

TRANSCRIPT OF PODCAST

WORK WITH PURPOSE

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DAVID PEMBROKE: Hello ladies and gentlemen, and welcome to Work with Purpose, a podcast about the Australian Public Service. My name's David Pembroke, thanks for joining me. I begin today's podcast by acknowledging the Traditional Custodians of the land on which we meet today, the Ngunnawal people, and pay my respects to their Elders past, present, and future, and acknowledge the ongoing contribution they make to the life of our city and this region. 2020 will be forever remembered as the year of the COVID-19 pandemic. But in Australia, the ferocious bushfires of 2019 that burned well into the new year will never be forgotten. While the devastation of the landscape and the obvious impact on Australia's biodiversity was stark and visible, harder to see was the impact on people. Homes destroyed, lives lost, businesses ended. The strain of such significant events was recognised early and the National Bushfire Recovery Agency and the Mental Health Commission worked quickly to deliver necessary support. But more was to come as the full impact of the COVID-19 pandemic was realised. Australia made mental health a priority for its people.

DAVID PEMBROKE: Joining me in the studio today are two people who have been working through just how Australia can best support its people through these difficult times. Andrew Colvin is the National Coordinator of the National Bushfire Recovery Agency, and Christine Morgan, the Chief Executive Officer of the National Mental Health Commission and the National Suicide Prevention Adviser to the Prime Minister. Andrew and Christine, welcome to Work with Purpose.

ANDREW COLVIN: Yeah, thank you.

CHRISTINE MORGAN: Thank you.

DAVID PEMBROKE: Christine. If I might start with you, mental health and suicide prevention were already major issues in Australia prior to the bushfires and prior to COVID. Have those significant events made your work harder or has it made it in some way easier because mental health has been such a priority?

CHRISTINE MORGAN: What a great question. And I think I'm going to have to give an answer both ways on that. So if I go back to back end of 2019, I would say suicide prevention was obviously a topic that people were familiar with and had a colloquial understanding around it. So many Australians have been impacted on it. In that space, mental health was also something we talked about and people kind of were aware of, but gosh, it was a negative thing. Gosh, it was a negative thing. In fact, I can remember touring around Australia at the back end of 2019 and saying to people, what challenge is in getting involved in the mental health system? And the single biggest one was a perception that somehow it was weak to have a mental illness or to have a mental health problem.

CHRISTINE MORGAN: That stigma was just so palpable. So I think one of the things that has happened during the course of 2020, which I think is an opportunity but has been challenging, is actually making that transition into the fact, mental health is an integral part of all of us and it's not a weakness to actually need some mental health support. And so that has been an interesting challenge. It's been, I think, a good road to go down. But it's also meant, and this is the challenging bit, taking those two words, mental health, which go across such a broad range of things. And actually I'm bundling them for people and helping them understand there's a difference between mental unwellness, mental ill health, mental illness. All of them are relevant. Suicide prevention, I think what we're seeing this year is a recognition that whilst the two are kind of connected, they also have their own place in the sun. And that's been an important thing for us to recognise.

DAVID PEMBROKE: So how are you going about trying to unpack all of that and to make sense of a better understanding and a better acceptance, perhaps less stigmatised mental health?

CHRISTINE MORGAN: So let me first off say, I don't think we've got to the point where there's no stigma. I think there's a lot to be done. Where I think we have got to, and I think this is a starting point in terms of how we're trying to do it, is just engage with people and say, how have you found 2020? And I don't think I've met one person who hasn't said, oh my God, it was tough or it's still tough. And that leads to a natural conversation. So, how did you feel? I felt more anxious. I felt afraid. That's pretty easy then to catch in terms of, yeah, so your mental wellbeing was pretty much effected. And look, somebody else it happened to as well. And then you can say, did it actually help to put that in words with someone? Did it actually help to ask somebody for help? And most people will say yes. And suddenly, we're in a different position to where we were back end of 2019, where you would never admit going to seek help for your mental illness.

DAVID PEMBROKE: So are you positive about where we're at and what needs to be built on?

