but what is right for me is not going to be right for you or right for Dr Wright.

The Hon. EMMA HURST: Yes, I am aware of that, Minister. Obviously these are complex issues; there is never going to be one answer.

The Hon. BRONNIE TAYLOR: That is right.

The Hon. EMMA HURST: I am just wondering if part of those self-harm statistics are what has led to these safe havens and if that is one of the strategies towards helping to reduce that.

The Hon. BRONNIE TAYLOR: I think it is. For me, I learn by seeing. When I went out to Blacktown last Friday a gentleman got up and spoke, who had been an Iraqi refugee and had been through a horrendous time. He openly said this, so I am not saying anything that I should not say, but he spoke about living in western Sydney where people in his culture had not talked about mental health issues. He said walking through that safe haven and speaking to that peer support worker saved his life. I can only go by looking at that. We know in Victoria it has worked really well. I have worked really closely with Mr Martin Foley, who was the Labor Minister for Mental Health and is now the Labor Minister for Health, and we learnt this from Victoria.

That is why we have been really adamant about our gatekeeper training program. Headspace is a very important part. There are youth and adolescent mental health services. That is why we have also looked at trying to train 275,000 people in mental health, first aid and suicide prevention. What we do know and what the evidence tells us—that is often why at places that have become notorious for people taking their own lives that there will be signs and things up because the evidence is that one small intervention can absolutely reverse that situation. So we have to look at it right across it. I think safe havens are going to be fantastic, but the evidence will have to tell that. That is just my feeling for it and from what I have heard so far, but it is early days.

The Hon. EMMA HURST: Dr Wright, if we can throw to you now with all the questions. Hopefully you remember them.

Dr WRIGHT: I think the Minister has covered the territory pretty well. I guess I can emphasise that the initiatives to try and drive down the suicide rate across the community go back some time. Probably a useful starting point is the Fifth National Mental Health and Suicide Prevention Plan. The key factor in that is the regionalisation of planning, which has been picked up in the Premier's Priority in *Suicide Prevention in NSW*, of which the Towards Zero Suicides program is a significant part. It is that localised planning across the whole of community, whole of government, which is something that we are really enthusiastic about driving forward. That captures also the issues in particular for youth, and it picks up issues that might be happening across schools and other parts of the community.

As the Minister said, the issues around adolescent and young people and mental health problems and psychological distress do seem to be going back at least 10 years. We have initiated very good and robust data and monitoring systems over the last 18 months through the pandemic, and that has allowed us to monitor closely what is happening in real time. There have been issues of concern around what is happening with young people, and that is why the Safeguards project has been initiated but also all of the other programs address that as well. It is early days in terms of determining whether we have hit that mark with our initiatives, but we are certainly very alert to it and monitoring it closely.

The Hon. EMMA HURST: Thank you.

Ms CATE FAEHRMANN: Good morning, Minister.

The Hon. BRONNIE TAYLOR: Good morning.

Ms CATE FAEHRMANN: Minister, I wanted to go back to the Delta outbreak, particularly in August when almost 100 per cent of mental health patients in the Nepean mental health unit became infected with COVID. How did that happen?

The Hon. BRONNIE TAYLOR: Well, regarding the Nepean incident, I might ask Dr Wright. The reason I am asking Dr Wright to explain to you, Ms Faehrmann, is that he was at the helm of that and operational issues, and making sure what happened. I will ask him to answer that question.

Ms CATE FAEHRMANN: Okay, sure.

Dr WRIGHT: Thank you. We have mentioned this before but just by way of background, one of the changes that has occurred in NSW Health during the course of the pandemic has been the creation of about 30 Communities of Practice [CoP] which cover off all the specialist disciplines in order to make sure that the clinicians on the ground have a capacity to quickly raise issues and get them to the attention of the leadership within the Ministry of Health. I am the co-chair of the Mental Health Community of Practice and we meet anywhere between fortnightly and weekly, depending on the issues. We have been meeting weekly particularly over the period of the lockdown. Issues to do with some of the infection control and operational concerns have

been front and centre during that period. The issue that occurred within Nepean Blue Mountains was a significant cause for concern at the time and it did cause some difficulties for our services. But it brought the process of the Community of Practice and our operational support across the health system into the foreground because—

Ms CATE FAEHRMANN: Thank you, Dr Wright. The question is: How did it happen? Just to go back, as in, before the outbreak—what did you learn? How did that outbreak happen where up to—pretty much, at one point—almost 100 per cent of patients were infected with COVID?

Dr WRIGHT: Yes. My understanding is that there was a patient who was admitted and at that time the process for screening and testing meant that there was a lag before it was identified that this person was COVID positive. During that time—and you would understand that one of the challenges that we face in mental health units is that we are still trying to maintain a therapeutic environment and one of the key issues in a therapeutic environment is to encourage people with serious illness to reacquire their social interactive skills, and so—

Ms CATE FAEHRMANN: Thank you. Was there anything in place though? You were talking about the mixing then and the mingling. It was reported on the ABC that parents were disturbed to hear:

Our child was saying, "We're all mingling ... talking to each other, passing each other". We couldn't believe that patients were not isolated.

So that is what you are referring to. Was that occurring once the COVID-positive patient had been identified, that people were still doing that?

Dr WRIGHT: I do not believe so. I think what happens once you have identified that someone is COVID positive, the issues of concern—

Ms CATE FAEHRMANN: Well, people were suggesting, and it was reported in fact, Dr Wright, that patients who tested positive for COVID-19 continued to mix with uninfected patients.

Dr WRIGHT: My understanding is that once it is determined that someone is COVID positive there are processes in place to isolate the COVID-positive patients from the patients who are COVID negative, and that is what we have established—I cannot tell you at what point this was established for Nepean Blue Mountains in particular, but the strategy of rearranging the way our wards are organised, and this certainly is the case in Nepean Blue Mountains now, is that we identify what we call green, amber and red parts of the unit. The green beds are the people who are COVID negative, the amber ones are the people who are undetermined and the red ones are COVID positive.

Ms CATE FAEHRMANN: Thank you, Dr Wright and sorry to interrupt—you know that the time is always quite short. Minister, what role did you play during the Delta outbreak? For example, let us go to late August, roughly—late August or early September—when I think about 26 out of 28 mental health patients were COVID positive? What role did you play at this time?

The Hon. BRONNIE TAYLOR: My role is not an operational one in mental health units. My role was to make sure, right across the board, that we were ready for what we could be, in regard to knowledge, because everything was changing so rapidly. So we had plans in place, we had COVID-safe plans in place. I was informed about what was happening at Nepean and I was assured that we were doing everything that we could to keep our patients safe and keep our staff safe. What happened at Nepean is something that we wish had not happened. Actually, 31 patients contracted the virus. I am very transparent and open about that. It was something that was changing.

As Dr Wright said too, it is not like you have gone in for cellulitis and you are hooked up to intravenous antibiotics and you are in a bed. These are people who are at an acute stage of their mental illness and we do not necessarily want to keep them locked up in a room when that is not conducive to their good mental health. So what we did say—I understand and I have completely acknowledged what you have said. We took a lot of learnings from what happened at Nepean. We did everything that we could to put things in place to make sure that we mitigated as much as we could. But, as you can imagine, we were in a pandemic and we were trying to do everything that we possibly could.

Ms CATE FAEHRMANN: Yes, thank you, Minister. Recognising that this Delta outbreak did occur almost 18 months or 14 months after the pandemic first hit our shores, I assume there were COVID-safe plans put in place for every mental health unit in the State before Delta hit. Is that the case?

The Hon. BRONNIE TAYLOR: Yes, absolutely. That is what Dr Wright talked about with the Community of Practice. That was something that I engaged in sometimes to listen in that first outbreak just to make sure. That is why we got all the mental health directors together and we were all talking about what they needed to do, what needed to happen, and they had to make those clinical decisions on the ground.

Ms CATE FAEHRMANN: Okay. Why then were some mental health staff suggesting that they were only able to access personal protective equipment [PPE] a week after the first patient tested positive?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, as that is—

Ms CATE FAEHRMANN: This is in Nepean Hospital.

The Hon. BRONNIE TAYLOR: Yes. As that is an operational issue, in regard to PPE, I might ask Dr Lyons—

Ms CATE FAEHRMANN: Does that concern you though, Minister?

The Hon. BRONNIE TAYLOR: —to comment on that.

The Hon. WES FANG: Point of order, Chair.

Ms CATE FAEHRMANN: This is a—

The CHAIR: Okay.

The Hon. WES FANG: The Minister was aware of the question. The Minister was providing an answer to the question and the—

Ms CATE FAEHRMANN: To the point of order: She was not about to provide an answer to the question and I was asking her a question specifically. So that is why I interrupted, because I knew she was about to give it to Dr Wright.

The Hon. BRONNIE TAYLOR: So that justifies—

The Hon. WES FANG: Perhaps, Chair, if I am able to—

The Hon. PENNY SHARPE: Stop taking up all our time.

The Hon. WES FANG: Well, if I was—

The Hon. PENNY SHARPE: The Minister is perfectly capable of looking after herself.

The Hon. WES FANG: I am well aware of that. What I want to do is allow the Minister to provide the answer and not be interjected on. Further to that, I keep being interjected on when I am taking a point of order.

The CHAIR: Okay. Patience is important. Minister, you were asked a direct question. Could you answer the question?

The Hon. BRONNIE TAYLOR: Ms Faehrmann, as I said to you, in regard to PPE, Dr Nigel Lyons—who is here, albeit virtually—had a great role to play in the distribution and the application and the use of PPE within our mental health units within our New South Wales health system. So I will refer to him to answer your question specifically on PPE, as he is the best person here placed to answer that. Dr Lyons?

The CHAIR: Dr Lyons?

Dr LYONS: Thank you, Minister. Can I just add a couple of things in relation to this incident, because I was involved in the role that we have in assessing the risk across our acute units of the State. The preparations were well in place across all of our services for responding to COVID. I think the issue in Nepean was that a patient was admitted who was asymptomatic. As you are aware, with the Delta strain one of the issues is that many people have been asymptomatic but have been infective. That was a little bit different to the earlier strains in that they were usually more symptomatic than they were infective. So this person was asymptomatic, was screened on admission, but was not detected as being symptomatic until four days into the admission, which meant then that there had been a lot of infection of the other patients within the unit and that had occurred in the four days before it was recognised that the person was actually COVID positive. So that was the reason why there was such extensive spread within the unit. As Dr Wright and the Minister have indicated, acute mental health units are not environments where it is easy to keep people separated and, from a therapeutic point of view, interaction with other patients and staff is very important.

In relation to the response to this, the PPE access was, very importantly, focused on right from the outset of COVID when we put in place very extensive measures to ensure that there were audits of the PPE available in every clinical unit in every hospital across the State. There were people within each hospital who were responsible for being a point of contact to escalate to if there was not PPE available within a clinical minimum of supply, on a 24-hour basis. There should be no reason why there would not be access to PPE, not only within the mental health unit of Nepean but right across all of the wards and units in Nepean Hospital. In actual fact, every hospital across the State had access to PPE. We monitored that very closely.

In addition to that, in response to this issue, when it became clear that there was a risk of asymptomatic patients being admitted to mental health units, we introduced rapid antigen testing for a few inpatient units as a result of what occurred at Nepean. For those communities where there was a high degree of community transmission of COVID—as you are aware, this was in the peak of what was happening in western and south-western Sydney—we introduced rapid antigen tests for acute inpatients on admission and then every three days while they were inpatients within the acute units because of this concern that, even despite screening and the questions that were being used, there was the potential for somebody who was asymptomatic to be admitted and then subsequently return a COVID positive. We learnt from this experience and further strengthened our response in relation to our patients to be cared for.

The Hon. PENNY SHARPE: Minister, the Premier's Priorities are aimed at reducing the level of domestic violence reoffending, which has proven stubbornly difficult to change and, in fact, is increasing. The most recent report to the Secretaries Board suggested that it is not going to be met. Are you concerned about that?

The Hon. BRONNIE TAYLOR: Of course I am concerned about that.

The Hon. PENNY SHARPE: Obviously, we have a new Premier. We can assume that he will be reviewing the Premier's Priorities and putting his own stamp on those. Will you lobby to ensure that domestic violence targets and measures like this are included in his priorities?

The Hon. BRONNIE TAYLOR: To be completely honest with you, Ms Sharpe, I am not sure about lobbying for Premier's Priorities. One thing I can assure you is that this Government takes very seriously the issues of domestic family violence, so much so that we saw the record announcement that happened recently. Will I continuously bring up issues that affect women? Absolutely. I am not diverting from this but, as you would know, women's family and domestic violence does not come under my portfolio and is the responsibility of the Attorney General. I am just putting that on the record. But I will. I share your concerns about the fact that this has not moved. We all want to see it move. That is why we all have to continue to work hard.

The Hon. PENNY SHARPE: We also do not want to see it dropped as a priority for the Premier.

The Hon. BRONNIE TAYLOR: I understand that. I will be taking that up. I have spoken to the new Premier on numerous occasions and it is something that I will be raising. I am not just saying this, but the Attorney General has been a very strong voice for this within this Government and I am sure he will continue to do so.

The Hon. PENNY SHARPE: That is great, but you are the Minister for women.

The Hon. BRONNIE TAYLOR: Yes, I know. I have said that to you about three times. I completely agree with you.

The Hon. PENNY SHARPE: Are you aware of any changes to the process of notifying victim-survivors of domestic or family violence when the perpetrator of that violence is released on bail?

The Hon. BRONNIE TAYLOR: I am not aware of that. As I said, it is not in my portfolio. This is budget estimates relating to our portfolios.

The Hon. PENNY SHARPE: If you do not want to answer questions about victims—

The Hon. BRONNIE TAYLOR: It is not that I do not—

The Hon. WES FANG: Point of order—

The Hon. BRONNIE TAYLOR: Please do not put words—

The Hon. PENNY SHARPE: Let me get to the question.

The CHAIR: Order!

The Hon. PENNY SHARPE: Please just let me ask my question.

The Hon. WES FANG: That was not a question. That was a statement.

The CHAIR: I will be very clear about this. The Minister was pretty sharp with her response saying this is the budget estimates that does not involve domestic violence. That is editorialising, Minister. It was a direct question to you. You know the way this goes. It is question, answer, question, answer. We do not tend to want to flash swords. Just keep it straight.

The Hon. BRONNIE TAYLOR: What I said very clearly was that the portfolio of domestic violence does not—

The CHAIR: Let us get back to the question.

The Hon. BRONNIE TAYLOR: I just need to clarify that, if I may.

The CHAIR: We are utterly aware of the parameters around this budget estimates hearing. We do not need to be reminded, nor does Ms Sharpe.

The Hon. PENNY SHARPE: Minister, my understanding is that the domestic violence [DV] notification scheme came to a halt in July and that, within the Department of Communities and Justice [DCJ], money was put towards something else. The recommendation that victim-survivors of domestic or family violence are alerted when someone is released quickly from jail or, particularly, is on bail was something that came out of the Domestic Violence Death Review Team. If you are not aware of that, you obviously were not consulted in relation to that decision.

The Hon. BRONNIE TAYLOR: As I have said before, in my portfolio as the Minister for women, domestic and family violence does not sit within my portfolio. I suggest that is a question that you direct to the Attorney General, as it sits directly in the remit of his portfolio.

