



Northern Territory Government

**SUBMISSION TO  
THE SENATE SELECT COMMITTEE  
INQUIRY INTO  
MENTAL HEALTH SERVICES IN  
AUSTRALIA**

**AUGUST 2007**

**SUBMISSION FROM THE NORTHERN TERRITORY GOVERNMENT**  
**TO THE**  
**SENATE SELECT COMMITTEE INQUIRY INTO MENTAL HEALTH SERVICES IN**  
**AUSTRALIA**

**INTRODUCTION**

The Northern Territory (NT) Government made a submission to the first Senate Select Committee on Mental Health (SSCOMH) in May 2005 outlining the Northern Territory (NT) Government's commitment to a better mental health service system to achieve improved outcomes for consumers, their carers, families and communities and funding allocated to progress this commitment. The submission also contained a detailed analysis of key issues and outlined new initiatives to be implemented.

Since the release of the SSCOMH report substantial progress has been made at both the National level (COAG Action Plan on Mental Health 2006-2011) and at the jurisdictional level.

This submission seeks to provide the Senate Select Committee with an update of progress on initiatives highlighted in the previous NT Government submission, explore existing gaps and shortfalls in funding and the range of services available and to provide details of the Northern Territory's commitment to and engagement with the COAG process.

**CONTEXT**

Whilst contextual factors and key drivers of expenditure influencing mental health service delivery in this jurisdiction were highlighted in the Northern Territory Government's previous submission, they are critical to an accurate appreciation of the significant and unique challenges faced by service providers and policy makers in the Territory and will be re-emphasised.

These characteristics include a unique socio-demographic composition, dispersion of a small population over a large landmass, climate and infrastructure issues.

**Population Dispersal**

The NT covers approximately one sixth of the landmass of Australia, but constitutes only one percent of the population. There are only five urban centres, all of which are remote from the rest of Australia.

Approximately 68% of people reside in either the Alice Springs or Darwin urban areas. The remaining 32% of the population live in smaller, dispersed communities, only one of which has a population of greater than 10,000 people.

In addition to the NT resident population, approximately 1.8 million tourists visit the NT each year, some of whom require mental health services.

**Indigenous Population**

The primary characteristic of the NT is that approximately 28.5% of the Territory's population is Indigenous, compared to 2.2% of Australia's total population. A very

high proportion of Indigenous people, approximately 70%, live in remote areas and English is often a second or third language.

Significant long-term primary health and environmental problems pose challenges to the delivery of mental health services to this population. Issues such as poverty, alcohol and drug misuse, domestic violence, sexual and other forms of abuse, high morbidity rates as well as a pervasive sense of grief and loss amongst the Aboriginal population increase the incidence of mental health problems whilst at the same time reduce individual and community capacity to respond to them.

A natural consequence of this phenomenon is a much higher demand for services. However the complexity of many Indigenous issues, the need for services to be culturally appropriate and the general dispersion of the Indigenous population in the Territory, mean that it is also much more difficult to provide these services.

### **Young Population**

The NT has the youngest population in Australia. Territorians under the age of 18 constitute approximately 30% of the population, a greater percentage than anywhere else in the country. Of the population under 18 years of age in the Territory, approximately 37% are Aboriginal.

### **Climate**

The tropical climate of the Top End means that access to many of the smaller communities is very limited during the wet season as roads become impassable and heavy periods of rain and thunderstorm activity restrict air access to some communities. Central Australia's desert climate also frequently hampers or prevents travel to remote communities.

### **Infrastructure**

In many rural and remote areas of the NT 4-wheel drive vehicles are required to gain access. The time spent travelling to and from communities and outstations is considerable and resource intensive.

Outside of the metropolitan areas there is no public transport system. For those living in many communities outside of Alice Springs or Darwin, access to inpatient services requires expensive air evacuation.