CHRISTINE MORGAN: Look, I'm positive that we have an opening which we didn't have before. But the reality when it comes to how we manage mental health and mental illness in Australia is that we're very much the poor cousin to physical health. We have an enormous way to go. So I think what it's done is accelerate attention and saying, so where the heck do we start to try and get this right? And there's a lot happening in that space. So hopeful, but at the same time realising, okay, now we've got this enormous mountain to climb. I think we can do it-

DAVID PEMBROKE: Yeah.

CHRISTINE MORGAN: ... but it is pretty big.

DAVID PEMBROKE: And we'll come back to that Vision 2030 document-

CHRISTINE MORGAN: Yeah.

DAVID PEMBROKE: ... that was in place. But Andrew, if I might come to you. In that role that you have around the bushfires. And I do remember very quickly after your appointment, you were out, you were really ... one of the first things that you did was to get out and go and see people. Can you take us back to those times, and what were people talking about? And how quickly did you realise that mental health was going to be a big part of the recovery?

ANDREW COLVIN: Yeah. Thanks David. And look, I think Christine summed that up in some ways. I mean, I really am positive about it. But we probably had about two months of reasonably clear air before the COVID lockdowns and the impact of COVID really hit. And I guess I came at this role with my own interest in mental health and wellbeing more broadly from my previous experiences. And I thought that what I would see when I hit the ground, and I hit the ground quickly and I hit the ground in a very open-ended way of just asking to hear stories and hear experiences. And it was very raw in January, February still, the fires were still burning. I was anticipating that it would be a difficult conversation. To tease people, you have to talk about health and wellbeing more broadly, particularly mental health and mental wellbeing. But that's not what I found.

ANDREW COLVIN: And this is why I'm very positive about, good can come from catastrophic events or real shocks to the system. The challenge wasn't to get people to talk about it, the challenge was to make sure that we were able to provide the support and the services that suited them. So I heard harrowing stories, and obviously people needed to debrief, people needed to tell their story and bring me and my team into their world, to understand it from their perspective. And in that, I heard stories of mental health and wellbeing that I didn't expect to hear from people and from demographics that I didn't expect to hear it from. So the fires disproportionately hit a lot of vulnerable communities, a lot of farming communities, communities that were already hurting from the drought, communities that had been struggling for a long time. And I thought that I would get that reasonably typical stoicism of, we've been here before, we're tough, we're strong, we'll work our way through it.

ANDREW COLVIN: No, I didn't get that at all. I actually got a lot of vulnerability, I got a lot of acceptance that people were struggling, and I got a lot of calls for help. And I think, to Christine's point, our level of sophistication and understanding when we say mental health has come a long way, it needs to come further. We need to unpack that because somebody struggling just to deal with the day-to-day issues post a fire doesn't mean they have a mental health problem. There's some wellness issues there for them that they just need to work through, and we need to give them the space and the tools to work through it. I think the challenge for me was, I was overcome with these stories of real trauma and grief and tragedy and a desire to seek support and put your hand up. Then it's about, well, how do we do that? So I was surprised. And I'm really positive about where this leaves us as a community.

DAVID PEMBROKE: How able do you feel that your particular agency is to deliver what was needed? Did you feel that you had the support and that you were capable of delivering for these people?

ANDREW COLVIN: I think I became very close to Christine very quickly. Yeah. I mean, I was coming at it from a non-

DAVID PEMBROKE: So was that the reaction of, wow, this is a much bigger mental health-

ANDREW COLVIN: Immediately.

DAVID PEMBROKE: Immediately. So straight away you were like, okay, this isn't about so much about rebuilding houses, this is about rebuilding people. I need to get to the experts.

ANDREW COLVIN: Absolutely. And rebuilding houses, rebuilding bridges, fixing up roads. I don't want to sound like that's an easy task because it's not, and it's important, but putting lives back together and helping people with their own wellbeing was the challenge up front. So while I knew it would be a part of the role and it was a big part of why I said yes to the role, because I thought this is important, I didn't realise it would be so front and centre immediately.

