PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's response to the COVID-19 pandemic

13 May 2020

PDR Number: IQ20-000216

Job description for Professor Vine

Spoken

Hansard Page number: 13

Senator Rachel Siewert

Question

Senator SIEWERT: So what, specifically, will Professor Vine be doing that's separate from the pandemic work that Christine Morgan is doing?
Prof. Murphy: She will participate in that work. She will help bring a different perspective to it, provide medical leadership to it and also be available to provide media briefings on the mental health issues. So it's really just supplementing the strong medical leadership we've got in primary care, in specialist care and in public health with mental health. It's an absolute partnership with Christine Morgan. It's just to get a stronger medical involvement in that.
Senator SIEWERT: Is anything written down on her position? Is there actually a job description? If so, can you provide that?
Prof. Murphy: We can provide one on notice.
Senator SIEWERT: That would be great.
Prof. Murphy: We're still finalising it, I think.
Ms Edwards: Professor Vine has already been providing some services to us over some time, and we wanted to increase the centrality of that role. So we will be able to provide you with some detail of her current arrangements and the additional duties we expect her to do.

Answer:

A job description for the role of Deputy Chief Medical Officer for mental health is at Attachment A.

Attachment A

Australian Government

Department of Health

Classification: **Deputy Chief Medical Officer**
Reports To: Chief Medical Officer
Location: Woden, ACT

Role Description

The role of **Deputy Chief Medical Officer for mental health** (DCMO) is a new role created by the Australian Government in direct response to the COVID-19 pandemic.

As a member of the Department's leadership team, the DCMO will be responsible for providing high level policy advice on critical mental health issues impacting the Australian community due to the COVID-19 pandemic. The DCMO will be responsible for advising on the Commonwealth's response to the National Pandemic Mental Health and Wellbeing Response Plan. The DCMO will also contribute to current and emerging mental health policy development and implementation to ensure strategic and efficient integration with the broader Australian mental health system.

The DCMO demonstrates:

- Professional credibility, building leadership legitimacy through authentic relationships;
- Excellent communication and representational skills with the ability to build trust and confidence;
- Excellent stakeholder engagement: exchanging information effectively and respectfully, listening to and learning from mental health sector stakeholders;
- Well developed presentation and representational skills and the ability to communicate effectively with both lay and professional audiences;
- Resilience and a positive approach to issues resolution; with a focus on nurturing relationships to ensure an inclusive and collaborative approach;
- The ability to operate effectively in dynamic and quickly changing environments, including the ability to lead and support teams through change;
- Keen intelligence, persuasiveness and the influence necessary to deliver both formal and informal leadership;
- A proactive approach to professional and organisational development with the ability to engender enthusiasm and professionalism in others;
- Astute judgement and strategic political awareness; and
- The ability to positively influence the culture and capability of the Department.

The DCMO is eligible for registration as a Medical Practitioner under the laws of an Australian State or Territory. In addition, the DCMO has a post-graduate qualification in psychiatry and academic recognition as an acknowledged leader in psychiatry and mental health generally.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's response to the COVID-19 pandemic

13 May 2020

PDR Number: IQ20-000217

Update on additional services being provided by various mental health initiatives

Written

Hansard Page number: 13

Senator Rachel Siewert

Question

Senator SIEWERT: Thank you. Are you able to give us an update on the take-up of the additional services that have been provided by the various mental health initiatives that have been put in place?
Ms Edwards: I might have to take the detail on notice. I've got a broad overview of them but probably not the level of detail you've asked for. But I'd be happy to provide that prior to our appearance next week.
Senator SIEWERT: That would be fantastic if you could, because I'd like to dive into that a bit deeper to get a broader understanding of just where we're seeing the problems. Even if you could give me a broad outline of that, it would be good. Are they across the board? Are there some geographic hotspots, for example? How are people finding access to the telehealth services in particular?
Ms Edwards: We'll provide some information on notice, and you can ask us more questions next week.