The Hon. PENNY SHARPE: I am going to ask a question to Ms Smyth.

The Hon. BRONNIE TAYLOR: No, Ms Sharpe. This is a budget estimates on Women NSW.

The Hon. PENNY SHARPE: And you have just—

The CHAIR: I am going to intervene here. The contestation over the nature of questions does not come back from the Minister. The question was a direct question to you, Minister. If you want to defer to someone else, that is fine. But we do not contest the questions. If a point of order is made, that is one thing—a question being asked by an Opposition or crossbench member. The contestation over not answering the question is not from the Minister.

The Hon. BRONNIE TAYLOR: With all due respect, Mr Chair—

The Hon. PENNY SHARPE: My time is ticking down.

The Hon. BRONNIE TAYLOR: —what I am saying is that domestic and family violence does not sit within the portfolio of the Minister for women.

The CHAIR: We understand that. But, overwhelmingly, women in New South Wales are those impacted by domestic violence. You do understand the overlap.

The Hon. BRONNIE TAYLOR: Of course I do, Mr Chair. I do understand the standing orders as well that say that this is budget estimates and I am to be asked questions about my portfolio.

The Hon. PENNY SHARPE: Minister, in the previous session I asked you about the interdepartmental arrangements that oversee all of these things. Are you saying to me that the interdepartmental arrangements for domestic violence and programs such as notifying victim-survivors if someone is out on bail is not something that would be considered in the interdepartmental committee?

The Hon. BRONNIE TAYLOR: I am sure that it would, Ms Sharpe. If you would like to ask Ms Smyth, who also sits on that, I am very happy for her to—

The Hon. PENNY SHARPE: That was what I was trying to do when you interrupted me.

The Hon. WES FANG: Chair, the interjections from—

The Hon. PENNY SHARPE: Stop.

The CHAIR: Order! Let us proceed to the answer.

The Hon. BRONNIE TAYLOR: Ms Smyth or Ms Lourey, would one of you like to answer that on behalf of the other side of the portfolio?

Ms SMYTH: I am happy to answer that. That would not be part of the interdepartmental committee. That would be the domestic and family violence reform delivery board that would look at those matters.

The Hon. PENNY SHARPE: So issues to do with women that are significant—I understand that it is not in your portfolio, but you were not aware and, through your process, it was not dealt with. Minister, the Pru Goward review into ministerial offices, which was not widely publicised but highlighted a range of issues in ministerial offices, with a set of recommendations aimed at addressing these issues—do you know what the status of the implementation of those recommendations is?

The Hon. BRONNIE TAYLOR: I understand that that review is still ongoing.

The Hon. PENNY SHARPE: I am asking for the status of the implementation of the recommendations. Do you have any role in that?

The Hon. BRONNIE TAYLOR: I have had one meeting with Ms Goward about that for an update that is happening. Obviously, the Government is committed to improving the prevention of and response to workplace sexual harassment, but any questions relating to the implementation of the recommendations need to be referred to the Department of Premier and Cabinet. As soon as I have an update or I am told about that, I am happy to share that with you, Ms Sharpe.

The Hon. PENNY SHARPE: Is there going to be a public update and when is that coming?

The Hon. BRONNIE TAYLOR: I can take that part of the question on notice and get you a timeline on that when I speak to the committee.

The Hon. PENNY SHARPE: Minister, I noticed in the women's strategy that some departments have acknowledged that the issue of women being able to take leave as a result of domestic violence is important. However, there are no DV leave provisions within New South Wales. Is that something that you support?

The Hon. BRONNIE TAYLOR: Yes, it would be something that I support.

The Hon. PENNY SHARPE: What action have you taken to try to get that implemented throughout the New South Wales public service?

The Hon. BRONNIE TAYLOR: I might go to Ms Smyth on that because we are looking at that and we have progressed some things. Ms Smyth, would you like to comment?

Ms SMYTH: Domestic and family violence leave is available for all New South Wales public servants.

The Hon. BRONNIE TAYLOR: That recently came in.

The Hon. PENNY SHARPE: That is right, which is good. I noticed that in the strategy it does not reflect that.

The Hon. BRONNIE TAYLOR: The strategy will be reflecting that that has come in and that is available.

The Hon. PENNY SHARPE: Your own strategy does not reflect that that is in there is the point that I am making.

The Hon. BRONNIE TAYLOR: There is domestic and family violence leave. It does exist.

The Hon. PENNY SHARPE: That is fine, but this is the Women's Strategy and it does not recognise your own achievement.

The Hon. BRONNIE TAYLOR: We know that it is there.

The Hon. PENNY SHARPE: I would hope that women that are reading the Women's Strategy might know it is there, but it is not in here. That is the point that I am making.

The Hon. BRONNIE TAYLOR: Well, it is there.

The Hon. PENNY SHARPE: Minister, what is the status of the new women's strategy, given it is due to come into place next year?

The Hon. BRONNIE TAYLOR: All milestones are on target, Ms Sharpe, for the new women's strategy.

The Hon. PENNY SHARPE: This strategy runs until 2022. I am asking what is being done in relation to developing the new one.

The Hon. BRONNIE TAYLOR: It is all in train, Ms Sharpe, without going through that. My indication from the department—Ms Smyth would be very welcome to comment on this—is that we are all on target to meet all of those expectations and those delivery time lines.

The CHAIR: Ms Smyth.

Ms SMYTH: The year three action plan was delivered in March this year. The final, year four, action plan for the current strategy would be delivered early in 2022. Throughout 2022 we will commence working on new strategy. The current strategy, 2018 to 2022, was released in August of 2018, so the four years of the strategy will expire around August, but we do hope to have it aligned with financial years.

The Hon. PENNY SHARPE: That is great, but I was actually asking what is happening in the development of the new one.

Ms SMYTH: We will be undergoing consultation processes with the interdepartmental committee as key to that and then external stakeholders. Consultation will also go up as "Have your say" for anybody in the community that wants to be involved in that.

The Hon. PENNY SHARPE: That is yet to commence. When will that commence, Ms Smyth?

Ms SMYTH: I expect that will be within the first part of the next calendar year. We have commenced work internally to do that, but in terms of what the community and public see, that will probably commence in January.

The Hon. PENNY SHARPE: Thank you.

The Hon. ANTHONY D'ADAM: Minister, how many mental health intensive care units are there in New South Wales hospitals?

The Hon. BRONNIE TAYLOR: Mental health intensive care units, what exactly do you mean by that, may I ask? Do you mean mental health beds?

The Hon. ANTHONY D'ADAM: These are units that, I understand, provide treatment for patients with high levels of clinical severity and complexity.

The Hon. BRONNIE TAYLOR: Okay. Dr Wright, would you like to answer that?

Dr WRIGHT: Yes. We have got mental health intensive care units in Newcastle, Orange, Cumberland, Concord, Hornsby and Prince of Wales Hospital.

The Hon. ANTHONY D'ADAM: Did I count seven or six?

Dr WRIGHT: Six.

The Hon. ANTHONY D'ADAM: Minister, can you confirm that these units will be open during the Christmas holidays?

The Hon. BRONNIE TAYLOR: Mr D'Adam, thank you very much for your question. I am pretty sure I know where it is going. What we do for everybody—as you can understand, when you are a health worker and you can be rostered on 365 days a year and 24 hours a day—we look at times of peak and non-peak for people to take annual leave. Usually at the time when Christmas is coming, we look at abilities for all staff to be able to take leave, but acute services will absolutely remain open during any holiday period.

The Hon. ANTHONY D'ADAM: They will remain open. That is your commitment?

The Hon. BRONNIE TAYLOR: Absolutely. They always have. There is always acute beds open for people that require them.

The Hon. ANTHONY D'ADAM: How many specialised acute mental health units are there, Dr Wright?

Dr WRIGHT: We have got—sorry.

The Hon. ANTHONY D'ADAM: You do not know at the top of your fingers?

Dr WRIGHT: No, because there is a large number. We have got—

The Hon. ANTHONY D'ADAM: Would it be in the vicinity of 46?

Dr WRIGHT: Acute inpatient units? No, significantly more than that.

The Hon. BRONNIE TAYLOR: In terms of units or beds?

The Hon. ANTHONY D'ADAM: I am talking about units.

The Hon. BRONNIE TAYLOR: Units.

Dr WRIGHT: While I am trying to find the actual number—

The CHAIR: That is okay.

The Hon. BRONNIE TAYLOR: We can take that on notice and get back to you by the end of today on that.

The Hon. ANTHONY D'ADAM: Can I ask you the same question, whether those units will be open over the Christmas holidays. You can guarantee that all of them will be open?

The Hon. BRONNIE TAYLOR: Mr D'Adam, there will always be acute mental health facilities available 365 days a year, 24 hours a day within the New South Wales public health system.

The CHAIR: Minister, that was not the question.

The Hon. ANTHONY D'ADAM: You are not prepared to guarantee that all those units will remain open over the Christmas holidays?

The Hon. BRONNIE TAYLOR: What I can guarantee is that there will be access to beds. Those will be operational issues for the local health districts to take up at the time that they gauge what their need and what their ability is to open. What I can guarantee is, if somebody needs an acute mental health bed on Christmas Day we will absolutely accept that patient—that person—to make sure that they can be looked after and cared for in the appropriate manner.

The Hon. ANTHONY D'ADAM: What about Shoalhaven? Will you guarantee that that one in particular, given its history, will remain open at Christmas this year?

The Hon. BRONNIE TAYLOR: As I said, Mr D'Adam—I do not know how I can make it any more clear—units will remain open to service their communities and beds will be available. That one at Shoalhaven is actually a subacute unit, not an intensive care unit.

The Hon. ANTHONY D'ADAM: If there is a regional presentation, Minister, how do you propose that will be handled?

The Hon. BRONNIE TAYLOR: Beg your pardon? Can you repeat—

The Hon. ANTHONY D'ADAM: If there is a regional presentation, at a regional hospital that does not have an open unit, how do you propose to manage that?

The Hon. BRONNIE TAYLOR: Dr Wright can answer that.

Dr WRIGHT: Just to go back to your earlier question, there is 167 declared inpatient units across the State. In relation to what happens with beds, any answer to that question at the moment has to have a caveat in relation to the pandemic. None of us know what is going to happen with the pandemic. There is always the potential that that is going to have an impact on staffing and availability of beds. That is the caveat. But in relation to your most recent question, we have the ability to network across districts and in between districts, so if any district reaches capacity—as you would appreciate, in mental health we do not have elective admissions; they are all acute admission, so it is a very inelastic demand for our services. What that means is that a particular part of a district with its facility may be experiencing significant demand for its acute beds. They will then link up through their patient flow processes with other facilities in the district and other districts to arrange for at least a brief admission to an alternative facility.

The Hon. ANTHONY D'ADAM: So you will use patient transport, will you?

Dr WRIGHT: Yes.

The Hon. ANTHONY D'ADAM: I might move on. Can I ask about seclusion. Is there a benchmark for seclusion for each hospital?

The Hon. BRONNIE TAYLOR: We have a really robust process for seclusion and restraint. Actually, Dr Wright is the one that championed that within NSW Health. He is absolutely the expert on this area. We have regular reports, which we are transparent about, which you would be able to see. That fluctuates from time to time in terms of seclusion and restraint. Sometimes we have situations where our numbers rise. Then we absolutely make sure that we have systems in place to address that.

The Hon. ANTHONY D'ADAM: The question was whether there is a benchmark and, if there is, what is it?

The Hon. BRONNIE TAYLOR: Dr Wright, would you like to talk about one of your topics?

Dr WRIGHT: The important principle is that we are trying to drive the—

The Hon. ANTHONY D'ADAM: I want to just ask what the benchmark is.

Dr WRIGHT: Zero is the target ultimately. But, in order to improve practice, what we are driving towards at the moment is—I think 5.1 is the current benchmark.

The Hon. ANTHONY D'ADAM: It is 5.1 per cent?

Dr WRIGHT: But I just need to be clear. No, it is not 5.1 per cent.

The Hon. ANTHONY D'ADAM: What is it; 5.1 of what?

Dr WRIGHT: At the moment, the New South Wales target for percentage of mental health episodes of care with at least one episode of seclusion is below 4.1 per cent.

The Hon. ANTHONY D'ADAM: Do you have at your fingertips the benchmark for Morisset Hospital? Where is it in terms of its performance?

Dr WRIGHT: The other benchmark figure is the number of episodes of seclusion per 1,000 bed days. That target is 4.5 episodes per 1,000 bed days. The figures have moved around during the course of the last 12 to 18—

The Hon. ANTHONY D'ADAM: Can I just bring you back to Morisset?

Dr WRIGHT: Yes.

The Hon. ANTHONY D'ADAM: Do you have a figure for Morisset?

Dr WRIGHT: I do not have the figure in front of me. I would have to take that on notice. But I think that there are some services that have struggled to meet—well, there are services that are not meeting those benchmarks. That is why one of the reasons that we have invested in the Mental Health Patient Safety Program through the Clinical Excellence Commission, which is intended to assist—

The Hon. ANTHONY D'ADAM: Mr Wright, I have limited time. I am advised that Morisset sits at 20. Do you have any specific information about why Morisset is so far off the benchmark?

The Hon. BRONNIE TAYLOR: Mr D'Adam, I think in terms of seclusion and restraint as well, the data is part of the conversation that we need to have, but often too in these situations you can sometimes have one extremely complex patient, one completely complex consumer, who has had difficulty in terms of management in an acute facility.

The Hon. ANTHONY D'ADAM: Is that your understanding of what is happening at Morisset? My question is about Morisset.

The Hon. BRONNIE TAYLOR: I understand, and I acknowledge that Morisset's seclusion and restraint is above our target and is above the average. As I would like to explain as well—

The Hon. ANTHONY D'ADAM: Why?

The Hon. BRONNIE TAYLOR: As I just said to you, Mr D'Adam, sometimes in some situations there is a high complexity of a particular patient that requires seclusion and restraint. But, as Dr Wright said, our absolute objective is to absolutely get to zero with seclusion and restraint. That is why we are open and transparent, and that is why we are able to show that data as well and that what we do do—

The Hon. ANTHONY D'ADAM: I appreciate that, Minister.

The Hon. BRONNIE TAYLOR: No, if I may finish, Mr D'Adam; this is really important. When we are just talking about data and highlighting one particular area, it is really important to be correct and factual about this, and that is why we look at the data. That is why we know, if that is up, that we go back to the local health district. We ask them to explain why those seclusion and restraint rates are high, and that is why Dr Wright implemented this entire program across New South Wales.

The Hon. ANTHONY D'ADAM: Have you done that with Morisset?

The Hon. BRONNIE TAYLOR: We do that all the time.

The Hon. ANTHONY D'ADAM: Have you done it with Morisset, Minister?

The Hon. BRONNIE TAYLOR: If Morisset's numbers are above the average, we would be looking at that because those are the processes that are in place. At the last episode, the last quarter of the seclusion and—

The Hon. ANTHONY D'ADAM: My question was have you done it, Minister?

The Hon. BRONNIE TAYLOR: The last quarter of the seclusion and restraint and information—

The Hon. WES FANG: The interjections really have to stop, Mr D'Adam.