DAVID PEMBROKE: Yeah. And Christine, what advice, when Andrew picked up the phone and said, Christine, I need help to be able to deal with this, what were you able to offer?

CHRISTINE MORGAN: I think it was that really, that entry point. We had a bit of a chat together. And it's been a really interesting journey when you overlay COVID, because I think the only really important thing for us to remember, and Andrew and I have talked about this, is that it's the aftermath of what has happened. That tail end effect of how people have been impacted. It's not fixed quickly. I mean, a lot of these people have gone through really traumatic things. So then you overlay that with COVID, that's got its own challenges. But coming back to your question of what did we do? I think it was just that very first entry point. Picking up on what Andrew has said, it was, how can we make sure that we're actually there for people where they need us. We very quickly identified, this is not about asking vulnerable people to have to go and find us.

CHRISTINE MORGAN: This is about us stepping proactively into the space, stepping proactively in and saying, what can we do to give you some help? Whether that just be an opportunity to have a chat. And for some people, that was all they needed. Or, has this really impacted on you? In which case you need a little bit more mental health support, what can we do for that? But the really key thing was to go to people where they were at and put it in a language and a way that they could get to, rather than expecting them to come knocking on our doors.

DAVID PEMBROKE: And this is really the aspiration, isn't it? For the system that you've been talking about, that Vision 2030 document. Really that it's a systemic approach that really needs to be taken, and it's not just a one size fits all for everybody. It really is quite an individual need that needs to be met, that people are in different places.

CHRISTINE MORGAN: Different places. So going back to that point about understanding mental health, I think all of us from when we're tiny toddlers are brought up in a way where we begin to understand our physical health. And we know when I'm not feeling too well or I've been out pushing the barriers a little bit too much, I need to get a bit more sleep or it'll be better to, actually I think I might need to go to the GP or there is something really, really wrong here. We kind of develop that and we have pretty good radar about when we need to go and get some help from a GP or go any further. We don't know that about our mental health. And so I think one of the aspirations we have, and this was captured in Vision 2030, is to really help people understand their mental health is just that. Just like their physical health, it's mental health. Part of who we are, one of the suite.

CHRISTINE MORGAN: When my mental health is being impacted negatively, I'm not as well as I could be, what is that level? Do I need some self-help? Do I need to go to a GP and get referred elsewhere? That's where we want to help people go, so that we're not thinking it's all about those really serious mental illnesses and waiting to get that sick. We're not waiting for stage four cancer. We want people to go and see a doctor when they've got a little spot or a freckle and saying, hey, I need the equivalent of some care for that, in relation to their mental health. That's our aspiration. And then to make it that easy for people. That it's just part ... there's no stigma to it. It's just, we're looking after ourselves. And when things are not great, we seek some help.

DAVID PEMBROKE: So Andrew, if that's the aspiration and that's the system, how do we go about building that?

ANDREW COLVIN: It's hard, and I think that's why it's a slow journey and we haven't got it right yet. But we have to build it from the bottom up. And that's the key lesson that I'm learning as we go on this journey, that-

DAVID PEMBROKE: This is education.

ANDREW COLVIN: It's education, but it's listening. It's listening to what will work and understanding that my needs will be different to Christine's, it would be different to yours. And tailoring programs that have the flexibility and the agility to actually respond to the needs. We in government can sometimes be very good at pulling big levers that release funds and put policy on the ground. But we're not as good, because it's hard, at seeing how does that policy actually change someone's life? How has it made a difference? And that was the thing that came home to me. I've never been concerned that there wasn't enough intent or even dollars available to help this problem. Of course, you can always do more, you can always do it differently.

ANDREW COLVIN: I've always been concerned about, how does it actually penetrate? And are we looking at it from the end user, the end person who needs this help? Are we looking at it from their perspective rather than from a top-down? I think that's a fundamental shift in the way we have to see it. I know that's the way that Christine is approaching what we do. And one of the early things that we did, and to the point of when we first got together is, we very quickly realised that we weren't going to address the mental health and wellbeing aspects of bushfire affected communities, or probably COVID effected communities, simply through clinical means, we needed to find other ways to penetrate. And that's not expensive.