Answer:

The Department of Health is regularly monitoring Medicare Benefits Schedule (MBS) subsidised mental health items and the demand experienced and level of support provided by crisis and support organisations. Where possible the data are compared to historical data records.

From 13 March to 18 May 2020, 2,186,730 MBS subsidised mental health services were accessed with $239,385,754 paid in benefits. Of these, 766,817 services were COVID MBS mental health telehealth items ($80,487,057 in benefits). During the same period, there were 209,318 new mental health plans, 29.8 per cent of these were accessed by telehealth.

MBS subsidised mental health services were most likely to be provided by psychologists (46.5 per cent) followed by General Practitioners (GPs) and Other Medical Practitioners (OMPs) (28.5 per cent) and psychiatrists (21.0 per cent). The remaining 4 per cent is delivered by other eligible providers, including occupational therapists and social workers.

The take up rate for MBS subsidised mental health telehealth services was similar to the take up rate for face to face services across all age groups. For example, from 13 March to 18 May 2020, 7.3 per cent of MBS subsidised mental health telehealth services and 7.8 per cent of face to face services were delivered to those aged 65 years and older. Females were more likely to access MBS subsidised mental health services regardless of mode of delivery. About 62.8 per cent of MBS subsidised mental health face to face services were delivered to females and 68.0 per cent of MBS subsidised mental health telehealth services.

The proportion of MBS subsidised mental health services delivered to patients in regional areas was higher for telehealth services compared to face to face services. From 13 March to 18 May 2020, 23.1 per cent of all telehealth services were delivered to people in regional areas whereas the proportion of face to face services that were delivered to people in regional areas was 21.0 per cent. The proportions of services delivered to patients in remote areas was the same for both modes of delivery at 0.7 per cent.

Crisis and support organisations have seen an increased demand for their services. In the four weeks to 10 May 2020, the number of contacts to Lifeline (phone calls) was 23 per cent higher than the same time last year, Kids Helpline (phone, email and webchat) was 51 per cent higher, Beyond Blue (phone, email and webchat) was 57 per cent, Head to Health (page views) was 289 per cent higher and Reach Out (page views) was 50 per cent higher (note these comparisons with last year may have been affected by public holidays).

Beyond Blue's dedicated Coronavirus Wellbeing Support service has received 4938 calls since it commenced operation on 6 April 2020 until 10 May 2020. Isolation, anxiety, worry and depression were the most common reasons for contact to this service. Overall, average wait times have been below 30 seconds. Only 1.6 per cent of callers abandoned the call after waiting 60 seconds or more.

The Department is yet to undertake regional or jurisdictional assessment of data.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

13 May 2020

PDR Number: IQ20-000218

PPE stockpiles

Spoken

Hansard Page number: 15

Senator : Rex Patrick

Question

Senator PATRICK: I don't know whether this goes to Health or to the CMO, but, in one of the questions I asked through the Senate, I asked about stockpiles: what is the status of the stockpiles of our PPE? In response to that, you've come back and said it's a strategic reserve. I can look on the Navy's website, and I know exactly how many ships we've got in our inventory. I can look and see how much fuel we have. That's published now. I just wonder how you justify a variable medical stockpile as being sensitive. One of the issues that we've faced with COVID-19 is PPE, and this committee is absolutely entitled to examine whether our stockpiles are sufficient, whether we were ready—all of those sorts of things. Maybe there's some way in which we can get a private briefing, because it's a really important issue.
Ms Edwards: Thanks, Senator. It's a really good question. Obviously, there's a balance. We want to make sure we provide as much information as we can in a public forum. One of the key things is that the minister has been making announcements to show that we are in a much better position than we were previously. He's made announcements about more than 50 million masks and so on coming into the country. It is a very longstanding position that we keep the details of it. I don't know where the stockpile is, so the location of it, exactly how it is—
Senator PATRICK: The location wasn't asked for, just the numbers.
Ms Edwards: Just let me explain the situation. We want to maintain that position to the extent we can. What we could definitely do is provide orders of magnitude in a public way and we could, subject to the views of our minister, obviously, have a private briefing, where