Many communities have limited access to telecommunications (telephones, video-conferencing, computers including e-mail and internet access), and the communities, that do have access to new technologies experience slow network response times. In some remote areas, conditions (i.e. dust) interfere with the functioning of electronic equipment.

### **Current Political Context**

In addition to all of these factors, which present obvious challenges, the recent intervention in the Territory's Indigenous communities by the Australian Government in the wake of the *"Little Children are Sacred"* report adds yet another layer of complexity. The impact of this as yet remains unclear for the mental health sector but may be significant given the issues raised and the recommendations made in the report.

## **GAPS AND SHORTFALLS IN FUNDING AND RANGE OF SERVICES AVAILABLE TO TERRITORIANS WITH MENTAL ILLNESS**

Whilst substantial progress has been made to improve mental health service capacity, availability, quality and access throughout the Northern Territory since the SSCOMH recommendations were published, some gaps and funding shortfalls remain.

The high cost of providing services to a small, widely dispersed and culturally diverse population in remote areas continues to be a substantial challenge to mental health service provision in the NT. Many of the factors that influence the cost of service delivery in this jurisdiction were outlined in the previous submission to the Senate Select Committee in May 2005 and continue to influence the capacity of the NT Government to exclusively fund a full range of services throughout the Territory. A partnership with the Australian Government is critical and a shared approach is the only viable solution.

Whilst it is acknowledged the Australian Government funded initiatives available through the COAG National Action Plan on Mental Health have provided some additional resourcing to the non-government sector in the NT, this sector has limited capacity to rapidly expand services, particularly in rural and remote areas.

The following are the key issues, gaps and shortfalls, which continue to affect the Territory:

### **Small Private Sector (GP's, Psychiatrists, Allied Health)**

Limited access to private providers, such as general practitioners (GPs) and specialists (Psychiatrists, Psychologists, mental health nurses and allied health clinicians), continues to add considerably to the demand for and cost of public mental health services in the Territory. In general, private practitioners provide the majority of clinical services for Australians, with funding for these services coming from the Australian Government through Medicare. However, this is not the case in the Territory where the majority of mental health clinical services are provided by the public health system, and are funded by the NT Government. This also means that for Territorians there is minimal choice.

The NT also continues to have no private sector mental health inpatient beds.

### **Access to Medicare Benefits Schedule (MBS) & Pharmaceutical Benefits Scheme (PBS) including new item numbers introduced under the COAG National Action Plan on Mental Health 2006-2011**

The limited private sector capacity in the Territory has clear implications for the ability of this jurisdiction to access an equitable per capita share of the Australian Government's MBS & PBS initiatives.

Private psychiatrists funded under the MBS provide a very small proportion of mental health services in the NT. Service levels have increased since the National Strategy commenced in 1993 but the Territory continues to consistently receive by far the lowest level of services of this type.

Figures published in the most recent AIHW publication *Mental Health Services in Australia 2004/05* indicates the NT experienced average MBS benefits of \$1.66 per capita in 2005/06, the lowest of all jurisdictions and substantially below the national average of \$10.79.

Similarly, figures in this publication relating to PBS benefits paid per capita reflect a similar position of disadvantage. The National average for benefits paid per capita for psychotropic medication under the PBS scheme in 2005/06 was \$31.22. The Northern Territory per capita figure for the same year was \$11.11, the lowest of all jurisdictions.

Many communities in the NT do not have a resident GP/medical officer. Clinic services are supplemented by District Medical Officers (DMOs) who visit on one or more days per fortnight depending on the health needs of the community.

Due to its vastly different nature, practice in remote clinics is not adequately compensated by the current fee-for-service payment system (that is, Medicare). Research into relative values suggests that due to the medical complexity and language/cultural differences of Indigenous patients in remote areas, it would not be possible for a medical practitioner in such an area to see even 50% of the patients seen in a day by an urban practitioner.