ANDREW COLVIN: Organising round tables at the local coffee shop, organising events at the pub, if that's where it needs to be. Wherever people are comfortable to come together and talk is probably the first point. Because then the next step is not so hard and the next step after that's not so hard. But taking that first step doesn't need to be going and having a GP consult. It might just be saying, you know what, I'm finding it tough today, or this week has been hard or I'm tired of grants, I'm tired of looking at my burnt shed and I just need to do something else. That's where we need to look at this.

DAVID PEMBROKE: But how do we do that? Sorry.

CHRISTINE MORGAN: Can I just say that, because I think that is such a critical point that Andrew has just said. If I have a broken arm, I can hold it out and somebody can say, that does not look right. If I'm not feeling great, if I've got some mental health challenges, the very first starting point is being able to find a language to put it in and to have somebody to say it to. And I think that's where AJ said that he went out into community and he spoke to people and he encouraged them to find that language. Because that is, you can't actually manage somebody's mental health or their mental health challenges until you can help them actually put it into words. Because it manifests itself in the way you think, the way you feel, your behaviours. And that's really challenging for people to come through to. So I think that is the critical difference between being able to start the journey with somebody around mental health challenges, as distinct from physical health ones.

DAVID PEMBROKE: Mm-hmm.

CHRISTINE MORGAN: I need to be able to hear it in the way you describe it and connect. And you need to feel safe enough to tell me about it. And then we need to find a way that's going to engage you in that process of getting better.

DAVID PEMBROKE: And I think that's an interesting point, Andrew, because you mentioned when you first went out there that you thought perhaps there might've been reluctance, but there wasn't, there was an openness. But have you found, some months on, that people are reverting to type and they're probably a little bit more reluctant now? And really what we're talking about is a substantial cultural change that needs to take place.

ANDREW COLVIN: Yeah, a little. A little. I think we need to normalise the conversation more than we have. So there are those people who I think were probably very vulnerable and prepared to acknowledge and talk about their vulnerabilities early. But then as time's gone on, it's become harder to acknowledge those vulnerabilities. So I do see that. When I look back 12 months now, I think I was having more raw conversations with people about their health and wellbeing because the fires were still on and it was very real. 12 months down the track, the conversations aren't the same, they're still there. The conversation is still a normal conversation and that's a positive.

ANDREW COLVIN: People aren't afraid to sit in front of their colleagues in a community group and say that, which is positive. But it concerns me, for instance, just last I was up in North West, New South Wales, a small town, and I've still got farmers who are breaking down in tears, recounting the story. And this is 16 months after the fire has gone through. So that tells me that the trauma is real, it's still ongoing, and people don't quite feel that they've been able to deal with it. So we've got to normalise that conversation.

DAVID PEMBROKE: Okay.

CHRISTINE MORGAN: And I think the challenging thing too, remember ... and this was a really amazing point where I think both AJ and I went, hmm, that's going to be interesting. We came out of the bushfires, and remember those days, Andrew, when we were talking about everything was based around, I survived because of my community. I got through it because I had people I could turn to. And that's part of having conversation with people and relying on people and feeling safe with people. And then we hit March.

DAVID PEMBROKE: Yeah.

CHRISTINE MORGAN: February/March, and we were suddenly told, oh, oh, distance from people. Social distancing, social distancing. And remember, we talked about that, didn't we? That we had this big kind of comms and ground piece all around, how do we rebuild communities? And then suddenly we were being told, stay away from each other and don't do it. Which was what effectively birthed the need to say, let's get rid of social distancing as a phrase and talk about physical distancing with social connection. Because we were really trying to find a way, weren't we? Where we kept that real sense of, it was my community and it was other people who I could rely on who got me through this. And that's a fundamental part also of good mental health.

DAVID PEMBROKE: And how then have you been able to sustain that through this next period of time? Have you been able to land that? Has that helped?