The CHAIR: Mr Fang, you are not chairing. In all fairness, the question is a very direct question to the Minister with respect to Morisset: "Have you done that?" That was a very clear question. So it strikes me that the Minister's answer is either yes or no.

The Hon. WES FANG: Chair, I think what the Minister is trying to say is this is very complex and it requires—

The CHAIR: I think the Minister is—

The Hon. NATASHA MACLAREN-JONES: Point of order: The Minister actually did answer the question. Unless Mr D'Adam has another question, I suspect we should move to questions from the crossbench.

The Hon. ANTHONY D'ADAM: My time is up.

The CHAIR: Do you have anything further to say, Minister?

The Hon. BRONNIE TAYLOR: No, I do not. I answered the question.

The Hon. EMMA HURST: Minister, moving back in regard to suicide, I just have one more question. The Government's priority was to reduce suicide deaths in New South Wales by 20 per cent in 2023—and I do recognise your statements that obviously we want no suicides, but there needs to be some sort of a target. Are we still on track for that or is that a figure that is going to be reviewed?

The Hon. BRONNIE TAYLOR: Ms Hurst, thank you very much for the question. In terms of that, what is really important too is that we look at suicide data from year to year because if we just look at it from month to month, they fluctuate. When we look at 2019 and we look at 2020, I am very cautious in saying that we are heading in the right direction. In terms of that priority, three months ago when I had my meeting with the Premier—it was actually probably less time than that—to look at that, I was pleased with where we were going, but I am reluctant to say, "Are we going to continue on track?" with what our community has faced. I certainly know that we have got the systems in place to be able to deal with that, but we will have to see. We definitely have seen us heading in the right direction with the target, which has been pretty tremendous under the circumstances.

The Hon. EMMA HURST: You mentioned, as well, before that the rate is going down in regional and rural areas and remote areas—

The Hon. BRONNIE TAYLOR: For young people.

The Hon. EMMA HURST: —for young people. Do we have any indication why those numbers are reducing?

The Hon. BRONNIE TAYLOR: I wish there was a magic—

The Hon. EMMA HURST: I understand obviously it would not be one thing, like we discussed before. I am just wondering if there was any kind of indicators that gave us some clues as to what is working, potentially.

The Hon. BRONNIE TAYLOR: Would you be willing to say anything, Dr Wright? I am reluctant.

Dr WRIGHT: I am also reluctant. We are really cautious about trying to, I guess, over-interpret sort of month-on-month or even single year-on-year changes. Obviously it is an incredibly sensitive and delicate issue. My view is to look at quite longer-term trends and to try and understand these things. I am sorry; I am equally cautious.

The Hon. EMMA HURST: That is fine.

The Hon. BRONNIE TAYLOR: I will say too that when we look at our modelling, which is directly referring to the progress on the Premier's Priority—which was the question, Ms Hurst—was that we did see a 2.3 point decrease. That was a 19.8 per cent reduction from the base rate. That is where we are standing at the moment with that. I will be very honest with you: My advisers and the department, who have been doing this a lot longer than I have, always caution when we talk about that data, but at the moment we have been tracking really well. I would like to think it is because we have got the Towards Zero Suicides strategy, that we have been really focused on that as a health service, but we are just going to have to see.

The Hon. EMMA HURST: Okay. That is alright. I understand. We talked a little bit before about the Child and Adolescent Mental Health Response teams that are giving immediate support to young people experiencing serious mental health issues. I am just wanting to get a bit more information on that program and how many young people that program has been able to reach so far.

The Hon. BRONNIE TAYLOR: At the moment, Ms Hurst, we are in the process of recruitment in terms of those teams. That is just being very honest and up-front with you.

The Hon. EMMA HURST: Okay. So it is very early.

The Hon. BRONNIE TAYLOR: When you asked about them and the development of those teams, we worked really closely with the New South Wales college of psychiatrists in Australia and New Zealand—that is just what they call themselves, "Australia and New Zealand". They have been speaking to me for quite some time about their concerns around youth and adolescent mental health. This was absolutely driven by the sector for the sector to be able to implement this program. A lot of the issues that had been raised with that and that are continuously raised—because we have a national shortage of psychiatrists in Australia—is this concern about workforce. But I am really taking the attitude here and the policy perspective that if we create these teams, which we are doing, then we create really excellent clinical pathways for specialists of all types in youth and adolescent mental health. I am hoping—and the college assures me—that that will drive demand. Their feeling as well is that in terms of recruitment, because New South Wales is the first State to be doing this and it is an exciting program for them as clinicians, they feel it will drive recruitment sort of through Australia and beyond. But I will just have to wait and see. Hopefully, at the next budget estimates we can give you an update on that.

The Hon. EMMA HURST: How long is it funded for?

The Hon. BRONNIE TAYLOR: The Safeguard teams are funded over four years. That was \$109.5 million over four years for 25 Safeguard teams. There will be two tranches of them. The first tranche will be 11 teams that will go in, and then after that as well. We have had great demand in people asking for those teams across the local health districts.

The Hon. EMMA HURST: Thank you. You also—

The Hon. BRONNIE TAYLOR: Sorry—nine. It was nine in the first tranche. I beg your pardon.

The Hon. EMMA HURST: That is fine. You also recently announced a \$3 million expansion of caseworker wellbeing checks to provide support for thousands of child protection staff across New South Wales. Did that come from any kind of concern that there has been a decline in mental health in child support caseworkers?

The Hon. BRONNIE TAYLOR: Ms Hurst, for us it was more a recognition that it is a difficult job, what those caseworkers are doing, and that if we can support them in any way that we can, that was really necessary. In terms of their particular mental health, that would be something that I am sure—Dr Wright, could you talk to that, or would that be Mr Pearce? Mr Pearce, would you be able to comment further on that in terms of caseworkers and their mental health?

Mr PEARCE: Yes. That is a program that DCJ is leading—\$6 million over two years to build the capacity of caseworkers and casework managers to provide support to child protection practitioners. DCJ is leading that program.

The Hon. EMMA HURST: Was that actually related to concerns around a decline in mental health for child support caseworkers? Did that trigger this?

Mr PEARCE: Not so much a decline but a recognition that they do need support.

The Hon. EMMA HURST: Can I also ask what sort of tailored mental health services these caseworkers will have access to?

The Hon. BRONNIE TAYLOR: Ms Hurst, as Mr Pearce said, that will be led by the Department of Community and Justice. If you want absolute information on the more detailed aspects of that program and how the funding will be spent, I am very happy to take that on notice for you and get that to you. If, indeed, that is in progress, we can update you on a regular basis.

The Hon. EMMA HURST: Thank you. I guess my question—and I am happy for you to take it on notice—is if what they will have access to will actually be tailored for their specific workplace?

The Hon. BRONNIE TAYLOR: Yes, it would be my expectation, Ms Hurst, that that is tailored for them. Because we know that they have unique challenges and unique situations and unique, very high stressor situations, which could be, I think, an extremely distressing job a lot of the time for them. We absolutely acknowledge and recognise that and that is why we wanted to make this really specific. When we do that with funding and we specifically categorise it, the expectation is that it is specifically for those needs. So my expectation will be that it will be consulted and it will be worked out with those caseworkers for exactly what they need and what they think will be most helpful for them.

The Hon. EMMA HURST: Thank you, Minister. I know we have spoken on this before in regards to vets as well. During the lockdown period, I ran a roundtable with council pounds as well and they are experiencing the same kinds of stressors—often having to deal with a lot of animals and a lot of animals being euthanised that are healthy and rehoming animals, and the stressors associated with that. I know I have asked you previously about any kind of tailored services for vets and that was not available at the time. Is that something that is being considered, going into the future?

The Hon. BRONNIE TAYLOR: Ms Hurst, I anticipated that you would be asking me about vets and mental health services so I did ask Mr Pearce to follow up that we had those programs. Mr Pearce, are you able to answer that for Ms Hurst?

Mr PEARCE: I will just indicate that we have not got any specific programs funded in the mental health program. We are currently refreshing our Towards Zero Suicides strategy going forward and we will incorporate it in that. We are partnering with the Mental Health Commission in developing a new strategy.

The Hon. EMMA HURST: Thank you, Minister, given the large number of suicides particularly amongst vets, is that something that will get reviewed in the future?

The Hon. BRONNIE TAYLOR: Yes, it is, Ms Hurst. We have discussed this before in budget estimates and I have told you as well that I have spoken with the Board of Veterinary Surgeons about this and we talked about the programs that they as a profession were putting into place to support people within that. I felt very confident that they were completely on top of that. I made it very clear to Dr Baguley that any time he needs to reach out to me as the Minister for Mental Health to support vets—I obviously have a very strong history and respect for vets. I sat on the NSW Veterinary Board for a number of years. I am aware of what they go through and what is happening and the challenges.

I can update you that I have spoken with the Minister for Agriculture about this on different occasions to make sure that the Department of Primary Industries [DPI] was absolutely aware of those needs, particularly for the vets that were employed by DPI given the challenges that they faced. I know that you advocated very strongly for them during the period of extended drought in New South Wales and the really difficult time that they were having and the terrible things that they were seeing—which I think would be distressing to anybody, but particularly to them with what they had to follow through and implement on behalf of the welfare of animals in this State. I continue to keep a very keen eye on that.

The CHAIR: Thanks, Minister. Cate Faehrmann?

Ms CATE FAEHRMANN: Thank you, Chair. Minister, since the Coalition Government was elected in 2011, there has been a big increase in regional New South Wales suicide rates. Is that correct?

The Hon. BRONNIE TAYLOR: What data are you referring to, Ms Faehrmann?

Ms CATE FAEHRMANN: There is data from the Health stats, there is—

The Hon. BRONNIE TAYLOR: Is that Australian Bureau of Statistics [ABS] data?

Ms CATE FAEHRMANN: Yes, there is ABS data.

The Hon. BRONNIE TAYLOR: That ABS data—this is exactly why we have made sure that we have the Suicide Monitoring System, so that we can have real-time data. Because that data dating back to 2011 is data from, what, 10 years ago, and now we are using the Suicide Monitoring System as our main source of data. I would point out, as I pointed out before, that every death to suicide is an absolute tragedy but in terms of rural and regional New South Wales, and in young people particularly, we actually saw a decrease.

Ms CATE FAEHRMANN: Yes, but the trend overall, which is what I am talking about, is that regional and rural New South Wales has a suicide rate of roughly double that of Greater Sydney. That is correct?

The Hon. BRONNIE TAYLOR: If you are talking about a trend over 10 years. I prefer to look at recent data. I am looking at the last two years and regional suicides in general are actually, from 2020, down 9 per cent.

Ms CATE FAEHRMANN: So are you saying that suicide within rural and regional New South Wales is higher than Greater Sydney?

The Hon. BRONNIE TAYLOR: What I am saying to you is that the data in 2020 showed regional suicide is down almost 9 per cent. But, I mean, you know, it is a percentage.

Ms CATE FAEHRMANN: That is down. But in comparison, Minister—

The Hon. BRONNIE TAYLOR: We are talking about lives.

Ms CATE FAEHRMANN: You know the question I am asking you. It is in comparison. You are saying that, yes, it is down. But in comparison to Greater Sydney there is a huge discrepancy, is there not, in terms of suicide rates?

The Hon. BRONNIE TAYLOR: There have been different discrepancies across the years. But as I said to you, very clearly, if you want to pick data from certain periods in time—what I am doing is looking at our Suicide Monitoring System, which has been available now for close to 18 months and, yes, suicide rates in the regions have typically been higher than metropolitan Sydney.

Ms CATE FAEHRMANN: How much higher are they, generally?

The Hon. BRONNIE TAYLOR: As I said to you, we actually saw a reduction in regional suicides in 2020 of 9 per cent.

Ms CATE FAEHRMANN: That is just one year. But I think Dr Wright may have said—or you may have said as well, you were reluctant to really comment earlier in relation to why, for example, there may have been a slightly lower suicide rate amongst young people in regional New South Wales because you did not want to suggest there was a trend. I think I am asking pretty much the same thing here. Overall, the data that I have seen, the reports that I have seen, state that generally suicide rates in regional and rural New South Wales are roughly twice that of Greater Sydney. That is correct, isn't it?

The Hon. BRONNIE TAYLOR: Overall we have seen an increase, yes. But I will point out again that, in the recent data that we have seen, we did see a slight decrease. So I think that is encouraging to think that perhaps we are heading in the right direction. But whether or not that changes at the end of this year, I cannot predict that.

Ms CATE FAEHRMANN: What research has your Government done to investigate what is a trend of more suicides in regional New South Wales per capita than in Greater Sydney? What is behind that? What research have you done?

The Hon. BRONNIE TAYLOR: Well, we have looked at a number of things in terms of what we are doing. But what we are really focused on are the policies and the models of care to prevent suicide and that is why we have got our Towards Zero Suicides strategy.

Ms CATE FAEHRMANN: The question was around research, though. Has there been particular research?

The Hon. BRONNIE TAYLOR: In terms of research, Dr Wright, would you like to comment on some of our recent research?

Ms CATE FAEHRMANN: Thanks, Dr Wright.

Dr WRIGHT: Thank you. I can comment broadly, but I am a little cautious about generalising about regional and rural as kind of a homogenous whole. I go back to my previous comment about the importance of understanding the factors which might be contributing to changes in mental distress, suicide attempts and suicide on a local level, which is the structures and processes that we are putting in place between our local districts and the primary health networks and those local collaboratives operating at a local level. Because the not particularly helpful short answer is that there is a complicated set of factors which either lead to increases or decreases, and there are—

Ms CATE FAEHRMANN: Yes. I have got the factors here, actually, in front of me. Thank you, Dr Wright. Because in response to a question that I understand the member for Murray, Helen Dalton, asked you in relation to why regional suicide rates were growing so strongly, your answer, which is on the record—it was to a question on notice—was:

There is an overall pattern of higher per capita suicide rates in rural and regional areas. This is in part due to social isolation, socioeconomic status, distance from services and access to general practitioners.

That was your response at the time. Do you still stand by that, Minister?

The Hon. BRONNIE TAYLOR: There are a number of factors that contribute to that and that is right, those are those factors.

Ms CATE FAEHRMANN: You identified a lack of access to health services and doctors as a reason for high suicide rates, so what is your Government doing to address those?

The Hon. BRONNIE TAYLOR: Are you talking about particularly in the seat of Murray? Because I am really happy to look at that and I am really happy to talk about exactly what we are doing in the seat of Murray, if that is exactly what you are referring to.

Ms CATE FAEHRMANN: Your response—

The Hon. BRONNIE TAYLOR: Because you referred to that question on notice. So let's have a really good look at that. Murray will get one of the first of our new eight-person Safeguards child and adolescent acute response teams. They will have two of the SafeHaven facilities—one in Wagga, one in Griffith. They have got the new Suicide Prevention Outreach Team [SPOT] in Murrumbidgee. They have got new school nurses in Griffith, in Wagga, in Leeton and they have got a new Tresillian Family Care Centre in Griffith. There is also, as Dr Wright just previously referred to, a suicide collaborative that operates there that actually mobilises services and mobilises forces to be able to talk about what is going on in that area and to be able to make sure that all the services are working together.

