

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: E12-294

**OUTCOME 11:** Mental Health

**Topic:** TAKING ACTION TO TACKLE SUICIDE

**Type of Question:** Hansard Page 77, 17 October 2012

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**Senator:** Senator Moore

**Question:**

Can we get a table that shows all that you have just said [where the elements of the Taking Action to Tackle Suicide Package are up to]. I think it would be useful to have that to refer back to.

**Answer:**

Element of Package	Status
1. Boosting frontline services to support those at risk	
<p data-bbox="209 1227 805 1261"><i>A. More community-based psychiatry services</i></p> <p data-bbox="209 1301 805 1592">Targeted funding will be provided to improve access to specialist psychiatry services in the community for people with severe mental illness. The new Medicare Locals will be provided with funding to purchase around 20,000 services from psychiatrists each year, and to work with primary and community mental health providers in their area.</p>	<p data-bbox="831 1227 1425 1442">Funding for this initiative has been redirected to the Partners in Recovery (PIR): Coordinated Support and Flexible Funding for People with Severe, Persistent Mental Illness and Complex Needs initiative announced in the 2011-12 Budget.</p>
<p data-bbox="209 1637 703 1700"><i>B. More community-based psychology services.</i></p> <p data-bbox="209 1742 805 1883">This measure will provide more psychological services for people at risk of suicide through the Access to Allied Psychological Services (ATAPS) initiative.</p>	<p data-bbox="831 1637 1401 1738">2012-13 and 2013-14 funding has been provided to Medicare Locals for the delivery of services.</p>

<p><i>C. Non-clinical services for the mentally ill and their carers.</i></p> <p>This measure enables access for people with severe mental illness to non-clinical support services, such as structured social activities, psychosocial rehabilitation, vocational support or respite services for carers.</p>	<p>Funding for this initiative has been redirected to the Partners in Recovery (PIR): Coordinated Support and Flexible Funding for People with Severe, Persistent Mental Illness and Complex Needs initiative announced in the 2011-12 Budget.</p>
<p><i>D. Nationally consistent reporting.</i></p> <p>This measure will establish an Annual National Report Card on mental health and suicide prevention and nationally consistent reporting by Medicare Locals and Local Hospital Networks on the performance of mental health services, including carer and consumer outcomes.</p>	<p>The National Report Card on Mental Health and Suicide Prevention is being prepared by the Mental Health Commission. The first Report Card was delivered by the Commission on 27 November 2012.</p>
<p>2. Taking action to prevent suicide and boost crisis intervention services</p>	
<p><i>A. Boosting capacity of the crisis lines.</i></p> <p>This measure involves funding Lifeline through one contract for 3 separate components:</p> <ul style="list-style-type: none"> <li>- to increase calls answered on the 13 11 14 crisis support line;</li> <li>- to maintain toll free calls from mobile phones; and</li> <li>- 24 hour telephone services for suicide 'hotspots'.</li> </ul>	<p>The implementation of this measure is proceeding as planned.</p> <p>In June 2012, a new Funding Agreement was executed with Lifeline with a funding period to June 2015.</p>
<p><i>B. "Mental Health first aid" training.</i></p> <p>This measure will train frontline community workers such as financial, legal and relationship counsellors, and healthcare workers to better identify and respond to the needs of people at risk of suicide or who have attempted suicide. The funding will provide training in around 40 regions in Australia.</p>	<p>Consultations were undertaken with relevant training providers to determine the key aspects required for the training. Preliminary consultations were also undertaken with industry sectors on how to best engage with the industry to deploy training.</p> <p>A select tender process was undertaken with 3 organisations appointed to deliver the training.</p> <p>Pilot training commenced in July 2012. Formal training commenced in September 2012 and will continue to be delivered to all four industry sectors to June 2014.</p>