CHRISTINE MORGAN: Look, I think one of the positives actually that is another positive that's come out of 2020 when I look back is that, because out of necessity we said we really need to make that a priority, we could start to frame our messaging out more broadly to people to say, don't forget you need each other. Don't forget. And in fact, go that step further. Think of those people who may be lonely, think of those people who may be in need, proactively reach out to them. Pick up that point of go to people.

DAVID PEMBROKE: Yeah.

CHRISTINE MORGAN: And so I think we actually landed at the end of 2020 more conscious of doing that, more conscious. And I think, Andrew, that might be something we need to keep putting into the conversation to help normalise, it's okay to need people, it's part of good mental health and connectedness. I think that's another part of the story we need to weave in.

DAVID PEMBROKE: Is it likely that what you learned through the bushfires had an impact on the government's decision-making around mental health as a priority, as part of COVID? That some of the data and the understanding of the work that you were doing meant that, hey, this is going to be a huge mental health challenge and so therefore we've really got to move early on mental health rather than wait?

ANDREW COLVIN: I think so. I do believe that. I mean, in fact, I believe even though the bushfire recovery was still in its really early stages, I do think there was a lot of lessons from that that were taken into their COVID response, and mental health was definitely one of them we learned. I think government and the bureaucracy, I hate that word, but I think we can be very proud that we reacted and adapted very quickly. And I think that it has changed the way the Commonwealth sees our ability to implement policy and our ... It doesn't have to be set and forget policy, it can be act, listen, react. And I think we've got very good at that. So from a mental health perspective, that was one of the first things that came out of the COVID response, was a lot of effort, a lot of energy on this. And I think it dovetailed pretty well into what we were doing from a bushfire perspective.

DAVID PEMBROKE: So for both of you, what are you going to take from 2020 into 2021, in terms of the objectives and the plans that you have for your organisations? What are some of the things that you've learned about yourself, but also about your organisations? Because particularly in your case, Andrew, you were standing up in the organisation on the fly. So how are you going to sustain it? How are you going to keep improving?

CHRISTINE MORGAN: He's looking at me to go first.

ANDREW COLVIN: You go.

CHRISTINE MORGAN: No. You.

ANDREW COLVIN: Okay. All right. It's a good question. I mean, because there are changes coming in the way that the Commonwealth deals with recovery from events that weren't predicted. Disasters, but agnostic of the type of disaster. And I feel really proud for our agency, for the NBRA that we've created, the ground for the Commonwealth to take a more enduring holistic and longer-term view of recovery. And that's what we need to do. So that's-

DAVID PEMBROKE: That's that whole of government piece.

ANDREW COLVIN: Very much. Whole of government, but it's more than whole of government, it's a whole of sector, it's a whole of community approach. And I think that's a really positive thing that's come out of 2020, out of the fires, out of COVID for that matter. I think we can take that forward. So the other bit though, that I hope and I believe will be taken forward is to see this through a community's eyes, to see it through a victim's eyes. To be very victim centric in the way that we approach recovery, to be victim centric in the way that we approach our policy levers that are necessarily big and sometimes cumbersome. But to make sure that we listen, we're on the ground, we hear the feedback. And if we've got it wrong, we go back and react and we adjust it.

ANDREW COLVIN: And the feedback that I get as I travel around, it's wide, it's varied, it's positive, it's negative. But one of the constants is we listen. And they recognise that we took away the messages that the community told us, we went back and we tried to change the policy settings. And that creates confidence and trust in government in a way that no other policy or no other announcement will. Because when you're at your most vulnerable, you've just had the worst day of your life, and you look up at where the support's coming from, you are completely agnostic between local government, state government or federal government. You don't know the difference between a charity and a government, you don't know philanthropic organisations, you just want help.

DAVID PEMBROKE: Help. Yeah.

ANDREW COLVIN: And I think that we've changed the way that we think about that.

DAVID PEMBROKE: Great. And for you, Christine?

