

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- 085

OUTCOME 11: Mental Health

Topic: MENTAL HEALTH SERVICES IN RURAL AND REMOTE AREAS PROGRAM

Type of Question: Written Question on Notice

Number of pages: 4

Senator: Senator Wright

Question:

Please provide breakdown of how the \$32 million for MHSRRA was distributed amongst services (ie how much went to each service/state/territory)? Is this the only mental health program in rural areas that is funded by the commonwealth government? If not, can you please list the other specific rural mental health programs and initiatives funded by the commonwealth government and the total cost of these programs and initiatives over the past three years and for forward estimates.

Answer:

In 2011-12, 30 organisations, the majority of which were Divisions of General Practice (DGPs), were funded \$32 million over two years to deliver Mental Health Services in Rural and Remote Areas (MHSRRA) services. Funding to DGPs has subsequently been transitioned to Medicare Locals. The table below provides details of the total funding over two years, noting that for Medicare Locals this will include the funding provided initially to DGPs.

STATE	ORGANISATIONS CURRENTLY FUNDED	TOTAL 2011-13
NSW	Far West NSW Medicare Local Ltd	0.6
	Hunter Primary Care Ltd (t/a Hunter Medicare Local Ltd)	0.6
	Murrumbidgee Medicare Local Ltd	0.1
	New England Medicare Local Ltd	3.1
	Southern NSW Medicare Local Ltd	0.6
	Western NSW Medicare Local Ltd	0.6
	Royal Flying Doctor Service of Australia (SE NSW project)	0.7
NSW TOTAL		6.3
SA	Country North SA Medicare Local Ltd	2.0
	Nganampa Health Council	0.8
SA TOTAL		2.8

TAS	Tasmania Medicare Local	1.4
TAS TOTAL		1.4
QLD	CQ Medicare Local Ltd	0.6
	Darling Downs-South West Queensland Medicare Local Ltd	0.8
	Far North Queensland Medicare Local Ltd	0.1
	North and West Remote Health Ltd (t/a Central and North West Queensland Medicare Local)	0.7
	Royal Flying Doctor Service of Australia (QLD Section)	3.2
	Wuchopperen Health Service Ltd	1.3
QLD TOTAL		6.8
VIC	Goulburn Valley Medicare Local Ltd	0.7
	Grampians Ltd	0.6
	Hume Medicare Local Ltd	0.9
	Loddon Mallee Murray Medicare Local Ltd	1.1
	Lower Murray Medicare Local	1.0
VIC TOTAL		4.3
WA	North West Health Alliance (t/a Kimberley-Pilbara Medicare Local Ltd)	2.6
	South West Health Alliance (t/a South West WA Medicare Local Ltd)	0.9
	The Greater WA Health Partnership Ltd (t/a Goldfields-Midwest Medicare Local)	2.7
WA TOTAL		6.2
NT	Northern Territory Medicare Local Ltd	3.4
	Royal Flying Doctor Service of Australia (NT project)	0.8
NT TOTAL		4.2
GRAND TOTAL		2011-13 32.0

The MHSRRA program is the only specific mental health program targeted at rural and remote areas. However, the Commonwealth government funds national mental health and suicide prevention programs that are being implemented in both metropolitan and regional, rural and remote areas. A number of these programs either have this client group as a specific target group and this is factored into the program design eg the Access to Allied Psychological Services, or provide a financial loading for services delivered in these areas eg the Mental Health Nurse Incentive Program.

Examples of programs and their reach in regional, rural and remote areas are:

The Access to Allied Psychological Services (ATAPS) Program

ATAPS funding is provided through Medicare Locals throughout Australia. ATAPS allows GPs to refer patients who have been diagnosed as having a mental disorder of mild to moderate severity to a mental health professional to provide short term focused psychological strategies services. Between 1 July 2003 and 1 July 2012, 41 per cent of ATAPS services were provided in rural and remote areas of Australia.