<p>C. Infrastructure for "Suicide hotspots".</p> <p>Capital funding will be provided to improve safety and infrastructure at notable 'hotspots'. By implementing infrastructure such as; fencing, barriers, night lighting and closed circuit television.</p>	<p>It is anticipated that the initial funding round will be finalised by December 2012.</p> <p>Options for future funding rounds are under consideration.</p>
<p>D. <i>Community prevention activities for high risk groups.</i></p> <p>This measure will support community-led suicide prevention activities targeted at groups and communities which are at high risk of suicide, including indigenous people, men, gay, lesbian and bisexual people, and families bereaved by suicide.</p>	<p>\$1.5m of the \$6m quarantined for community based suicide prevention projects targeting Aboriginal and Torres Strait Islander peoples was allocated in 2011-12, funding five projects around the country.</p> <p>The department is conducting an open invitation to apply process in 2012-13 for the remaining \$4.5m under this measure.</p> <p>Funding of \$1.1m has been provided to the National LGBTI Health Alliance over two and a half years, for the MindOUT national mental health and suicide prevention project.</p> <p>Funding of \$17m over the period 2011-12 to 2014-15 has been provided to three organisations to target groups at particular risk of suicide, including:</p> <ul style="list-style-type: none"> <li>- \$4.8m to expand the Wesley LifeForce project to support communities at greater risk of suicide;</li> <li>- \$6.9m to improve access to bereavement services (StandBy Suicide Bereavement Support Service); and</li> <li>- \$5.2m to provide suicide prevention services to the building industry (Mates in Construction).</li> </ul>
<p>E. <i>Outreach teams to schools.</i></p> <p>This measure, known as headspace School Support, will ensure there is appropriate support for schools and communities affected by suicide. It will fund a nationwide network of state and territory based teams, to provide outreach postvention services to school communities and to work collaboratively with government and non-government schools in the event of a suicide or attempted suicide.</p>	<p>The Department entered into a Funding Agreement with headspace on 13 April 2012 for the delivery of the full service model of the Outreach Teams to Schools measure.</p> <p>The service delivery model has been based on the six month scoping exercise conducted by headspace, which included a systematic literature review, discussion fora with a range of representatives from external organisations and internal headspace National Office, and focus groups.</p> <p>Recruitment of the state and territory based teams is underway, which will include at least one team leader and one clinician.</p>

3. Providing more services and support for men	
<p><i>A. Expansion of the national workplace program.</i></p> <p>This program helps workplaces identify and support workers with depression and anxiety who are not receiving treatment.</p>	<p>The implementation of this measure is proceeding as planned.</p> <p>This component has allowed beyondblue to expand their National Workplace program to an additional 350 workplaces each year. In January 2012, the e-learning component was launched by beyondblue, which is significantly increasing the accessibility of training for workplaces nationally.</p>
<p><i>B. Increased helpline capacity.</i></p> <p>The helpline provides an anonymous way to seek information and advice on depression, anxiety and other related disorders.</p>	<p>beyondblue has implemented several campaigns to increase men's help-seeking behavior through contacts to their information line and website.</p>
<p><i>C. Targeted campaigns on depression and reducing stigma.</i></p> <p>These campaigns will target high risk groups, including single men, fathers, older men, unemployed, rural and indigenous.</p>	<p>The implementation of this measure is proceeding as planned.</p> <p>This measure is allowing beyondblue to adapt and extend existing education and awareness campaigns and develop new targeted community awareness and mental health promotional campaigns.</p>
4. Promoting good mental health and resilience in young people	
<p><i>A. KidsMatter expansion.</i></p> <p>This measure will enable the successful KidsMatter Primary initiative to be expanded to an additional 1700 primary schools by June 2014 (2000 in total).</p>	<p>The KidsMatter Primary expansion target of 600 participating schools by June 2012 has been reached, with 793 schools (including 101 pilot schools) participating at the end of June 2012.</p> <p>Meeting the 2012-13 the expansion target of 1,200 primary schools is on track, with 876 schools participating as at 24 September 2012.</p>
<p><i>B. Additional services for children with problems.</i></p> <p>This measure will provide services for around 26,000 children with mental health and developmental issues and their parents through the ATAPS initiative. Mental Health Services Branch/ Primary Care Service Development</p>	<p>New funding is being provided for additional psychological strategies services for children via all Medicare Locals.</p> <p>The draft ATAPS Child Mental Health Service Purchasing Guidance and Operational Guidelines were distributed to all Medicare Locals in April 2012.</p>

*C. Online mental health and counselling services*

As part of the July 2010 election commitment package, \$21.1 million was allocated for a centrally located 'virtual clinic' to provide online and telephone counselling to people with mild to moderate depression. This measure complements the \$12.1m allocated through the 2010/11 Budget for enhanced online and telephone based counselling for young people aged 12-25years.

Following an open tender process, a funding agreement was executed with Access Macquarie on 18 September 2012 to develop and implement the online virtual clinic.

Services commenced on 3 December 2012.