CHRISTINE MORGAN: I was never great at people saying, no, something can't be done. I've got to say, I've come to the back end of 2020 and I actually now absolutely believe we can do things. We can actually get those barriers down. We can find ways to make things work. So I think a whole heap of, I'm going to pick up on one of Andrew's words, bureau, I hate bureaucracy as well. The bureaucratic stuff, which I think before we've seen as really being challenging, actually isn't that challenging when it's standing between you and trying to get something done. I remember we did the pandemic mental health and wellbeing response plan. And the invitation was put on the table by the prime minister, and three and a half weeks later, we had all nine jurisdictions signing up to it. And that was saying, these are agreed 10 key areas that we need to look at 10 great things.

CHRISTINE MORGAN: This is how we're going to be flexible within each jurisdiction. So a state or a territory can say, we're going to respond to each of those 10 areas in a range of ways. And we had the guard rails, and then we had three really key priorities that everybody signed up to, which was that we wanted a heap more better data. And our data systems around mental health are pretty lousy.

DAVID PEMBROKE: Right.

CHRISTINE MORGAN: So that one we had to really improve on. Secondly, it was about being there for people where they could access those services. So more services in communities that they could actually get to. And then thirdly was, let's, as Andrew just said, let's collapse. Whether this is a service being provided by New South Wales, Victoria, Western Australia, or the Commonwealth, people don't care. They just want to know that if they need a service, they can go to it. It can all be connected.

CHRISTINE MORGAN: So look, to do that in three and a half weeks to, get first ministers with all of their portfolios behind them saying yes we want it and to deliver it kind of sets a benchmark where you say, when you can push aside the barriers and the challenges and come together as willing people trying to find answers, it is actually pretty amazing what you can do. And what I really liked out of that pandemic mental health and wellbeing response plan, gimping up on Andrew's point, it focused in on what is the flexibility to meet the range of people's needs. It wasn't a top-down cookie cutter prescriptive mode, it was a, how do we get in there to actually provide the supports we can to help people find the resilience and wellbeing they need to get through this?

DAVID PEMBROKE: Yeah.

ANDREW COLVIN: Can I quickly just add-

DAVID PEMBROKE: Sure.

ANDREW COLVIN: I think one of the things that we can all reflect as a public service, we constantly step up in crisis. Agencies-

DAVID PEMBROKE: I was about to raise this issue of, change in crisis is different to change.

ANDREW COLVIN: Yeah. And I felt this in my previous professional life as well, that we were good in crisis, but in BAU, things started to fall apart a little bit.

DAVID PEMBROKE: Yeah.

ANDREW COLVIN: And when you reflect on that, so what is it about crisis that allows us to get things done? It's a unity of purpose. Everybody comes together behind the singular aim to do X. So you can get things through government federation, multi levels of government very quickly. And we did that from a recovery perspective. Well entrenched policies were changed overnight, essentially because we saw there was a need and there was a common purpose. We're going to get back to keeping that common purpose in mind. And that's how we entrench it in BAU so we don't fall into those habits that are irresistible at times of where the Commonwealth, the other states, that's local government, these are the big levers that we pull, why are we pulling them? And whose life are we trying to change by doing that? And that gives us the common purpose that I think cuts through, again, to use that word, some of the red tape that is unnecessary, falls by the wayside and nobody minds that it fell by the wayside, we just get on with it. So we just keep that unity of purpose.

DAVID PEMBROKE: But as leaders, how do you deliver that?

CHRISTINE MORGAN: Firstly, don't forget it. Don't forget. So I think it's a self reminder of it, so it was possible. And so those times when you're down in the bullrushes, rise up again and remember it can be done. And I think, absolutely you have to role model it. I think that you really need to be going in solution focused. You need to keep it energised. I think you also need to keep encouraging people to think differently. I think you need to encourage people to think outside the box. To say, firstly, what is the purpose of what we're trying to do here? Is there a collective purpose? As soon as you get to, there is a collective purpose, that C word, then you start to realise, this is not my answer. This is an answer of a number of us, and we've got to bring it together.