we'd be happy to discuss in much more detail. But it is something we're aware of. We have become aware over the last few months how PPE is an absolutely critical element of a national response to a major crisis, so I want to be cautious about how we share with the committee any specific detail on that.
Senator PATRICK: Could I invite you to re-examine the answer, understanding what I think is the importance of the question, and the committee itself can examine whether we should seek a private briefing on how the stockpiles have been managed.
Ms Edwards: I'm very comfortable in referring that question to the minister. It seems like an appropriate way forward.

Answer:

In broad terms, the National Medical Stockpile (NMS) has received more than 11.5 million gloves, and 520,000 gowns in recent weeks, with more than 60 million masks, 5.8 million gloves and 15 million gowns expected by end-May, with additional contracted deliveries staged for the remainder of the year. Significant quantities are arriving into the stockpile regularly, and there has been a decrease in the overall demand for NMS supplies - partially due to increased availability of commercial stocks domestically, and low rates of community transmission of COVID-19.

As at 21 May 2020, more than 37 million masks have been distributed from the NMS to support frontline healthcare workers including:

- More than 24 million to States and Territories to support the public hospital system
- More than 7.7 million to Primary Health Networks to support general practice, community pharmacy, Aboriginal Community Controlled Health Services, and allied health.
- More than 2.4 million masks to support aged care through the States and Territories.

An additional 40 million masks are scheduled to be distributed to frontline healthcare workers before the end-of-May 2020.

Details in relation to the contents and location/s of the National Medical Stockpile (NMS) are considered sensitive and historically have not been provided as:

- The release of this information may have national security implications. The Stockpile contains products designed to respond to Chemical, Biological, Radiological and Nuclear events, and therefore it is essential that this strategic reserve is not made public.
- This may impact upon ongoing commercial and contractual arrangements with domestic and international suppliers.

The Department can provide the Committee a private briefing, should further detail be required.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's response to the COVID-19 pandemic

13 May 2020

PDR Number: IQ20-000221

Increase of suicide cases

Spoken

Hansard Page number: 38

Senator Rachel Siewert

Question

Senator SIEWERT: You've already taken on notice issues around some of the data that I've asked for. There are reports that there's already been an increase in people dying by suicide. How is that data being assessed, and are you aware of that?
Ms Edwards: I'm aware of the reports and the comments made by various experts in the media. As I say, we're very aware that the risk factors have heightened. I haven't seen any data collected to date which reflects the impact—not that it doesn't exist; I just haven't seen it. As always, the data that we get in relation to suicide is an incredibly important measure, but it's really the tip of the iceberg in terms of what's happening in a community. That data work, I think, will have to be a much broader issue. We can take that on notice. I think we are here again next week. Before then, we'll provide you with information about what's happened with the measures so far and maybe a status report—my poor team will be watching this and sighing; they've got plenty to do already! Perhaps we can make sure that next week we bring along officers who can provide you with some more information.

Answer:

It is too early to access any robust data in relation to deaths from suicide since Australia's COVID-19 response commenced. Based on the limited data available, there is no evidence that suggests an increase in suicide rate since the introduction of COVID-19 restrictions.

On Friday 15 May 2020, the Australian Government announced it will invest $2.6 million (2020-21 to 2021-22) to boost national capability in monitoring, anticipating and reacting to the mental health impacts of the pandemic. This will be used to enhance and expand the National Suicide and Self Harm Monitoring System that is being established at a cost of $15 million over three years (announced as part of the 2019-20 Budget), and will support

the provision of expert guidance for proactive decision making in mental health service deployment.

The Australian Institute of Health and Welfare (AIHW) is implementing the system in collaboration with the National Mental Health Commission and the Australian Government Department of Health.