Ms CATE FAEHRMANN: Thank you, Minister. I heard yesterday from Minister Hazzard about what I understand is a four-bed unit within the Griffith Base Hospital. I understand that was just for acute care and only up to 72 hours. Is that your understanding?

The Hon. BRONNIE TAYLOR: Yes. Again, there will be, and the member for Murray has said there will not be, four beds for over-16s for mental health in the Griffith hospital. What we know, and what clinical evidence clearly shows us is, if we can support people in the community for as long as possible and prevent the hospital admission for them, that is going to provide them with the best outcome. It is clear. It is demonstrated evidence. It is the focus of the entire living well reform that has happened over 10 years in New South Wales that is headed up by the New South Wales Mental Health Commissioner. We know that if we invest in that, but often—and sometimes we will need that hospital admission. What the clear advice is, if we can offer that short-term, short-stay hospitalisation, we can absolutely reset that situation and then surround people by a web of supportive services in the community. That is what is going to get them the best outcome.

Ms CATE FAEHRMANN: There is no doubt that short stay mental health beds are incredibly important. Is your government also ensuring that there will be mental health professionals and mental health nurses within Griffith Base Hospital?

The Hon. BRONNIE TAYLOR: Griffith Base Hospital will have those services that it needs. We have committed to those four beds. We also have 29 full-time equivalent staff working out of Griffith Community Mental Health—

Ms CATE FAEHRMANN: Thank you, Minister. The question was specifically in relation to the staff at Griffith Base Hospital. You have got four mental health beds for acute situations. Therefore, I assume you will have mental health professionals, including mental health trained nurses, to care for those patients?

The Hon. BRONNIE TAYLOR: We will have the required clinical expertise that we need, absolutely.

Ms CATE FAEHRMANN: Does that mean staff trained—

The Hon. BRONNIE TAYLOR: One thing I will say, Ms Faehrmann, as well, because there has been—

Ms CATE FAEHRMANN: Sorry, Minister, just—

The Hon. BRONNIE TAYLOR: I would like to answer the question, please.

Ms CATE FAEHRMANN: I am not sure you are.

The Hon. BRONNIE TAYLOR: There has been a lot of misinformation that has come out about Murrumbidgee. I would just like to point out that the member for Murray has been contacted on 20 different occasions by the local health district—

Ms CATE FAEHRMANN: That is not answering my question.

The CHAIR: Order!

The Hon. BRONNIE TAYLOR: If you would let me finish—

Ms CATE FAEHRMANN: That is not answering my question.

The CHAIR: Order! Minister, there is a propensity to be talking over the member, who has asked a very specific question. I think she is wanting to press the clarity of her question further.

The Hon. WES FANG: Point of order: The member cited Murray and was specifically asking about a hospital in that electorate. The Minister is attempting to provide some detail and clarity around that. I would ask that she be given that opportunity because it is important for the record—

Ms CATE FAEHRMANN: To the point of order—

The CHAIR: We are talking about Griffith.

The Hon. WES FANG: It is important that the record be corrected.

Ms CATE FAEHRMANN: To the point of order: The member did not listen to my question, which was specifically about whether there would be mental health staff in the hospital. The Minister was just about to go completely off the reservation, like the member has.

The Hon. BRONNIE TAYLOR: Wow!

The Hon. NATASHA MACLAREN-JONES: To the point of order: The member actually asked the question multiple times and the Minister did answer that question.

The Hon. WES FANG: You are elbow bump buddies, you know.

The Hon. PENNY SHARPE: Excuse me.

The CHAIR: Order!

Ms CATE FAEHRMANN: What buddies?

The CHAIR: Hang on.

Ms CATE FAEHRMANN: Did he say bum?

The Hon. PENNY SHARPE: Yes, he did.

The Hon. WES FANG: Your elbow bump buddy. I have got the photo.

The Hon. PENNY SHARPE: What are you talking about?

The Hon. WES FANG: She knows.

The CHAIR: Order! You know that is not appropriate.

The Hon. PENNY SHARPE: He should withdraw it.

The Hon. ANTHONY D'ADAM: He should withdraw.

The Hon. WES FANG: She knows what I am talking—I am not going to withdraw it.

The CHAIR: I have given you a chance to settle down. I am now going to ask you to withdraw it. You have pressed on and insisted to press on.

The Hon. WES FANG: I am not withdrawing it.

The Hon. PENNY SHARPE: You do not get to decide that.

The CHAIR: I would ask you to please withdraw it. It is just completely unhelpful, and you know that.

The Hon. PENNY SHARPE: It is unparliamentary language.

The Hon. WES FANG: Elbow bump buddy is unparliamentary? Should we test that?

The Hon. NATASHA MACLAREN-JONES: I think it is time for a break.

The Hon. ANTHONY D'ADAM: You are making imputations about members.

The CHAIR: No, we will not take a break like that.

The Hon. WES FANG: I have got the photo.

The Hon. ANTHONY D'ADAM: Do it by substantive motion, as you well know.

The CHAIR: order!

The Hon. ANTHONY D'ADAM: You often raise that standing order.

The CHAIR: Order! Can you just withdraw it and we can move on?

The Hon. WES FANG: I withdraw.

The CHAIR: Thank you very much.

The Hon. BRONNIE TAYLOR: May I answer the question, Mr Chair? May I finish answering the question?

The CHAIR: If you have got no more to say with respect to the question that has been asked specifically, I think that is the end of the answer.

The Hon. BRONNIE TAYLOR: I would just like to reiterate—

The CHAIR: No, Minister, you are not running this meeting.

The Hon. BRONNIE TAYLOR: I completely understand that, Mr Chair. I would never imagine that I was. It is just that the member said I had not answered the question and I had. I am happy to restate it.

The CHAIR: No. Unless the honourable member wants to re-ask the question—it seemed clear enough to me. Did you want to further press that?

Ms CATE FAEHRMANN: I can come back. It is okay.

The CHAIR: Let us have a break for 15 minutes.

(Short adjournment)

The CHAIR: We will commence with the period between now and 12.45 p.m., or thereabouts. We will do it in 20-minute tranches. At the last little bit, we will see what is left and split it between the two groups. The Government has got 15 minutes, if they wish.

The Hon. BRONNIE TAYLOR: I am happy if anyone forfeits.

The Hon. ANTHONY D'ADAM: Dr Wright, the targets that you mentioned earlier around seclusion, they are sourced from the Bureau of Health Information [BHI] data, in terms of the measure. Is that correct?

Dr WRIGHT: BHI uses the targets that were developed at a national level.

The Hon. ANTHONY D'ADAM: In terms of measuring the progress of the performance of our mental health facilities, you measure against the data that is provided through BHI. Is that right?

Dr WRIGHT: No, we collect our own data. The BHI uses the data that comes from the health system.

The Hon. ANTHONY D'ADAM: So you give the data to the BHI and then they publicly report it?

Dr WRIGHT: Correct.

The Hon. ANTHONY D'ADAM: That is how we have the accountability in terms of the measures? That is correct, isn't it?

Dr WRIGHT: That is correct, yes.

The Hon. ANTHONY D'ADAM: Can I ask, Minister, given that the targets are reported through the BHI, whether you get a briefing on the quarterly performance report?

The Hon. BRONNIE TAYLOR: Yes, I do.

The Hon. ANTHONY D'ADAM: You do?

The Hon. BRONNIE TAYLOR: Yes, I do.

The Hon. ANTHONY D'ADAM: When you get that briefing, is that provided by you, Dr Wright, or representatives from the agency?

The Hon. BRONNIE TAYLOR: If I may answer, Mr D'Adam, I have regular briefings from my department. The seclusion and restraint data is a standing item when it comes to be discussed. What I did try to answer last time—and I know that it was not directly relevant, but if you may allow me the latitude to do that now, the last time that the BHI seclusion and restraint data was published and there were outliers in that process, I wrote to all of those local health districts [LHDs], which is the standard process to do when that comes. As I said, the issue is sometimes that the—and it is not always the case, Mr D'Adam, and I do not walk away from that, but in recent cases in particular LHDs, it was one particular consumer that had extremely challenging behaviour. In order to keep the consumer safe and the staff safe, that was something that had to be resorted to.

The Hon. ANTHONY D'ADAM: Thank you, Minister. I might come back to the question around the average duration of seclusion, Dr Wright. What is the target in relation to that?

Dr WRIGHT: The target is four hours.

The Hon. ANTHONY D'ADAM: Okay. Thank you.

Dr WRIGHT: Could I just comment on the target because I do not want it to be misunderstood. What we are trying to do is eliminate seclusion. We would rather see no seclusion and zero hours, but in order to improve practice, the target is four hours at this point.

The Hon. ANTHONY D'ADAM: Of course. I understand that in terms of the performance against that target, there are a number of hospitals that exceeded it by a significant amount. I want to raise a question, Minister, about Concord. In terms of the recent data, its average period of seclusion was 24 hours and 45 minutes. That is significantly higher than your four hour target, isn't it, Dr Wright?

Dr WRIGHT: Yes.

The Hon. ANTHONY D'ADAM: So I am assuming, Minister, when you got your briefing on the BHI, that one stood out quite dramatically. What did you do in relation to that target as it pertained to Concord? What questions did you ask?

The Hon. BRONNIE TAYLOR: In that particular one, Mr D'Adam, as I said previously, an internal process takes place. I allow that internal process to take place and I allow explanations to be given for that. I also say that—

The Hon. ANTHONY D'ADAM: Minister, I draw you back to the question.

The Hon. BRONNIE TAYLOR: I really need the opportunity to answer this, Mr D'Adam, or else I cannot give you the context for it. I am really concerned when we look at lines of questioning that say that there are definitely those outliers. You are right. But the staff are absolutely—

The CHAIR: Order!

The Hon. ANTHONY D'ADAM: Minister, what I am trying to probe is how you respond to specific circumstances that are drawn to your attention. That is what I am trying to get at. **The Hon. WES FANG:** Point of order—

The Hon. BRONNIE TAYLOR: Mr D'Adam, I very clearly said to you, with all due respect—

The Hon. ANTHONY D'ADAM: I want to try to get an understanding of how you approach those.

The Hon. BRONNIE TAYLOR: I am answering that question. If it not what you would like me to say, I am sorry. All I can do—

The CHAIR: Order! I think there is a point of order.

The Hon. WES FANG: Chair, my point of order is this: The Minister, in particular in the area of mental health, has to provide context around her answers. She is trying to do so. I ask that she be given a bit of latitude to be able to do that because the context is sometimes more appropriate than just a single answer.

The Hon. ANTHONY D'ADAM: I have specific questions to which I am seeking answers. If I need to get context, I will ask the Minister to elaborate.

The Hon. WES FANG: Again, the answers may not be specific. The answers may require some level of detail which the Minister is trying to provide.

The Hon. ANTHONY D'ADAM: No, they do not.

The CHAIR: Please, everyone. The question was very specific. Minister, you indicated essentially that you understand the question. You then moved on to give some context. The question was specific in regard to Concord hospital. Either you have a specific response to that or you do not. That is essentially the position. If you have no specific comments about Concord hospital, so be it. But that was the question.

The Hon. BRONNIE TAYLOR: Yes, Mr Chair. What I was trying to explain—I beg your pardon if that was not coming across clearly to the honourable member—is that there is a process in place each time the seclusion and restraint data is released. We look at those areas that are outliers. The member previously referred to the forensic ward at Morisset, he referred now to Concord and he was also talking about Shoalhaven. What I said in that answer was that I am briefed regularly. I understand where those rates are at times higher than others. The process is—which stands for all things, whether it is Concord or whether it is Morisset or wherever it is—that we internally look at the reasons that are behind that increase in seclusion and restraint. I wanted to preface that answer by saying that what I am really concerned about, as I tried to explain, is that often there are one or two episodes of patient care that require that most extreme level of care. That will then make those numbers look like they are higher than normal if we look at a large number of people. That is why we have this whole process in place. I want to say as well that the mental health staff feel so proud about this now that they put it up within the ward so everybody can see it.

The Hon. ANTHONY D'ADAM: I have limited time, Minister. I am after specific answers. I have given you a lot of latitude—

The Hon. BRONNIE TAYLOR: I understand that, but there are good people out there that I need to protect.

The CHAIR: Order!

The Hon. ANTHONY D'ADAM: I have given you a lot of latitude to give some context. Now I want to come back to the specifics. The specific question was about Concord. You advised in your previous answer that, when there is an outlier, you write to the local health district, with a "Please explain". Concord is clearly an outlier. The data was presented in, I think, June. So you would have had a briefing in June or perhaps early July. You would have written. What came back in relation to that specific outlier at Concord? What information was provided to you?

Ms KOFF: If I may, the Minister does not intervene personally in operational issues of performance such as that. The Minister, obviously, has a responsibility of oversighting and understanding delivery of the policy. But it is then the Ministry of Health that has responsibility. There are two mechanisms by which the Ministry and Health monitor those agreements and performance indices. We have collective service level agreements with every single district. The local chief executive—

The Hon. ANTHONY D'ADAM: Can I just clarify, Ms Koff? Is it your evidence that the Minister does not need to oversight this kind of issue?

Ms KOFF: No, she does. I did not say that. It is reported to the Minister. She has responsibility for the policy direction. She has responsibility for setting the strategic—

The Hon. ANTHONY D'ADAM: That is what I am trying to get at. Thank you, Ms Koff.

The CHAIR: Order!

Ms KOFF: But in terms of operational implementation, it is up to the Ministry of Health then to hold the district accountable for that delivery. I do not know why the Concord number was so high. I am happy to take that on notice to find out because I think we need to explore it because it does look an outlier in the BHI report.

The Hon. ANTHONY D'ADAM: What I am trying to get at, Minister, is the extent of your active engagement with the areas of concern within the portfolio. That is the purpose of this line of questioning. If you are presented—

The Hon. BRONNIE TAYLOR: To answer your question again, Mr D'Adam, what I have said is that I am briefed on that. Operational issues are the responsibilities of the LHD. When there are outlying issues of increases, which is the whole reason why we print the data and it is the whole reason why we are transparent, that data does not sit there and nothing has been asked of it. Those LHDs would feel acutely about the way this data has happened. They will be looking at and investigating that and putting policies and procedures in place. That is why at different times there are outliers and at different times there are not.

The Hon. ANTHONY D'ADAM: It is a significant outlier. Following on from presumably the advice, was there any action that you took specifically in relation to that one?

The Hon. BRONNIE TAYLOR: As I said to you before—I have answered this on three separate occasions—

The Hon. ANTHONY D'ADAM: If the answer is no—

The Hon. WES FANG: Point of order: Mr D'Adam has just done again the very thing on which I have taken numerous points of order. He asked a question, does not give the Minister an opportunity to state more than two words and interjects with what he believes to be the answer. Chair, that is not how this works. I ask you to call him to order because he has offended on numerous occasions. That is not how budget estimates are supposed to be run.

The CHAIR: It is back and forth.

The Hon. ANTHONY D'ADAM: I am happy to move on.

The Hon. BRONNIE TAYLOR: I also draw your attention to the fact that 97 per cent of acute mental episodes of care occurring in specialised acute mental health inpatient units did not have a seclusion event and 95.7 per cent did not have a physical restraint. That is a pretty outstanding record on behalf of the people that work in mental health in New South Wales.