Access to additional Australian Government funding being made available under the COAG National Action Plan on Mental Health is also proving difficult for the Northern Territory due to a limited capacity within the local primary care and non-government sector to produce high quality submissions able to attract a reasonably equitable proportion of this funding. The following example illustrates this point:

In 2006 the Australian Government committed an additional \$62.4M over five years to expand suicide prevention programs. These funds are in addition to the \$10M per annum allocated to suicide prevention activities. \$22M of this funding was allocated to a competitive national community based project funding round. Despite being the jurisdiction with consistently the highest suicide rates of all jurisdictions, the NT had several applications rejected in this process and received limited funding. The bulk of this funding was awarded to National initiatives with limited application in the NT or organisations based in the southern States.

No Australian Government funding is available to Territory government health services under the COAG plan despite the NT Government providing the majority of both primary and specialist mental health services in this jurisdiction.

Territory representatives have consistently raised these concerns with Australian Government counterparts and tried to promote consideration of a more flexible approach to the application of funding criteria, particularly for services in rural and remote areas. Regrettably only minor changes to the scope or nature of the Australian Government's package have been achieved resulting in limited improvements to the NT's position of disadvantage.

The NT is pleased to see some recognition of remote/rural and Indigenous mental health service issues, however additional funding allocated to this jurisdiction for the Rural and Remote Services Initiative only compensates the Territory for a small proportion of the disadvantage experienced as a result of limited access to funds available through the MBS for mental health related services.

### **Workforce Capacity**

Mental health workforce development is clearly a priority across the country and is reflected key COAG initiatives funded by the Australian Government. The system of allocating funding on a national basis for training initiatives is designed to ensure resources are targeted to the identified need to train more specialist mental health

practitioners. Progress towards more and better mental health services can only be made with a concerted effort in the area of workforce development.

Workforce capacity issues are being addressed to varying degrees by all jurisdictions and a limited specialist mental health workforce means substantial competition exists across and within jurisdictions for this resource.

There are significant challenges in recruiting and retaining specialist clinical staff in the Northern Territory and these have a critical bearing on the ability of this jurisdiction to deliver specialist mental health services in all regions and to fully capitalise on new funding initiatives. The ability to attract individuals to provide non-clinical support services in the non-government sector is also an issue in the Territory, particularly in regional and remote areas. In addition to this the recent Australian Government response to child abuse in the Territory is also starting to have an impact on availability of specialist staff.

## **NORTHERN TERRITORY GOVERNMENT COAG ACTION AREAS OF RESPONSIBILITY -HIGHLIGHTS FOR 2006/7.**

### **1. Suicide Prevention and Response (\$1.0 million)**

Funding was to increased suicide prevention and response activities including creation of a Suicide Prevention Coordinator position.

#### **Suicide Prevention**

##### Progress to date:

- Suicide Prevention Coordinator appointed in June 2006. Review of current suicide prevention and response activities undertaken in NT and establishment of a cross Government Suicide Prevention Coordinating Committee (NT SPCC). First meeting of the NT SPCC took place in March 2007. This committee will progress the NT Strategic Framework for Suicide Prevention, monitor current trends and guide future activity. The Committee is developing a suicide prevention action plan for the Northern Territory in consultation with non-Government and community representatives.
- The Mental Health Association of Central Australia (MHACA) has been funded to expand the Life Promotion Program to Tennant Creek.
- Additional funding to Lifeline Central NT for to continue provision of the crisis counselling services and coordinate suicide prevention training in Central Australian region for a further 2 years.
- Anglicare NT have also been received additional funds to ensure that the successful suicide prevention-training program Applied Suicide Intervention Skills Training (ASIST) can continue in the Top End for a further 12 months (previously funded by DoHA). This program will be reviewed prior to June 2008.
- A Bereavement support group has been funded in Darwin for people affected by a suicide in their family.

#### **Early Intervention**

- Funding for a Primary Health Care Service within the Public Mental Health Services in Central Australia.