CHRISTINE MORGAN: But I think it's sticking to the discipline of doing it differently. We've shown ourselves we can do it. So it's that discipline of day in, day out, doing it differently. Leaving the ego at the door, leaving the title at the door, recognising nobody has a monopoly on answers. Just because you might be in a certain position in the hierarchy doesn't mean you're going to get a better answer than somebody else. And it's being open to contributions from all.

ANDREW COLVIN: And I think as leaders, we should always be challenging the status quo and asking what may seem like the ignorant or stupid question. That's our job.

DAVID PEMBROKE: Yup.

ANDREW COLVIN: Keep challenging it.

DAVID PEMBROKE: Excellent. One of the features of the podcast is we get questions from IPAA's future leaders. And I have a couple of questions here today. And the first one is from Rebecca-Lee McDougall from the department of education skills and employment. And this one is for you, Andrew. It says, "A lot of focus over the last year for the public service has been on supporting people in the economy through COVID and now during Australia's recovery. Unfortunately, this has meant for many that the bushfires of mid to late 2019 to early 2020 can appear like a distant memory in comparison. Can you outline the work that the National Bushfire Recovery Agency has been doing since it was established on the 6th of January? And the impact that COVID has had on the work that the agency does and the bushfire affected communities it is designed to support?" That's a big question.

ANDREW COLVIN: Thank you for the question, it's a good question.

CHRISTINE MORGAN: Go Andrew.

ANDREW COLVIN: Yeah. Okay. So how do I answer that? Look, it's a good question. So what have we done? I mean, if we have done nothing else, I hope we have brought a voice to the communities that were so adversely impacted by the '19 and '20 bushfires. And while it would seem to many that that is a distant memory, I can say categorically, if you were there and you went through it and it was the worst day in your life, it's not that long ago. And that's real. So we keep sending that message. I will scream that message from the rooftops as many times. And we will look at policies that have been enacted for COVID or just general policies from government and constantly say, how is that going to affect bushfire communities? Can we influence it? Can we shape it? So that their voices has not been lost. Now, sure-

DAVID PEMBROKE: Was there a negative impact? The fact that another huge story arrived when really the bushfire recovery would have been much higher up in priority if COVID hadn't arrived?

ANDREW COLVIN: Of course. Of course there was an impact. I might say negative or positive, because it is what it was. And it affected the rollout of measures. It meant we had to adjust measures, we couldn't do some of the things we wanted to do. On the positive side though, it gave some communities the breathing room and the space to slow down and to think, what do we need? What do I need individually, what do we need as a community? Because of course, I was in their face from January the 6th saying, what do you need? What do you need? What's recovery look like? And frankly, some communities, I think Christine talked about this before, a really strong takeaway I've got is, you come out of a disaster stronger if you went into it stronger. That's an obvious point.

ANDREW COLVIN: But some communities were already struggling on their way in, so they struggled on their way out. Other communities were ready on January the 7th to have that conversation with me about what's next. Some communities in March 2021 still aren't ready to have that conversation. Everyone is different. So I think COVID did pause things, it slowed things down. There was some detriment to that, but there's also an ability for people to rethink, to collect their thoughts and start to regroup. And now that we are reluctantly, carefully say coming through some of that and there's some normality coming back to community, we're finding some communities are coming back really energised and ready for what recovery looks like, because they've had time to think about it. But of course it's had an impact. There's no doubt it's had an impact.

DAVID PEMBROKE: Christine, question for you from Holly Noble, from the Department of Finance. And Holly asks, "The events of the last 18 months have challenged everyone's resilience levels in new ways. While there is a surge of information emerging on tools to cope with stresses, how to manage and build resilience levels and the different types of resilience now required at home and in the workplace, there is still much that we do not know. How do you see the public service responding in this new environment?"

CHRISTINE MORGAN: Again, a really, really good question. So I think if I hear that correctly, Holly is saying that we've come a good way in terms of understanding the importance of investing in how we can cope with things. I call that resilience. Our resilience is our ability to effectively say, woah, we've just taken a whack, I feel a bit thrown around here, how am I going to come through it? And what can we do? And I think we're better understanding that others need that support as well. But two things we still don't know very well. Firstly, what is going to be the long-term impact of COVID as we've just been saying here? I used this phrase before, the mental health impacts of COVID, of the bushfires, is not stopped by no more bushfires or stopped by the vaccine. So that doesn't stop the mental health consequences.