The Hon. ANTHONY D'ADAM: Thank you, Minister. I will move on and ask you about the National Mental Health and Suicide Prevention Agreement. What is the status of New South Wales' position in relation to signing on to that agreement?

The Hon. BRONNIE TAYLOR: The talks are ongoing and have been for quite some time. I have had numerous meetings, as has my department, with Minister Coleman and with the people who are doing up the national plan. That continues to be ongoing. I hope to be able to update you very soon.

The Hon. ANTHONY D'ADAM: Have other States signed on to the agreement yet?

The Hon. BRONNIE TAYLOR: That is something you would have to ask them.

The Hon. ANTHONY D'ADAM: Can you elaborate on why there is a delay in New South Wales reaching agreement?

The Hon. BRONNIE TAYLOR: There is no delay; it is an ongoing process.

The Hon. ANTHONY D'ADAM: Will the Government commit to investing additional investment in new mental health services arising out of that agreement?

The Hon. BRONNIE TAYLOR: I look forward to the Commonwealth increasing the level of their investment. I work collaboratively with the Commonwealth. We did a joint COVID package relief, as you would be aware of, in that joint funding announcement. I have worked collaboratively with the Commonwealth. I am not at liberty to discuss those issues with you now. But when we are able to sign that and New South Wales is in the strongest position that it needs to be, I will be happy to do that after the appropriate processes that go through Cabinet are undertaken.

The Hon. ANTHONY D'ADAM: Minister, on 17 October you said, "If you require an emergency hospital admission in New South Wales for an acute exacerbation of your mental health illness, you will get that admission." On notice, if you do not have the data available, in the past 12 months how many patients seeking admission for a psychiatric treatment have waited for more than 24 hours in the emergency department before a psychiatric unit bed was available? Do you have that data on hand?

The Hon. BRONNIE TAYLOR: I will be able to give you that data by the end of this, Mr D'Adam, because it is somewhere and I have read it, but I understand that less than 1 per cent have waited for longer than 24 hours.

The Hon. ANTHONY D'ADAM: I am after a headcount number, if possible.

The Hon. BRONNIE TAYLOR: Okay, Mr D'Adam. I will ascertain to have that to you by the end of budget estimates today.

The Hon. ANTHONY D'ADAM: Thank you, Minister. How are we tracking towards the Premier's Priority in the area of reducing suicide by 2023?

The Hon. BRONNIE TAYLOR: That was the question that Ms Hurst asked earlier in that Premier's Priority. At the moment—although as I did say and you would have heard me answer this before that I was reluctant to continue that—so far we are pleased with our progress.

The Hon. ANTHONY D'ADAM: Minister, we know that young people talk to their peers about mental health before they often ask a mental health professional for assistance. What measures in relation to peer-to-peer training is the Government implementing in schools?

The Hon. BRONNIE TAYLOR: Obviously within schools is a matter that fits under the remit of the Minister for education, so I will just say that at the outset, but I am really happy to answer the question. We have a range of services offered in school and one of the really big things at the moment is the suicide prevention training. We are looking at training 275,000 people across New South Wales to do that and that will be open to teachers as well as parents as well as other organisations—Country Women's Association [CWA], Rotary, all those sorts of things as well. What we have done in the schools—and we often have a lot of discussion about counsellors in schools and counsellors have a really important role to play in the mental health support that they offer—we also have peer support workers, which is what you are saying as well, which was the announcement that the Government made before the last election. Those peer support workers are really effective. The Minister for education would have to clarify, but I understand that a very high percentage of those peer support workers' positions have now been filled. To add to that service in schools, we have the wellness, health in-reach nurse program as well.

The Hon. ANTHONY D'ADAM: Thank you, Minister. I ask about the Productivity Commission inquiry into mental health, specifically recommendation 17. What additional funding arrangements have been implemented in New South Wales for psychosocial support?

The Hon. BRONNIE TAYLOR: Is that just generally with psychosocial support?

The Hon. ANTHONY D'ADAM: Yes, in relation to that particular recommendation.

The Hon. BRONNIE TAYLOR: Yes. Psychosocial support fits into, obviously, a very wide range and wide myriad of services. But I suppose we could talk really generally about—well, not "generally", I beg your pardon; I did not mean to say that. We can talk about things like what we have done within headspace as well. As you would know, it is a federally funded service but recently we have announced that we are going to look at having master's students in place in headspace to reduce the waitlist that exists and, therefore, that will have an effect to carry on down the system of people being able to access that service. We have also looked at supporting counselling and supporting private psychology services. We will be able to do that to look at reducing that waitlist that has existed out there as well. We also fund a number of—

The Hon. ANTHONY D'ADAM: Just on the waitlist issue, I am advised that the Mental Health Coordinating Council has said that that waitlist is 46,000 people. Is that correct?

The Hon. BRONNIE TAYLOR: Yes, that is correct. That varies from time to time within that. I note the incredible work that the coordinating council does and its amazing leader in the Hon. Carmel Tebbutt, who has been extremely supportive and has a real interest in mental health herself. That is why we have looked at that specifically. That is why too, Mr D'Adam, I did not want to—so often in politics we play in this space where it is Federal or it is State. I am trying to stay focused on what we need to do and that is why we are looking at these innovative models. I am really hopeful that they are going to work and set a new continuum and a new standard but obviously the proof will be in the pudding and you will be asking me about the evaluation of all of that at the next budget estimates. But that is definitely our intent to look at decreasing that and to be able to do that. The waitlist is not due to a failure by New South Wales; it has been a demand on the Commonwealth system. That is why we are stepping up to make sure that we can help fix that. It is something that I openly discuss with Minister Coleman and Minister Hunt.

The Hon. ANTHONY D'ADAM: Can I ask about the Housing and Accommodation Support Initiative?

The Hon. BRONNIE TAYLOR: Yes, HASI.

The Hon. ANTHONY D'ADAM: How many community living supported places are funded this year?

The Hon. BRONNIE TAYLOR: I would have to take that on notice, Mr D'Adam, so I can give you an accurate number. I do not know off the top of my head, I am sorry.

The Hon. ANTHONY D'ADAM: Can you also provide us with the details of how many were funded last year?

The Hon. BRONNIE TAYLOR: Yes, I can. If I am allowed to elaborate, that has been a really fantastic, well-respected and well-thought-of program.

The Hon. ANTHONY D'ADAM: Is there a waiting list for community supported living places?

The Hon. BRONNIE TAYLOR: HASI places?

The Hon. ANTHONY D'ADAM: Yes.

The Hon. BRONNIE TAYLOR: I would have to take that question on notice to make sure. I certainly have not been made aware of that waiting list.

The Hon. ANTHONY D'ADAM: If there is, can you give us details about the numbers?

The Hon. BRONNIE TAYLOR: Yes, most certainly.

The Hon. ANTHONY D'ADAM: Are you also able to provide us details in relation to the average waiting time for placement?

The Hon. BRONNIE TAYLOR: Could you be more specific? In placements to the HASI program?

The Hon. ANTHONY D'ADAM: If someone need a placement within a community living supported facility.

The Hon. BRONNIE TAYLOR: The reason I am asking is are you specifically referring to housing and accommodation or are you referring to the HASI program?

The Hon. ANTHONY D'ADAM: I am referring to community living supported places. As I understand it—perhaps you can elaborate on these facilities—these are actual places where people are transitioning.

The Hon. BRONNIE TAYLOR: What usually happens is that if they have been in an inpatient facility or if they have been somewhere, they will be in housing, whether that is social housing or that is housing of their own. Then we implement a HASI program which is really intensive wraparound support for those people to make sure that we can transition them.

The Hon. ANTHONY D'ADAM: So this is the accommodation dimension of that? Perhaps Mr Wright can elaborate on the nature of the service.

Dr WRIGHT: Are you speaking of the Pathway to Community Living Initiative [PCLI] or the HASI initiative? Sorry to bamboozle you.

The Hon. ANTHONY D'ADAM: The HASI initiative.

Dr WRIGHT: Okay. Can you restart the question, sorry?

The Hon. ANTHONY D'ADAM: I am wondering whether there is a wait time for placement in community living supported places.

Dr WRIGHT: I think we would have to take on notice if there is a wait time for the HASI places, unless Mr Pearce can add anything.

The Hon. ANTHONY D'ADAM: Are you able to break down the data to reflect the number of places by local health district—

Dr WRIGHT: Yes, we can describe the number of HASI places by district.

The Hon. ANTHONY D'ADAM: —and the demand in each local health district?

Dr WRIGHT: Not so much the demand.

The Hon. ANTHONY D'ADAM: If there is a waitlist—

The Hon. BRONNIE TAYLOR: Because it is a transition program, so people are transitioning. There is always going to be people who are waiting to go and be able to go onto the HASI program to then transition.

The Hon. ANTHONY D'ADAM: Does that mean that there is the possibility that people are not able to transition into the facilities because they are not available? How is that managed?

The Hon. BRONNIE TAYLOR: Mr D'Adam, we have amazing success rate with our HASI program and the outcomes that we get. They are quite phenomenal, and that is because it is a really robust system, a really robust service. Why do we not take your question on notice and then what we are able to—

The Hon. ANTHONY D'ADAM: I suppose the core of my question is about how is the demand managed for this program, whether there is demand that exceeds the available supply of places. If you are able to provide relevant data for that, that would be—

Dr WRIGHT: I think that we will take on notice and provide a description of what the HASI program is, where the beds are and what the process is to identify those people who are getting the most benefit from that accommodation and how it is—

The Hon. ANTHONY D'ADAM: Presumably someone is identified for entry into the program, and at that point there is a timestamp there, and then there is the question of how long it takes from the time that they are identified to the time that they get put into a place to enter the service.

The Hon. BRONNIE TAYLOR: To be fair too, Mr D'Adam—and I am not trying to skirt around your question at all—there is no timestamp because obviously sometimes someone may be told to say, "Look, we predict that in another fortnight or in another two weeks that this person will be ready to transition into the HASI program", and then transition through all those steps. But that can change depending on the nature of the person and how they are tracking. We will make every attempt, I assure you, to answer your question exactly as you have asked it. We will take it on notice.

The Hon. ANTHONY D'ADAM: A final question on that: Are there plans to provide any additional places under that program?

The Hon. BRONNIE TAYLOR: Of HASI? As I said, we have numerous HASI places and things, but in terms of additional programs, my understanding is that the need is being met and we are doing that, but I am very happy to take that part of the question on notice as well.

The Hon. ANTHONY D'ADAM: Thank you.

The Hon. EMMA HURST: Minister, I was wondering what was being done for the ongoing mental health impacts on lockdowns, particularly for children, and if there has been anything to address the fact that they have spent a good part of the past two years in isolation.

The Hon. BRONNIE TAYLOR: That is a really good question. I think it has been a really pertinent question for so many of us and definitely for me and my team a great area of concern. When we talk about the fact that young people have been in lockdown, it is actually transitioning out of lockdown and that has been really difficult as well. That is why all those services were in place. One of the things we did, Ms Hurst, where we had an enormous uptake, particularly in areas where local members were really behind it, I spoke with members on all sides of the Chamber and I had meetings with mostly Labor members in western and south-western Sydney during this time.

One thing that we were told was that parents were really struggling with what to say to their young people and with what to say to children who were under their care, and to guide them in their rising levels of mental health and anxiety, in particular, anxiety. So we got together with headspace and we said, "Look, we are really concerned about this." It was raised with a lot of different people by me and by members on all sides of the Chamber. Headspace, in collaboration with a lot of the collaboratives and local members ran sessions for parents. Those sessions were all based on how you can say this to your young person—your child or a person under your care—but I am speaking generally. We had real success with that and that has been really well received.

The Hon. EMMA HURST: Was that age specific? Because I am looking at quite young children. I know that there were a lot of services for young people, but I have heard about a lot of parents who were struggling with very young children—five or six.

The Hon. BRONNIE TAYLOR: Yes, it was a really tough time. Also, we had invested—

The Hon. EMMA HURST: So those services were for the parents of very young children, talking to them as well?

The Hon. BRONNIE TAYLOR: Yes. That actually covered a wide range and parents were allowed to ask questions. They were also involved with being able to ask questions. We also did the Family Project, which we invested in. If you have not looked at it, I would love you to. It was all about putting together activities and things to do, particularly with younger children—whether it was building a safe volcano or creating your own vegetable garden. It had a really great session where it encouraged young children to cook a cake, under the supervision of a parent, but to FaceTime their grandparents because grandparents were really struggling. That period in their life is so small but when you look at the times that they could not see their grandchildren you find that it was enormous. For my parents—and my children are grown up—it was still really challenging. So we invested in that Family Project and that has been a wonderful success. That was specifically in that age group as well.

We are also now going forward. One of the things in our package—and I feel really strongly about this—was creating a grant fund program where we can look at wellbeing events. Because we know that the fact that people could not gather and people could not get together has had detrimental effects on people's mental health, so we are really encouraging people to look at this fund and then to be able to run wellbeing events. Then, if they choose to do that, we can also piggyback onto that and provide mental health workers, community representatives and things, to be at those functions so that if there is a moment in time where someone decides they want to talk about it that they can. We also made an investment—this was pre-COVID—into the Kids Helpline, which has also received high numbers of calls during this period and has been really effective. I know there are people in my office whose children have accessed the Kids Helpline and found them to be really beneficial as well. So we did have a lot of different services in place, but that is a snapshot of some of those things that we had.

The Hon. EMMA HURST: Thank you. I also want to ask about postnatal depression. Midwives and mental health experts have been warning that this year's COVID lockdowns could result in a cohort of new parents at even greater risk of postnatal depression than usual. Has there been an increase in demand for perinatal mental health services during the pandemic?

The Hon. BRONNIE TAYLOR: Yes, there has.

The Hon. EMMA HURST: Do you have any statistics around that?

The Hon. BRONNIE TAYLOR: Yes, I do. In the Gidget services there was up to a 12-week waitlist at some points to see a psychologist or mental health nurse through the Gidget Foundation centres that are based throughout rural and regional New South Wales. That is why, in our COVID-response additional funding, we announced funding to them so that they can get rid of those waitlists. The other thing that we did as well was we

paid for free access to the Tresillian SleepWellBaby app. We know that having a new baby is a wonderful thing, but it can be a really challenging time as well. To do that without supports—without your local mothers' or fathers' group or family group, without your grandparents, without your mum coming in because you are so exhausted to take your baby for a few hours so you can have a good sleep—is really, really difficult.

We had an amazing response to that SleepWellBaby app that we did and that we made sure was available to anybody that needed it. That was all part of that as well. We also fund karitane services—we also increased that. You are spot on with your question. It is something that we have been concerned about and that is why we have increased that investment and made sure that we can help where we can, because I think it has been an amazing stressor on new parents.

The Hon. EMMA HURST: Minister, you also announced two mother and baby mental health wards at Royal Prince Alfred and Westmead hospitals. But you also stated in the media that the units are not able to open on time due to the impacts of COVID on the hospitals.

The Hon. BRONNIE TAYLOR: Yes.

The Hon. EMMA HURST: Do you have any update—now that we are sort of on the roadmap out of COVID—in regard to when these units might be planned to be opened?

The Hon. BRONNIE TAYLOR: Yes, they will open in 2022. To acknowledge your question—

The Hon. EMMA HURST: Early 2022?