Funding from 2009-10 to 2011-12 was \$140.4 million. Funding over the forward estimates (2012-2016) is \$406.5 million.

headspace

headspace provides a nationally coordinated focus on youth mental health and related drug and alcohol problems. and *eheadspace* provides a telephone and web-based support service for young people Australia wide. Of the 70 sites announced to date, 35 are in non-metropolitan areas.

Funding from 2009-10 to 2011-12 was \$93.1 million. Funding over the forward estimates is \$303.4 million.

National Suicide Prevention Program

The Commonwealth Government has provided a total of \$20.35 million under the National Suicide Prevention Program (NSPP) during 2009-10 to 2011-12 and has allocated a further \$7.09 million in 2012-13 for national and local community based suicide prevention projects that primarily target rural and remote areas. Allocations beyond 2012-13 are yet to be finalised.

Taking Action to Tackle Suicide Package

Under the Taking Action to Tackle Suicide (TATS) package, funding is being provided over four years from 2011-12 to 2014-15 for the national expansion of the Wesley LifeForce project (\$4.8 million) and the StandBy service (\$6.9 million). These are existing services funded under the NSPP, and their expansions will include coverage of rural and remote areas.

The Commonwealth government has also provided \$9 million over four years (2010-11 to 2013-14) to *beyondblue* to adapt and extend its existing education and awareness campaigns and develop new targeted community awareness and mental health promotion campaigns for high risk groups, which includes rural men.

beyondblue rural specific activities include:

- increasing awareness of depression and anxiety in rural communities through the distribution of information materials;
- partnering with rural organisations to provide updates on current work and promote opportunities for collaboration; and
- building the capacity of rural service providers to respond to depression and anxiety through the establishment of information sites with depression and anxiety resources in local agencies in rural communities.

The Mobile Outreach Service *Plus* program

The Mobile Outreach Service *Plus* program provides counselling and support services for Aboriginal children and their families in remote Northern Territory, who are experiencing trauma associated with any form of child abuse.

Funding from 2009-10 to 2011-12 was \$11.3 million. Funding over the forward estimates is \$19.0 million.

The Mental Health Nurse Incentive Program (MHNIP)

MHNIP commenced on 1 July 2007 and provides incentive payments to community based general practices, private psychiatrist practices and other appropriate organisations who engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental disorders. MHNIP provides patients with support during periods of significant disability and assists in maintaining long term health protective behaviours and resilience.

Mental health nurses work in collaboration with psychiatrists and general practitioners to provide services such as monitoring a patient's mental state, medication management, and improving links to other health professionals, clinical service providers and non-clinical support.

The incentive payment for a 3.5 hour session is \$240 with a 25 per cent rural loading. According to data provided by the Department of Human Services approximately 11 per cent of services provided in 2011-12 attracted the 25 per cent rural loading.

The Support for Day to Day Living in the Community (D2DL): A Structured Activity Program

The D2DL program recognises that people with severe and persistent mental illness often face significant obstacles to learning new skills and participating in social activities.

With the additional funding of \$19.3 million over 5 years provided for the program in the 2011-12 Budget, an extra 3,650 people every year will be able to access D2DL support. This means a total of 14,650 people will be able to access D2DL services annually. 35 per cent of D2DL sites are in inner regional/outer regional/ remote areas.

Funding from 2009-10 to 2011-12 was \$31.4 million. Funding over the forward estimates is \$58.1 million.

E-Mental Health Strategy

The Commonwealth government's E-Mental Health Strategy sets out a vision for an accessible, high-quality and integrated system to further embed online care as a regular feature of the health care system. The Strategy includes funding for telephone counselling and web based support, the virtual clinic, the e-mental health portal and e-headspace. A total of \$116.51 million has been committed to services under the Strategy over four years (2012-13 to 2015-16).

Telephone and online mental health services are of particular benefit to those living in rural and remote areas where access to a health professional can be limited. In addition many telephone and online services can be provided anonymously and from one's home which avoids the stigmas often associated with mental illness.