CHRISTINE MORGAN: So we don't know what the long-term impact on people is going to be. One of the things we look at in terms of our suicide rates is they have been down, steady or down over 2020. Too early to say why. But our rates of suicidality have been really high and suicide risk is high. So we're going into 2021 really alert to what can be the long-term consequences of this. Picking up, again, an analogy that Andrew's used, you have the shock of the immediacy. I think the immediacy of COVID-19 has been, we have had to cope right through 2020. We thought we were going to come out of it in May, and then we had the second wave, et cetera, and went through it again. So I think we have got a long-term impact. Holly is absolutely right, we don't know what that long-term impact is.

CHRISTINE MORGAN: And then the second thing is that we actually still don't know a lot or ... Sorry, let me rephrase that. We don't yet have all the answers in terms of how best to respond to the whole range of mental illness and mental ill health needs, it's a lot still we're learning. What can we do? I think Holly, the things that we can do is we can, A, stay alert. B, we hold on to that learning that we had from 2020, which was, if I actually reach out for help, it does make a positive difference. So connecting for our mental health and wellbeing. Thirdly, continuing what Andrew has said, become even more sophisticated in our understanding of the differences between mental illness, mental ill health, mental unwellness, and be able to respond accordingly.

CHRISTINE MORGAN: And then finally, and I think this is really important for the public service and for any other workplace, our workplace is a community. And the bonds that can be formed in there, the support we can give each other, the alertness we can have for each other is really critical. So I think realising that the little bit we can even do in our own space and with our own networks makes a positive difference.

DAVID PEMBROKE: It would seem that this is going to take a long time. And I know, Andrew, you mentioned a marathon, not a sprint, in terms of the bushfire recovery. But it seems that really developing this system that really 2030 aspires to around mental health is going to take years.

CHRISTINE MORGAN: I think it will, but I think the ... So let me first look at where we are in 2021. We started well before 2020 and before 2019 in the bushfires, this journey into, what is the reform piece?

DAVID PEMBROKE: Yeah.

CHRISTINE MORGAN: What is it we need to do? We've had the Productivity Commission look into it, we've had a Royal Commission of Victoria, we've had the Aged Care Royal Commission, we've had the advices through the suicide prevention lens, we've had Vision 2030. We are now in a space where the pieces of the puzzle are lying there for us to be able to take up and put together. That's not going to happen overnight, but I do think that it's a seismic time. I think mental health reform is well and truly happening. Now it's about, what does that actually look like and how do we proceed with less haste, more speed so that we actually get it right? And we do it not by changing how the deck chairs are set out, but by actually doing those foundational pieces in the system that make it accessible, affordable, evidence-based. A universal mental health system that equals our universal health system.

DAVID PEMBROKE: Excellent. Well, Christine and Andrew, thank you for your service and best of luck with what is ... I don't know, it's hard to imagine something that's as important really in terms of that resilience and robust and community and the direct impact that it has on people being able to live their lives. So best of luck-

ANDREW COLVIN: I couldn't agree more.

DAVID PEMBROKE: ... with that work. Work with Purpose is part of the GovComms podcast network. And we'd be grateful that if you do listen to this podcast, please give us a rating or a review, because it does help us to be found. A big thanks, once again, to IPAA and to the Australian Public Service Commission for their ongoing support. This program would not happen without that support. And indeed, the team back at contentgroup, who helps to put this show together each week. And thanks to you, the audience, for coming back in such strong numbers. We certainly do appreciate the support. And a big thanks, again, to Christine and Andrew for coming along today to talk about such an important issue. But that's it for now, we'll be back at the same time in two weeks. But for the moment, it's bye for now.

SPEAKER 4: Work with Purpose is a production of contentgroup in partnership with the Institute of Public Administration Australia, and with the support of the Australian Public Service Commission.