The Hon. BRONNIE TAYLOR: I certainly hope so, Ms Hurst. To acknowledge your question, there is no-one more disappointed than I that COVID happened. These two units really mean a lot to me and I really want to get them going. They understand the urgency. I know that you know this, but during the pandemic we all had to sit back and do what we needed to do. Health needed to do what it needed to do and therefore some of these projects have been delayed. But I give you my assurance that I am right onto that and I really want to see those centres open because they are just paramount to making sure that we are looking after families.

The Hon. EMMA HURST: Thank you. I also have some questions about First Nations populations. In October you announced \$21 million in funding to expand the Aboriginal mental health and suicide prevention workforce, specifically to recruit 18 Aboriginal care navigators and 18 Aboriginal peer workers. What consultation was conducted with the First Nations community in respect to funding these new roles?

The Hon. BRONNIE TAYLOR: In regard to the funding—I know that you asked me specifically about the second announcement—can I quickly say in the Towards Zero strategy we have a section there that is solely for First Nations peoples. We have run a bit behind in implementing that program but that is because we were adamant that that had to come from Aboriginal community-led organisations. I am pleased to say that last Friday I saw someone from one of those organisations who said that it is working very well and they are really excited about where we are going. In regard to your specific question about the peer workers and the Aboriginal coordinators that are going into those 18 LHDs, I will ask Mr Pearce to comment directly on that part of the question.

Mr PEARCE: We released our Aboriginal Mental Health and Wellbeing Strategy earlier in the year, which was a product of extensive consultation with Aboriginal communities right across the State. In terms of this specific funding, that is consistent with that strategy. Each local health district, in consultation with its Aboriginal communities, has been requested to develop implementation plans by the end of this calendar year. These are additional resources that go into delivering on those implementation plans. We have emphasised to each local health district that they have flexibility around the way in which job descriptions are framed. So, really, our immediate challenge is issuing the dollars to support the LHDs and the Aboriginal communities, and they have the flexibility to tailor those job descriptions to roles that meet the need of those specific local communities.

The Hon. EMMA HURST: Thank you, Mr Pearce. If you do not have on hand the names of any organisations, et cetera, that were used in consultation, can I put that on notice?

Mr PEARCE: Yes, I will take that on notice.

The Hon. EMMA HURST: Thank you. Minister, where did you come up with the number for 18 new workers across the whole of New South Wales? I am not criticising the program, obviously, but do we feel that that is enough or is that something that we will look to expand once the program is reviewed?

The Hon. BRONNIE TAYLOR: Ms Hurst, if I could take the entire Health budget and the entire budget for Mental Health, I would.

The Hon. EMMA HURST: Yes, I understand that.

The Hon. BRONNIE TAYLOR: I am pretty well known for my robustness in advocating for more money for mental health.

The Hon. WES FANG: That is true.

The Hon. BRONNIE TAYLOR: We have had more spent on mental health in the past 2½ years than we have seen ever before. Is it enough? Is it ever enough? What we can do is ensure that we have the programs in place. I think that more services are great. Two full-time positions per LHD is fantastic. Let us see where we land with that. If that demand continues and we need to make sure that there is more, then that is my job and that is on me to make sure that we find it. But that is where we are at, at the moment.

The CHAIR: Cate Faehrmann?

Ms CATE FAEHRMANN: Minister, just going back to the way in which the mental health system in New South Wales coped with COVID and the Delta outbreak, what was your role in ensuring that COVID-safe plans were in place for our mental health units? What was your role?

The Hon. BRONNIE TAYLOR: My role is not operational. I am the Minister for mental health in New South Wales, so I do not involve myself in operational issues. Every local health district is run by their own organisation, their own board and their own chief executive. NSW Health sits on top of that, of which New South Wales mental health is part of that.

Ms CATE FAEHRMANN: Did part of the plans include the fact that some mental health beds would have to be given up for COVID patients? Did any of the plans that you saw or were aware of have that mental health units would have to close to make way for COVID patients? Were you aware of that possibility?

The Hon. BRONNIE TAYLOR: Across the New South Wales health system, we had to make contingency plans that were available for the "what if?" What if this would happen? Look at the modelling. If we are going to require those beds, what are we going to do? There was an enormous amount of contingency plans in place. We saw that the health system continued to work and that we had a phenomenal response during COVID. We did not see those horrendous numbers that we saw overseas in COVID admissions and strains on the New South Wales health system. Every local health district was responsible for implementing their COVID-safe plans and their COVID management plans.

Ms CATE FAEHRMANN: If you were asking "what if?", as mental health Minister, were you aware of the potential for mental health patients to have to vacate their beds for COVID patients?

The Hon. BRONNIE TAYLOR: I think everybody across the entire health system knew that we perhaps might need to pivot in different ways. What we did was we made sure that anyone requiring any type of health care within New South Wales was going to receive it.

Ms CATE FAEHRMANN: For example, the St Vincent's Private Hospital, and also the Prince of Wales Hospital recently, with mental health patients being told that they had to be discharged ahead of schedule, is that what you are saying when you refer to getting the right care—being sent home when in fact they were not ready to be sent home?

The Hon. BRONNIE TAYLOR: You are asking me to comment on something that obviously you have a lot more information than I do.

Ms CATE FAEHRMANN: No. Minister, you have said this before.

The Hon. BRONNIE TAYLOR: Your question is did I think that it was appropriate for someone to be told to go home before they were ready. I would need evidence of that. I would suggest to you that if you heard that and you were concerned about a patient, that you would raise it with me instead of doing it here in budget estimates.

Ms CATE FAEHRMANN: I am not speaking about individual situations. We have had this discussion in the Chamber.

The Hon. BRONNIE TAYLOR: What situation are you talking about?

Ms CATE FAEHRMANN: In the Chamber I have asked you a question and you have come back saying "individual situations". Mental health beds have closed because of COVID. It is not an individual situation, is it?

The Hon. BRONNIE TAYLOR: I am not sure what you are asking me. Are you referring to a particular incident?

Ms CATE FAEHRMANN: Are you aware of mental health beds across New South Wales having to be given up for COVID patients?

The Hon. BRONNIE TAYLOR: I am aware that, across New South Wales health districts, we had to look at making sure that beds were available in case we got a surge in COVID patients. I am also aware that anybody who required a mental health admission into an acute care facility was facilitated to have that.

Ms CATE FAEHRMANN: What does "facilitated to have that" mean?

The Hon. BRONNIE TAYLOR: That means that if it is a clinical decision—which I do not make because I am not a doctor—that someone requires an inpatient admission, that was facilitated. That was made to happen. Obviously, the main choice for us in mental health is that we provide as much service as we are able to in the community supporting that, in line with Living Well.

Ms CATE FAEHRMANN: Minister, during the Delta outbreak we saw mental health beds close, we saw mental health patients having to be discharged ahead of schedule to make way for COVID patients and we saw mass COVID outbreaks in mental health wards such as Nepean. You keep saying you are not involved in operational decisions. This was a crisis in mental health in this State. What was your role as Minister during that time?

The Hon. BRONNIE TAYLOR: I have answered this question numerous times. I am really happy to do it again—about what my role was as the Minister for mental health in New South Wales. If someone required an acute bed admission during the COVID pandemic, that was available to them. I am very happy for the secretary or Dr Wright to comment about how we made plans in place to make sure that we looked after New South Wales. I think they did a terrific job. Referring to mental health beds, if you have any information where you think that someone did not get an acute mental health bed when they needed one, I would really love for you to share that with me.

Ms CATE FAEHRMANN: If your role was not operational—you keep saying it is an operational decision—during the Delta outbreak when all of this was happening, what was your role? Is it a strategic role? What was your role during that time?

The Hon. BRONNIE TAYLOR: My role as the Minister for mental health is to ensure that we have adequate and high-standard, high-quality services within New South Wales. In issues for local health districts on an operational level, that is a matter for them to decide what best suits their community and their ability.

Ms CATE FAEHRMANN: Did they make a decision, for example, if a mental health ward has to close, or, say, you need four beds that are in the mental health unit—I understand that some of those units are single beds able to be potentially better for COVID wards—does that decision come back to you as mental health Minister for certain beds to close and for patients to be discharged ahead of schedule for COVID? Did that come back to you?

The Hon. BRONNIE TAYLOR: Patients are discharged according to a treatment plan. What is really important when you have been—please do not roll your eyes at me.

Ms CATE FAEHRMANN: This was not a treatment plan—

The Hon. BRONNIE TAYLOR: I am trying to answer your question.

Ms CATE FAEHRMANN: It was because of COVID.

The Hon. BRONNIE TAYLOR: Are you talking about—

The Hon. WES FANG: Point of order: The Minister is trying to provide an answer. I think it is incumbent on Ms Cate Faehrmann to listen to the answer in silence and to absorb what the Minister is saying before she interjects over the Minister. I ask that you call her to order and that the Minister have the opportunity to provide an answer to the question.

Ms CATE FAEHRMANN: I am happy to hear from the Minister if it means he stops talking.

The Hon. BRONNIE TAYLOR: Thank you very much, Ms Faehrmann. Patients are only discharged as part of a treatment plan. You know this. You know that if you have an acute admission, what is really important is that you have that treatment plan afterwards. People are discharged according to a treatment plan. I cannot comment about individual cases. If there is an individual case that you know about where you think that someone was discharged when they should not have been discharged, please elaborate and give that information to me. I am happy to follow that up. But no-one is just discharged for the sake of being discharged. They are discharged with a treatment plan and with a holistic care plan. Dr Wright, would you like to elaborate any further?

Ms CATE FAEHRMANN: Can I clarify then—

The Hon. WES FANG: Point of order—

Ms CATE FAEHRMANN: No.

The Hon. WES FANG: No, do not—

The CHAIR: Do not point at people, please.

The Hon. WES FANG: Point of order: The Minister has provided a response and now she is asking for further—

The CHAIR: It is not "she". It is Cate Faehrmann, please.

The Hon. WES FANG: The Minister has provided a response. She is now asking for an elucidation from one of the two subject matter experts who are sitting next to her. She is entitled to do that. I ask that she be allowed to do that in order to provide a full answer to the member before she interjects again on the Minister.

Ms CATE FAEHRMANN: To the point of order: I think we can also, as members, make a decision as to whether we have heard enough in response to our question and then seek to continue. Budget estimates is not just us sitting back and allowing the witnesses to speak for as long as they need to speak. We need a bit of maturity regarding when we think we want to ask the next question. That is what I was doing.

The Hon. WES FANG: Further to the point of order: This is budget estimates. The member asked a question. It is not up to the member when the Minister is finished the answer. The question posed then belongs to the Committee and the answer belongs to the Committee. Talking about maturity when the member has continually interjected over the Minister who is trying to provide an answer is somewhat rich, but I will let that one go. I ask that the Minister be allowed to seek those further elucidations from the subject matter experts who are sitting with her to provide a full answer for the member.

The CHAIR: I understand that the conclusion of the question was just about there, if not right there. Unless there is anything else to elucidate—

The Hon. BRONNIE TAYLOR: The secretary did want to make a comment, Mr Chair. If it is appropriate, I think she should be allowed to do so.

The CHAIR: Please proceed.

Ms KOFF: If I may, thank you very much. As a health system, as a whole, we had to rely on the local health districts to ensure we had bed capacity to manage COVID if required. We spoke yesterday about the modelling of the potential impact on beds of COVID and ICU capacity. The discussions were had with local districts, twofold: one, reconfiguration of existing services if they could not be provided in a COVID-safe way. We are well aware in some instance that some programs were ceased, some models of care were modified, which may go to the heart of bed closures, because it is preferable, obviously, not to be sharing bedrooms and various areas and group activities. Those decisions are local decisions made within the district, because they know the footprint of their configuration of the wards and they know the extent of service provision. That is the first part, service configurations and modifications, which would have impacted on what you are describing there, I am sure—without knowing the detail.

The second thing is, then, when we required them to see if there was a surge in cases, they would have the bed capacity. We did actually get quite explicit confirmation from the districts as to what bed capacity they could open up for the purpose of managing COVID. Obviously, we engaged the private hospitals. We had a big extent of beds based in the private hospitals we could use. Mental Health, due to the configuration of the ward areas, is not the best place to manage COVID patients, due to the nature of the open style and community group activities. So from my understanding no beds were closed for that purpose or had COVID patients within them during the time period.

Ms CATE FAEHRMANN: What did you say at the end? No beds were closed—

Ms KOFF: Mental health beds. For the purpose of having COVID patients in them.

Ms CATE FAEHRMANN: Thank you.

The Hon. ANTHONY D'ADAM: Thank you. I might start by asking Ms Ryan a question. I would like to clarify the relationship between the Office for Regional Youth and Youth NSW. Ms Ryan? Is she there?

Ms RYAN: Yes. We have a steering committee that is an intergovernmental group. We have representatives of Department of Communities and Justice, who head the Youth portfolio, who are members of

that committee. We also have the Advocate for Children and Young People which is a member of that committee. We regularly engage with those two outside of the steering committee. I have a regular once-a-month catch-up with the Youth portfolio in the Department of Communities and Justice and we are working on some joint projects.

The Hon. ANTHONY D'ADAM: Thank you. Ms Ryan, does your office have any role in the Youth Opportunities grants program?

Ms RYAN: We do not have an official role in that, but we do promote the opportunity. We have, as I said, regular catch-ups to hear about the projects. We advocate that regional projects should be accepted and encouraged in terms of applications for those. We really, I guess, support the fact that that program is running.

The Hon. ANTHONY D'ADAM: Is your office consulted about the awarding of grants, which projects get awarded a grant under the Youth Opportunities grant program?

Ms RYAN: No. To date, we have not been part of the application assessment. But that is something that we would be very happy to do to put a regional lens on the applications.

The Hon. ANTHONY D'ADAM: Minister, do you have any role in that program?

The Hon. BRONNIE TAYLOR: No. That program is run out of the Department of Communities and Justice. We have our own youth programs as well, within the Office for Regional Youth and particularly through the Stronger Country Communities Fund, where we—

The Hon. ANTHONY D'ADAM: A grants program?

The Hon. BRONNIE TAYLOR: Absolutely. We quarantined 50 per cent of that money in the first year to go regional youth projects across regional and rural New South Wales.

The Hon. ANTHONY D'ADAM: Is that separately administered through the Office for Regional Youth?

The Hon. BRONNIE TAYLOR: That is through the Stronger Country Communities program, which sits under Regional NSW. But when we started the regional youth portfolio we said to all of the local councils that could apply that 50 per cent of those programs needed to be specifically regional youth-based. It means that we have had some incredible programs that have come out in youth centres and programs through PCYCs—all sorts of things.

The Hon. ANTHONY D'ADAM: Minister, do you sign off on those grants? What is your administrative role within the youth—

The Hon. BRONNIE TAYLOR: If you want to talk about the process of the grant, I would refer that to Mr Hanger, who is on the line, with Regional NSW.

Mr HANGER: Thank you, Minister. As the Minister has outlined, the Stronger Country Communities Fund—in round three, there was \$55 million worth of projects, 290 projects that were targeted specifically at regional youth. In regard to the sign-off of those projects, that was done in consultation between the Deputy Premier and the Minister. Those projects are now being overseen by Department of Regional NSW, the grants management office within my team.