One of the key goals of the system will be to facilitate more timely data on suspected deaths by suicide from jurisdictions. AIHW is currently establishing arrangements with jurisdictions to supply regular, up to date data on suspected suicides. So far, Victoria, Queensland and Tasmania have all agreed to supply their data to the AIHW but not for AIHW to publish this data. The AIHW is working with experts in the jurisdictions to analyse data on suspected suicides as part of the development of the National System. Suicide data must be interpreted with caution as suicide frequencies over short periods of time or within local areas are usually quite small and are subject to substantial random fluctuation.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's response to the COVID-19 pandemic

13 May 2020

PDR Number: IQ20-000222

Mental Health and suicide information for First Nationals people

Spoken

Hansard Page number: 13

Senator Rachel Siewert

Question

Senator SIEWERT: Could you also provide some information specifically on First Nations peoples? I'm very aware that we have different factors influencing mental health and suicide ideation as well.
Ms Edwards: Absolutely. Many of the things we're doing will apply to everybody in the community. We also have specific things. The measures that have already been announced do provide a specific focus on Aboriginal and Torres Strait Islander people.
Senator SIEWERT: I'm interested in what the data is showing in terms of—
Ms Edwards: We'll provide an update on notice. I would be surprised if there's enough time for the data to be particularly robust. There will be some output measures, perhaps, but I wouldn't think we would be able to come to a position as yet where we see the impact in a very meaningful statistical way. We'll provide you with what we can.
Senator SIEWERT: I hear what you're saying. How are we going to pick up on those indicators?
Ms Edwards: A discussion either next week or on notice, or a bit of both, as to what we're putting in place and how we're looking at data—absolutely. I don't think I'm going to have very meaningful data for you yet on the impact of what we've collected, regardless of what we've got in place.

Answer:

Services for First Nations Peoples

- As part of the Government's initial $74 million investment to support the mental health and wellbeing of all Australians during the COVID-19 pandemic (announced March 2020), additional funding has been provided to Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) to develop new culturally appropriate mental health and wellbeing resources to support First Australians during the coronavirus pandemic.

- This builds on the funding commitment under the 2019-20 Budget to support GDPSA as the new Aboriginal and Torres Strait Islander (Indigenous) social and emotional wellbeing, mental health and suicide prevention national leadership body. It is governed and controlled by Indigenous experts and peak bodies working in these areas, promoting collective excellence in mental health care.

- GDPSA Australia has published initial advice on their website, to help to support the mental health and wellbeing of First Australians during these challenging times. They have also published a suite of posters containing tips for staying strong and (mentally) healthy during the coronavirus outbreak which are available at gayaadhuwi.org.au/coronavirus. They are continuing to plan and develop additional resources which will respond to community needs over coming months.

- As part of the Government's $48.1 million commitment to support the Mental Health and Wellbeing Pandemic Response Plan (the Plan) announced on 15 May 2020, a further $3.5 million has been allocated to support Aboriginal and Torres Strait Islander communities, especially those in remote communities, who have experienced greater mobility limits and, as a result have had reduced access to mental health and wellbeing services, education and employment opportunities.

- The Plan also has a recommendation that an Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing pandemic response plan should be developed and implemented through Aboriginal and Torres Strait Islander leadership.

Indigenous suicide monitoring

- In 2018, data reported by the ABS reported the rate of Indigenous suicide is around twice that of non-Indigenous Australians. It disproportionately affects men over women (around twice the rate) and younger Indigenous people (rates for age groups from 15 to 44 close to or greater than twice that than for older age groups).

- Supporting Action 13 of the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan), the Australian Institute of Health and Welfare (AIHW) has been funded by the Commonwealth Department of Health to establish the Indigenous Mental Health and Suicide Prevention Clearinghouse. The Clearinghouse will aim to improve the evidence base of what works and does not work relating to Indigenous mental health and suicide prevention. The Clearinghouse will be released late 2020.

- The Australian Government is collecting evidence from a range of sources including crisis line activity, uptake of support services, mental health service delivery and surveys being conducted by research and service organisations to monitor the mental health and wellbeing of the Australian population.