

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH AND AGEING PORTFOLIO**

**Supplementary Budget Estimates 2012-2013, 17 and 19 October 2012**

**Question: E12-063**

**OUTCOME 11: Mental Health**

**Topic: BETTER ACCESS**

**Type of Question: Written Question on Notice**

**Number of pages: 3**

**Senator: Senator Wright**

**Question:**

In past Estimates, your Department has indicated that a number of programs are being progressed to fill the likely need for services that will be caused by Better Access changes coming into effect on 1 January 2013. These programs include:

- Partners in Recovery;
  - Support for Day to Day Living;
  - The Personal Helpers and Mentors Program;
  - The Mental Health Nurses Incentive Program; and
  - The Early Psychosis Prevention and Intervention Care program.
- a) Can you please provide an update on how these programs are being progressed to fill the need for services as of 1 January 2013?
- b) Are all of these programs focussed on providing assistance to people experiencing severe and persistent mental illness?
- c) In addition to those programs, what other strategies are being put in place to respond to the likely need for services as a result of the Better Access changes coming into effect on 1 January 2013?

**Answer:**

a) and c)

The Better Access initiative was neither designed nor intended to provide intensive, ongoing therapy for people with severe and persistent mental illness. Its focus is to provide short-term evidence based psychological therapies primarily for people with mild to moderate mental disorders. However, the government acknowledged that there are some people with more complex needs who have been using the services provided under the Better Access initiative for care and support.

Feedback, particularly from consumers, has emphasised that, for people with more severe and persistent mental disorders, service needs are more than just about clinical care. Housing, social connectedness, secure income, employment and general health services are all essential supports to restore and maintain well-being. In response to this feedback, the 2011-12

Federal Budget Delivering National Mental Health Reform package focused on rebalancing the system to expand the focus of service provision beyond just clinical care, and better targeting and integrating service delivery.

The programs mentioned at previous hearings are those that are being progressed to meet the needs of those with a severe and persistent mental illness. Progress with these programs is as follows:

- **Partners in Recovery (PIR): Coordinated Support and Flexible Funding for People with Severe and Persistent Mental Illness with Complex Needs** - An invitation to apply for funding was released in October 2012 and closes on 18 December 2012. PIR Organisations will be engaged from early 2013. Capacity will increase over time to deliver support to a maximum of 24,000 individuals annually by 2015-16.
- **Support for Day to Day Living (D2DL) in the Community** - Funding agreements were in place from 1 January 2012, incorporating the extra \$19.3 million over 5 years from the 2011-12 Budget, with 40 organisations providing services at 60 sites around Australia.
- **Mental Health Nurse Incentive Program (MHNIP)** - The 2012-13 Budget provided additional funding of \$16.5 million bringing total funding for 2012-13 to \$35.6 million, and provides for maintenance of existing service levels while an external evaluation is completed. Approximately 160,000 MHNIP sessions have been allocated for the 2012-13 financial year. There were 107,046 MHNIP sessions delivered in 2010-11, and 140,552 sessions delivered in 2011-12.
- **Expansion of the Early Psychosis Prevention and Intervention Centre (EPPIC) model** - The 2011-12 Budget provided \$222.4 million over five years for up to 12 centres, and will bring the total number of new sites to up to 16. Implementation Plans are currently being developed with the successful states and territories under Round One – Western Australia, Northern Territory, New South Wales and Victoria. Minister Butler sent an invitation to participate in Round Two of the measure to his state and territory government counterparts in October 2012 and responses are due by 12 December 2012.
- **National Partnership Supporting National Mental Health Reform (NP)** - All agreements are in place for 17 projects and states and territories have submitted their first deliverable, reporting on progress to date in establishing additional services funded under the NP.
- **Personal Helpers and Mentors (PHaMS)** - This program is administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The 2011-12 Budget provided \$154 million for an additional 425 personal helpers and mentors to assist an additional 3,400 people with severe mental illness. \$50 million (of the \$154 million) will be allocated to provide personal helpers and mentors to specifically help people with mental illness on, or claiming, the Disability Support Pension who are also working with employment services. In 2011-12, the number of personal helpers and mentors employed across Australia increased by 102. Selection processes are under way (closing date for applications is 20 December 2012) to fund non-government organisations to deliver new and expanded PHaMs services that will employ 233 additional personal helpers and mentors. This includes 24 new PHaMs employment services. During 2013, FaHCSIA will also be seeking providers for new PHaMs services for remote communities, including two in the Northern Territory.

- Mental Health Respite: Carer Support (administered by FaHCSIA) - \$54.3 million was announced in the 2011/12 Budget to expand respite services to assist an additional 1,100 carers of people with severe mental illness or intellectual disabilities.
- Family Mental Health Support Services (administered by FaHCSIA) - \$61 million was announced in the 2011/12 Budget to establish 40 new services to assist an additional 32,000 children and young people at risk, or affected by mental illness, and their families, which could include people who have a severe and persistent mental illness.

a) Yes.