The Hon. ANTHONY D'ADAM: Given that there is similarity in the Youth Opportunities grants program and that program, how is that coordinated between the two agencies? Is there any coordination?

The Hon. BRONNIE TAYLOR: This particular program is designed for rural and regional communities as part of the Stronger Country Communities Fund. The one that you referred to earlier, with the youth—sorry. What was the name?

The Hon. ANTHONY D'ADAM: Youth Opportunities.

The Hon. BRONNIE TAYLOR: Youth Opportunities. I beg your pardon, Mr D'Adam. That is run through the Department of Communities and Justice. Our remit in the Office for Regional Youth is to solely focus on rural and regional youth. That is what we have done. I am very happy to take you through some of those—

The Hon. ANTHONY D'ADAM: I am trying to get to how we avoid duplication in program initiatives between regional youth and the youth initiatives that are done through Communities and Justice.

The Hon. BRONNIE TAYLOR: To my knowledge, Mr D'Adam, we have not had duplication. We have looked at these things very carefully. They are based on—

The Hon. ANTHONY D'ADAM: My question was about how do you avoid duplication.

The Hon. BRONNIE TAYLOR: I think that the whole reason we have had an Office for Regional Youth is to make sure that we had more of a focus on regional youth and regional youth programs because we highlighted before the last election that this was an area that really needed some attention. That is why we did it. To my knowledge, we have not duplicated any funds on any one particular thing. If you have any evidence of that that you would like to share, I am really happy to look at it, Mr D'Adam. We have done some incredible things with this program. We have got some incredible case studies in employment opportunities in places like Kempsey, where the PCYC runs a back-to-work program. I met up with a woman who runs—

The Hon. ANTHONY D'ADAM: Thanks, Minister. I did not ask about—

The Hon. BRONNIE TAYLOR: You do not want to hear about—

The Hon. ANTHONY D'ADAM: No, not at this stage. Thank you. Earlier in your answers, you spoke about putting a gender lens on the programs of government. Is the purpose of the regional youth portfolio to put a regional youth lens on the activities of government? Is that a fair way to—

The Hon. BRONNIE TAYLOR: I think so, Mr D'Adam.

The Hon. ANTHONY D'ADAM: How is that manifest in the Cabinet process? How does that translate into that lens being applied to government programs?

The Hon. BRONNIE TAYLOR: You know me fairly well from the Chamber. I am a fairly loud and a fairly strong voice. Anything that comes through Cabinet, I make sure that it has that regional lens put over it. Ms Ryan also operates amazingly well through government and through all departments. The work that the small Office for Regional Youth has done in making sure that we have that regional lens has been a real game changer for us. If you would like her to elaborate on that, I am very happy for that to happen.

The Hon. ANTHONY D'ADAM: I might come back to that. Can I ask about the issue around youth disengagement from education? That is, obviously, something that is quite pronounced in some regional areas, particularly some Indigenous communities. I wanted to ask you what actions the Regional Youth office is taking in relation to student disengagement.

The Hon. BRONNIE TAYLOR: That is a really good question as well. What we have done, which I am really excited about, is we are implementing Regional Youth coordinator positions across rural and regional New South Wales. Those coordinator positions will have a focus on working with schools and working with the issues. I know you know this and everyone probably knows this but what is different in the north of the State is going to be very different to what was going to be different in the south of the State. That is why we want these coordinators placed in those positions, to work really closely with the Wellbeing and Health In-reach Nurse [WHIN] coordinators in school. We now have a specific part in Education that is dedicated to rural and regional, as you would know from the Minister for Education. What we have done in that is we are going to have a real focus on that and part of that will be youth disengagement as well. But we continue to do work on that. With these coordinators they will be able to tell us exactly what is happening. They will be able to work with local communities to be able to target the issues that we need to but, most importantly, implement the programs.

The Hon. ANTHONY D'ADAM: The Government made a decision to discontinue the Links to Learning program, which is a program that is directed to dealing with disengagement from learning. I wanted to know whether you were consulted about that decision by the Department of Education?

The Hon. BRONNIE TAYLOR: No, I was not, Mr D'Adam.

The Hon. ANTHONY D'ADAM: You were not consulted?

The Hon. BRONNIE TAYLOR: No, because it sits in the Department of Education. I am really focused on what we are doing in the Office for Regional Youth for young people.

The Hon. ANTHONY D'ADAM: Ms Ryan, were you or your office consulted about the discontinuation of Links to Learning?

Ms RYAN: No.

The Hon. ANTHONY D'ADAM: There was no communication from Education about that decision?

Ms RYAN: Not that I can recall.

The Hon. ANTHONY D'ADAM: So if you were not consulted you were not in a position to make a submission about whether the program should be continued?

The Hon. BRONNIE TAYLOR: As I said, Mr D'Adam, I am really focused on what we are doing and I am focused on working with departments and making sure that we work across the board. We have a lot of new

programs that are going to be coming out. We have a lot of things that we are really focused on, so that is where we are and that is where we will stay focused.

The Hon. ANTHONY D'ADAM: You have accepted that student disengagement is a concern and it is something that your office is working on. Do you think that that exposes, I suppose, a failing in applying that Regional Youth lens across the operations of the Government that that Links to Learning program was discontinued—

The Hon. BRONNIE TAYLOR: No, Mr D'Adam, I do not, because—

The Hon. ANTHONY D'ADAM: —potentially having an impact on—

The Hon. BRONNIE TAYLOR: —you are raising this with me, which is directly relevant to the portfolio of the Minister for Education. I can only speak on what the Office for Regional Youth does and where we are at. I regularly speak to them. I am not aware of the program and I cannot possibly comment. You are asking me—

The Hon. ANTHONY D'ADAM: How can you be an advocate for regional youth and apply that Regional Youth lens across the work of the Government when you are not consulted on a program that has a fundamental issue or an issue that has an impact on regional youth?

The Hon. BRONNIE TAYLOR: Mr D'Adam, I would have to see the detail of that, and that is a question best placed to the Minister for Education.

The Hon. ANTHONY D'ADAM: Minister, I might come back to some questions on the Mental Health portfolio. I wanted to ask about the Youth Aftercare pilot. Can you explain what that pilot is and how it differs from adult care programs? Or maybe Dr Wright might be able to?

The Hon. BRONNIE TAYLOR: No, I am happy to start, Mr D'Adam, on that. That Youth Aftercare program was designed by young people for young people. It is something that we know, as well, that we want to constantly make sure that we are delivering appropriate services, at an appropriate time, and for the appropriate demographic. What we did know is that the issues that were facing young people in their mental health can be very different to what is happening with the older population. We have had great success with our aftercare programs in regard to adults and so what we made was a conscious decision to make sure that we did that for youth, and we did that in aftercare. I am happy for Dr Wright to elaborate from a clinical perspective on that.

Dr WRIGHT: I think you have covered it, largely, Minister. But I just add that I think—in a question you asked earlier you indicated that tailoring things specifically for younger people, using advice from younger people, is a good principle to apply. But the whole idea of the importance of aftercare for people who have been discharged from a facility or an emergency department, there is a very strong evidence base that that is something that is going to make a real contribution to better outcomes. As the Minister has said, I think making sure that young people, who sometimes are a little bit intimidated by any kind of adult or authority figure, may not engage if we do not adjust it to meet their expectations.

The Hon. ANTHONY D'ADAM: Are you able to elaborate on what those adjustments are? That is what I am trying to get to. What is different? What is the distinguishing feature of this program in its youth dimension? What are you doing differently?

The Hon. BRONNIE TAYLOR: It was designed by young people. Often—

The Hon. ANTHONY D'ADAM: Is that the only difference?

The Hon. BRONNIE TAYLOR: Well, no. It is an intensive, community-based program and it is developmentally appropriate. It is non-clinical support for young people, but also for their families and the carers. Because one of the things that people will tell you and families will tell you—and particularly with young people who are experiencing a very acute episode of ill mental health—is that often, too, it is that person at the core of it but the family is not aware of what is going on and there are confidentiality issues imposed, and so sometimes that communication in the past has broken down.

So what we are focusing on is making sure that we are not just focusing on that young person, but on their parents, on the family, on the caregiver, on the guardian as well. But often what happens in health is we develop clinical systems and we develop pathways, and we develop those on the best knowledge that we have at the time. When you say is it "the only thing", I respectfully say to you it is the most important thing, and that is what we are hearing. We are hearing that from young people as well. One of the gentleman that was very involved in the codesign said, "This is the game changer, because it is designed by young people for young people." It is one of the most important things.

The Hon. ANTHONY D'ADAM: Yes, I am not discounting that. I am merely asking a question about whether that was the primary distinguishing feature.

The Hon. BRONNIE TAYLOR: Yes. I mean, we could have gone on to just rollout aftercare programs, but we have decided to make sure that they are youth specific because we realise—

The Hon. ANTHONY D'ADAM: That is great.

The Hon. BRONNIE TAYLOR: I think it is pretty great too.

The Hon. ANTHONY D'ADAM: I think it is good. The pilot has been run in Blacktown and Coffs Harbour, is that right?

The Hon. BRONNIE TAYLOR: Correct. Yes, that is right.

The Hon. ANTHONY D'ADAM: Is there a difference in how the program will be run in those two locations, or is it the same program and ostensibly you will wait and see if there are any lessons that emerge out of the experience?

Dr WRIGHT: They will be different. I mean, I think we are talking about two quite different demographics and, again, I think that is an important reason for trialling it in two different places. I would be very surprised if the programs were identical. Again, it goes back to what is a very important principle in our mental health services which is that they respond to what the local need is, and that includes what the local need is in terms of the support for the young people. We are really interested in how this one plays out over the next period of time because it will teach us quite a lot. There will be some components which are similar across all systems, but I am pretty confident there will be quite significant differences based on the different demographics.

The Hon. ANTHONY D'ADAM: I know it is early days, but can you tell us in the data that is coming through how long a young person stays in the aftercare programs in the pilot, on average?

Dr WRIGHT: It is very early days.

The Hon. BRONNIE TAYLOR: It is very early days, yes.

The Hon. ANTHONY D'ADAM: I mean, in the data collection—

Dr WRIGHT: Can I tell you, from the perspective of what the research tells us, the first 28 days is what we are most focused on, because we know from the research both here and overseas that when someone has had a mental health crisis that that—and I stress to say this is non-clinical follow-up. This is about helping someone navigate their life problems that may have contributed to their crisis. It is not the clinical follow-up, which has quite a different trajectory. Those 28 days, in broad terms, seem to be critical in assisting people. The more supports we can put in place during that four-week period, the better the outcomes we get. As to what the average duration in that program will be, for some people it will be a simple process—there may be a fairly straightforward set of obstacles that they need help navigating and it could be a matter of a small number of days. For others, it could be a much more complex period. We are looking at that period. I think we are going to learn a lot about the kind of non-clinical support, the duration and the kinds of skills that are required to help people through that process.

The Hon. ANTHONY D'ADAM: How long has it been in operation—since March, or the funding has been in place since March? How long has it been operating for?

Dr WRIGHT: No, it is more recent than that.

The Hon. BRONNIE TAYLOR: Mr Pearce, do you know the exact time that we started that? It is very new. Do you have that information for Mr D'Adam?

Mr PEARCE: The Youth Aftercare pilot commenced in two locations in April 2021, so it is fairly new.

The Hon. ANTHONY D'ADAM: It is being delivered through a partner, New Horizons, is that right?

Dr WRIGHT: Yes.

The Hon. ANTHONY D'ADAM: In the arrangement with New Horizons, what is the data reporting agreement between Health and New Horizons?

The Hon. BRONNIE TAYLOR: Why do I not take that question on notice and get you an exact detail of the reporting requirements for the Youth Aftercare service?

The Hon. ANTHONY D'ADAM: If you can take that one on notice, that is fine.

The Hon. BRONNIE TAYLOR: Do you want it both for Coffs Harbour and Blacktown?

The Hon. ANTHONY D'ADAM: Yes. For both, if you could. Obviously, if there is any data available, if that could be provided as well.

The Hon. BRONNIE TAYLOR: As we said, it is very early days.

The Hon. ANTHONY D'ADAM: I wanted to ask about the relationship between drug toxicity, alcohol consumption and suicide. Is there an association between that, Dr Wright?

Dr WRIGHT: The relationship between intoxication and/or withdrawal from alcohol, drugs and self-harm, which obviously includes suicide, is very strong. The way I understand it in clinical terms is that there are many people in the community who are struggling with mental health issues and with life problems. They, for the most part, can get by with supports and other processes. But if you add in, particularly a dependence on alcohol or drugs at a point when they are intoxicated, that can sometimes take someone temporarily into a zone of very high risk. People who would otherwise not feel that they were in such dire straits and able to manage may, under the influence of alcohol and drugs, take precipitous action which they would probably not have done if they were not intoxicated. Does that answer your question?

The Hon. ANTHONY D'ADAM: That does answer my question. I ask about specific drug and alcohol programs that are available within the mental health space. What kinds of programs are run by the New South Wales Government that deal with that specific connection?

Dr WRIGHT: You would understand that the alcohol and other drug services are administered separately. Each district has its own arrangement of services. Some have a combined mental health and alcohol and drug services; some have quite separate. The quite important point there is that there is a very high level of comorbidity between mental health problems and alcohol and drug problems. Regardless of how our services are configured, it is really important that we have very close collaboration and, also, that there are some—

The Hon. ANTHONY D'ADAM: Given what you have just said about the administrative separation between the two service delivery models, do you think that is a problem that needs to be looked at?

Dr WRIGHT: I do not. At the end of the day, it is about the skill sets that the individual clinicians bring to the environment and how our services work together in managing the complex problems. The administrative structures, what they are, it is about how the teams work together in the clinical environment. We have got some examples of teams that work very effectively together, and we have got others where we would like to see more close collaboration happening between those services.

The CHAIR: Before the Deputy Chair commences, Minister, just to ensure the last tranche is fairly distributed, do you mind if we go slightly past quarter to 1? Just to enable both the Opposition—

The Hon. BRONNIE TAYLOR: You know what I would like to say, Mr Chair. If we just go slightly past, I am sure we can accommodate that.

The CHAIR: I will take that as a yes.

The Hon. EMMA HURST: Minister, in our last allocated time, we were talking about the Aboriginal care workers and we were talking about a review of the program. Do you have any specific time allocated for that review?

The Hon. BRONNIE TAYLOR: As that was announced recently, what you are talking about—

The Hon. EMMA HURST: Do you have any idea about when you would review—yes, sorry. The two sets of workers.

The Hon. BRONNIE TAYLOR: That would all be in place in the strategy and what we do. As I said, it was announced about a month ago, if that. In an evaluation process I presume that is structured within it, but I am really happy to take that on notice and get back to you with that time frame. Mr Pearce, we can do that, can we not? Unless you have an answer now on that.

Mr PEARCE: With all of our funded programs, there is an evaluation component. It is very early days, given the announcement was a few weeks ago. As the positions are recruited we will make sure there is ongoing evaluation. That is in fact a requirement of Treasury.

The Hon. EMMA HURST: Just to clarify, it was just about an early timeline being set into place. Working in mental health is obviously going to be very draining and can often be quite traumatic for many people. How is the Government providing culturally appropriate support for these workers that are involved in the program?

The Hon. BRONNIE TAYLOR: Is this the new program?

The Hon. EMMA HURST: Yes.

The Hon. BRONNIE TAYLOR: That will all be part of the program. As it rolls out, I am happy to give you information on that. In the support for all of our workers in health, whether it is mental health or whether it is in the wider health system, there are standard employment assistance programs [EAPs], there are support mechanisms, there is debriefing—

The Hon. EMMA HURST: Sorry, Minister. My question was about culturally appropriate support for these specific workers.

The Hon. BRONNIE TAYLOR: As I was going to finish, there is always culturally appropriate support. It is mandatory training for any health staff worker to make sure that they undertake that training and that support. Of course, if those people are working in that sector we will be there for them.

The Hon. EMMA HURST: I want to take you to female quotas in the workplace. Back in 2019 you were quoted as saying you no longer support gender quotas to boost female representation in Parliament. Given that the New South Wales Legislative Council has the lowest proportion of female members of all upper Houses in Australian parliaments, is this still your position?

The Hon. BRONNIE TAYLOR: We are better than the Legislative Assembly, are we not? In my position I readily admit, and obviously I am on the record for, changing my position about quotas. I think that sometimes, as politicians, people can think you changed or you flipped. You change as you get more experience and you get more information. In regard to quotas, I can only speak on behalf of my party—The Nationals. We do not have quotas for female representation. When I look at The Nationals we have seven ministries in this Government. Three out of seven are women. Our leader in the upper House is a female, and I am the deputy leader. Mind you, it is the first time in 100 years, but we are conquering that.

I think that you can only speak by what you do. In regard to quotas, I think in some situations they work really well. I prefer to use targets. That is just my personal choice. With my experience, that is what I favour. But I understand that people have different views, and I understand that the Labor Party has quotas and they have really good gender parity. But in regard to what we are doing at the moment, I think the greatest thing that I can do is to set the example and to support other women. I am very much on the record for supporting other women in this place.

The Hon. EMMA HURST: This is not anything at The Nationals but, as I understand it, there are two female Nationals MPs in the upper House. I think there are three female MPs in the upper House. What that means is we have more men by the name of Mark in the upper House than there are women in The Nationals or women on the crossbench. Obviously, there is still a really long way to go. You have talked about targets and other measures to increase female representation in politics. What are those measures? How do we get to those targets?

The Hon. BRONNIE TAYLOR: I think the best way to set those measures is to set by example. When there are really fantastic women who put their hand up for something, they should be supported. I must say, recently, in the Legislative Council, when we saw a fantastic female put herself forward for a very significant leadership position, that was not supported. All I can say is, when I look at the seat of Monaro, many people said to me why was I not running and why was I not going forward. We have a fantastic female candidate who put her hand up, and I plan to stand beside her and to support her to get to that point. I have always felt extremely strongly that women need to support women in that process. When really good women put their hand up for things, who are very experienced and very capable, they deserve to be supported.

The Hon. EMMA HURST: You have partly answered my next question already with the example that you just gave. Beyond that example of the seat of Monaro, what are you doing as the Minister for women to empower more women representing regional and rural communities to become involved in politics?

The Hon. BRONNIE TAYLOR: For the seat of Monaro, I am constantly supporting people, I am constantly speaking at events and I am constantly encouraging people. One thing I would say is that leadership is not just about being a politician. Leadership is about leading in your own community and doing things. Rural and regional women punch well above their weight in that area, and they are very influential in their communities. If your question is do I want to see more women in Parliament, absolutely I do. What can I do about that?

The Hon. EMMA HURST: Sorry, Minister. My question was "What are you actually doing?"

The Hon. BRONNIE TAYLOR: Yes. I can set that example. I can support other fantastic women that deserve to be rewarded for positions as well. I can make sure that I support—I can only speak by what I can do, Ms Hurst. I think all of us need to take a long, hard look at that and what we do within our own environments and our own abilities. That is why I am standing behind Nichole overall and her preselection and her ability to win the seat of Monaro.

The Hon. EMMA HURST: There are not any specific measures or implementation tactics that you are looking at more broadly?

The Hon. BRONNIE TAYLOR: Absolutely. I am always looking at—I am always speaking to people. I am always talking to people. I am always encouraging them. I am one of the first people in this Parliament to encourage people to run for positions and to support them.

The Hon. EMMA HURST: Sorry, Minister. I was asking if you had any sort of very specific, solid tactics in regard to how to get more women in.

The Hon. BRONNIE TAYLOR: Respectfully I think those are specific, solid tactics. I think you set an example.

The Hon. EMMA HURST: I am going to move on to the gender pay gap. The most recent data from the Workplace Gender Equality Agency suggest that the gender pay gap in New South Wales has fallen slightly, which is good news. But it is still the third-highest gender pay gap of any State and Territory in Australia and is higher than the national average. As the Minister for women, what specific actions have you taken in the past 12 months to address the pay gap in New South Wales?

The Hon. BRONNIE TAYLOR: Thank you for your question. I will quickly go back to the last question and the local government elections. I do not know what the results are, but we put a concerted effort into the Women For Election campaign to get women to run. I asked Shelley Hancock last night if we had those numbers. We are going to go through them and see how we went. I will let you know about that.

The Hon. EMMA HURST: So there is something specific. That is good to hear.

The Hon. BRONNIE TAYLOR: That is a specific targeted and funded program, yes. You talked about the gender pay gap and what we are doing about that. We recently launched our dashboard with all that information as well on the website. I say that because I think it is really important to have that data out there and transparent so that people can have that and communicate about that and talk about it. You asked what we are doing as well in policy. The gender pay gap in the New South Wales public sector is 2.2 per cent. Although we want it to be zero, 2.2 per cent is still fairly significant. I go back to my earlier point about setting an example. I think in public sector we have the highest proportion of women in senior positions. We have a lower gender pay gap. In government we can set that example. We can talk about it. We can make the data transparent, which is what we are doing on the gender dashboard, to be able to have those conversations and to encourage those conversations within the wider community.

The Hon. EMMA HURST: Does the New South Wales Government have any specific targets in regard to reducing that gender pay gap?

The Hon. BRONNIE TAYLOR: In our targets we have the Premier's priority, which is to increase the number of women in senior leadership roles in the New South Wales public sector to 50 per cent by 2025. We want 100 per cent of roles across government to be flexible, which I think COVID has given us a wonderful head start on. We also have seen recently that the former Deputy Premier announced that those higher level positions would be advertised rurally and regionally as well, to not be based in Sydney. I am really excited to see how that pans out and how that compares.

The Hon. EMMA HURST: I know that you are involved with the NSW Council for Women's Economic Opportunity. Is it doing any work in this space as well?

The Hon. BRONNIE TAYLOR: Yes. We are running a number of things with that. We have also done a Women's Financial Toolkit, which the NSW Council for Women's Economic Opportunity [CWEO] has done as well, which has been really well received. That has been looking at making sure that women are financially secure. Definitely, having those conversations, talking about those policy settings. But, again, what I have control over as the Minister for women in New South Wales is what happens in the public service. When we look at the gender pay gap for New South Wales—it is 14.5 per cent. In the public sector, it is 2.2 per cent. You have to talk about what you have control over. That is what we are doing there. I want that data out there and I want that completed because I want that pressure on other organisations, both public and private, to make sure that they are trying to match the great work that we are doing in the New South Wales Government.

The CHAIR: Thanks, Minister. Cate Faehrmann.

Ms CATE FAEHRMANN: Thank you, Chair. Minister, have you had a chance to have a look at the recommendations from the Victorian royal commission into mental health?

The Hon. BRONNIE TAYLOR: Yes, I have.

Ms CATE FAEHRMANN: Do you agree with most of those recommendations?

The Hon. BRONNIE TAYLOR: I think that is an accurate summation. Not all, but most.

Ms CATE FAEHRMANN: Recommendation 55 is about compulsory treatment. I have spoken with you both about this before. I will just read a little bit out from it:

The Royal Commission recommends that the Victorian Government:

1. act immediately to ensure that the use of compulsory treatment is only used as a last resort.
2. set targets to reduce the use and duration of compulsory treatment on a year-by-year basis ...

I just wanted to check what happens in New South Wales. I know that you have both assured me that it is used as a last resort. We will probably talk about that. Is there a target to begin aiming to reduce the use of compulsory treatment orders within New South Wales? Dr Wright?

Dr WRIGHT: The short answer is no. The broader answer—I think context is important—is that the application and administration of community treatment orders [CTO] is under the monitoring by the Mental Health Review Tribunal, which has an autonomous function, to ensure specifically what you are asking: that any application for a CTO is the least restrictive form of care. The whole principle of least restrictive form of care plays to your point about it being a last resort. That is the function of the Mental Health Review Tribunal. I can say confidently that they exercise that responsibility very robustly.

Ms CATE FAEHRMANN: Thank you, Dr Wright. Do you know what the general trend has been, therefore, say, over the past five years or something in the application of community treatment orders? Has the rate of those increased or decreased?

Dr WRIGHT: No. I would have to take that question on notice.

Ms CATE FAEHRMANN: Is there a general sense then, because this is what the Victorian royal commission is suggesting, that basically the Victorian Government has recognised that there have been severe failings and that one of the failings is that there were not enough alternatives in early intervention and that there has been more of a focus on, if you like, acute care as well as some of these harsher treatment measures? I assume that the New South Wales Government would recognise that as well—that early intervention—but also trying in the least amount of cases as possible to have community treatment orders. That is what the Victorian royal commission found—that these community treatment orders are really less than ideal.

The Hon. BRONNIE TAYLOR: When I look at the Victorian royal commission recommendations a lot of the recommendations that it has made we are already doing. In response to the CTOs, I would have to look at our data. But I do agree; the least restrictive things need to be looked at. But the Mental Health Review Tribunal was set up to be independent by the Labor Government. I think it was a fantastic initiative and it means that it is separate from government. So they make those decisions that are completely clinically based and in the best interests of that person, weighing all of that up.

I meet with Judge Lakatos as well on a regular basis. Obviously, with COVID that has shortened that, but it is an independent body and the whole point of that body being set up was that there would be no political interference. I think we would all agree that that is the best outcome. If Judge Lakatos comes to me as the head of the Mental Health Review Tribunal and tells me that he thinks there is an issue with that, then it is on me to pursue that, but I have not seen that happen.

Ms CATE FAEHRMANN: Sure. I completely agree with you in that the tribunal should be independent, but just putting it into the context, for example, of seclusion and restraint, I think community treatment orders, you could put them in the same basket, if you like. The Government has set a target around reducing seclusion and restraint. Do you think there should also be a target, given the royal commission's findings into community treatment orders, that it should be a government response to set a target to reduce community treatment orders as well?

The Hon. BRONNIE TAYLOR: I would not comment on that. You are quoting what is happening in Victoria and Victoria has a lot of different things to New South Wales. No-one has raised with me that we have a higher than normal rate of community treatment orders. So I am really comfortable with the work that the Mental Health Review Tribunal is doing. I have been grilled extensively in estimates over the years about that and why I have not interfered, and I will not. And that stands with how it is, and if they see that there is an issue with it on their independent advice, then I will look at it, but I cannot answer your question by saying, "Yes I want to set a target", when it has not been raised with me in my own State. Just because Victoria has that is not the way I operate.

Ms CATE FAEHRMANN: Can I suggest it was not the fact that there is a higher rate. The royal commission says that there has been an excessive use of compulsory treatment orders and that it recommends that the use and duration of compulsory treatment orders reduces on a year-by-year basis. Ideally it would like to see governments commit to recognising that other services and treatments are preferable. So I am not saying that there is too much use; I think the Victorian royal commission found that it is not ideal at all.

The Hon. BRONNIE TAYLOR: Yes, Ms Faehrmann, that directly relates to what is happening in Victoria. There would have to be an established case in New South Wales for me to pursue that. If you have any data or information where you think that there is an excessive number, then I would be really happy to look at it, but I am not going to make decisions based on what another State is doing. We have adopted a lot of things from Victoria that have been really beneficial to New South Wales, but we need to have an established case to see if we need to set a target.

Ms CATE FAEHRMANN: It is a royal commission.

The Hon. BRONNIE TAYLOR: It is in Victoria.

Ms CATE FAEHRMANN: What would be the difference between compulsory treatment orders in Victoria and New South Wales for the patient? What is the difference between States?

The Hon. BRONNIE TAYLOR: But, Ms Faehrmann, where is the evidence that says that the community treatment orders that we are doing in New South Wales are excessive?

Ms CATE FAEHRMANN: It is the issue of compulsory treatment orders itself. It is not the number of them; it is the issue.

The Hon. BRONNIE TAYLOR: You are referring to what is happening in Victoria. If that is the case in New South Wales, it has never been raised. If it was an issue, I have absolute faith in the Mental Health Review Tribunal that it would have raised that with me.

Ms CATE FAEHRMANN: Dr Wright, do you see any issues with compulsory treatment orders generally? Do you think they should be reduced and that there should be targets, like ideally that other services should be provided so that people are not forcibly injected with medication against their will?

Dr WRIGHT: I have not seen an argument to set targets to reduce CTOs in New South Wales, which is compelling. I am very happy to have those conversations and I am very happy to engage in those arguments, but I do not see one. I think that the issue of community treatment orders, it is a coercive form of care. We do aim for the least restrictive form of care; there are checks and balances in place to try to manage that. But I would also say that in some instances I think that a community treatment order can save a life. So I do not accept that it is unreasonable. It is quite unlike seclusion and restraint; I think seclusion and restraint is a practice that we would like to see eliminated. I think that if we are going to try to manage people and allow them to live the most productive lives in the community, sometimes a community treatment order is a really important part of that process.

Ms CATE FAEHRMANN: Dr Wright, I assume you have seen the Victorian royal commission's report and had a good look at that.

Dr WRIGHT: Yes, I have.

Ms CATE FAEHRMANN: Why did the Victorian royal commission then make this recommendation? What evidence did it have before it?

Dr WRIGHT: I am sorry, I cannot speak to the evidence that had them draw that conclusion.

Ms CATE FAEHRMANN: What did it say in its report?

Dr WRIGHT: They want to reduce community treatment orders, and what I am saying, Ms Faehrmann, is that I have not seen an argument which compels me to support that direction in New South Wales, and I am very happy to have that consideration. One of the great things about our federated system is that we get the opportunity to see and compare and contrast across different States. I will be watching with interest to see how that plays out and what advantages or improvements or problems occur as that goes forward. But my responsibility is relating to New South Wales and I am very happy to engage in the conversation and the argument about the pros and cons; I just have not seen a compelling argument to this point.

Ms CATE FAEHRMANN: Thank you.

The CHAIR: On that note, thank you very much, Minister. Thank you very much for coming along today and making your time available. Budget estimates is a very important opportunity to ask questions and

receive answers. Thank you for your cooperation in coming along and participating today. I thank also, on behalf of the Committee, all your officers present here—and those remotely, of course—for all the work you do for and on behalf of the citizens of New South Wales; it is greatly appreciated by them, so thank you very much.

The Hon. BRONNIE TAYLOR: Thank you very much, Chair.

(The Minister withdrew.)

(The witnesses withdrew.)

The Committee proceeded to deliberate.