- Increased funding for Young Carers Resilience Workshops for young people with parents with a mental illness or disability.
- Funding for Perinatal training for professionals working in perinatal and infant mental health in the NT to improve communication and collaboration among providers supporting mothers and babies managing infant mental health issues.

## **2. Sub-acute Beds (\$5.5 million)**

24 hour supported community based services as an alternative to hospital admission or to facilitate intensive support following discharge from hospital.

### Progress to date:

- A trial program to provide intensive support for clients who are at risk of relapse and possible hospital admission, or, to provide post-discharge support was established in September 2005. This program is provided by public mental health services in partnership with NGOs. An evaluation of these programs and the final report is expected by August 2007.
- Funding for sub-acute beds will compliment this program, providing 24 hour supported beds in Darwin and Alice Springs for people who are unable to be intensively supported in their own home, including people from rural and remote areas. Plans have been approved and building works have commenced on an 8-bed facility in Darwin. It is anticipated this service will be operational in October 2007.
- A more flexible model is planned for Alice Springs. Four sub-acute beds are currently available - two 24 hour supported beds and a two-bedroom unit.

## **3. Rural and Remote Services (\$4.0 million)**

Increased services to rural and remote communities, including additional child and adolescent clinical positions for rural and remote areas, increased funding to Aboriginal Mental Health Worker Programmes and Visiting Psychiatrist Services (in addition to MSOAP funding).

### Progress to date:

- New child and adolescent positions have been funded in public mental health services to provide services to rural and remote communities and visiting child and adolescent psychiatrist services to Katherine, Nhulunbuy, Alice Springs and Central Australian communities have commenced.
- Increased clinical staff have been funded in rural and remote adult teams to increase the frequency and duration of visiting services.
- Visiting psychiatrist programs have been expanded to all major remote communities in the Top End and Central Australia via NT Government funding and Australian Government Medical Specialist Outreach Program (MSOAP).
- Increased funding to Top End Division General Practice (TEDGP) Aboriginal Mental Health Worker Program and Tiwi Mental Health Program.

#### **4. Prison In-reach Services (\$3.5 million)**

Increased forensic mental health clinical, behavioural and Aboriginal Mental Health/Disability Worker positions to provide in-reach services to people in Alice Springs and Darwin prisons who have a mental illness, intellectual disability or acquired brain injury.

##### Progress to date:

- Additional community nursing, P2 behaviouralist, Aboriginal Mental Health Worker and part-time forensic psychiatrist positions have been funded in the Darwin and Alice Springs Forensic Teams.
- Training program for correctional staff has commenced.
- Facilities modifications to Darwin Correctional Centre to accommodate a full time forensic mental health presence in the prison have been completed.

#### **5. Rehabilitation and Recovery Services (\$0.5 million)**

Increased funding for rehabilitation and recovery and carer support services provided by the non-government sector.

##### Progress to date:

- Increased funding to various NGOs to increase rehabilitation and recovery services and expand regional services for consumers, carer support and community education. Programs include outreach and recovery, supported accommodation, self help groups and carer support. Funding this year far exceeds the original commitment.

#### **6. Care Coordination**

One of the main aims of the NAP is to improve the Care Coordination process for people with severe mental illness and complex needs.

##### Progress to date:

- An NT Care Coordination Working Group has been established. The objectives of the group are to ensure collaboration and align Australian and Territory Government efforts, improve the responsiveness of the mental health system and pursue opportunities to work across portfolios and jurisdictions to improve mental health outcomes.
- A draft NT Care Coordination Policy Paper has been circulated for comment.
- To inform the NT Care Coordination Working Group and progress care coordination at the operational level, two subgroups have been established. One sub-group to develop improved care coordination for people who are in contact with the criminal justice system and who have mental health and alcohol and other drug problems has been established in the Top End. It is currently proposed to establish a similar sub-group in Tennant Creek. A second sub-group to develop improved care coordination between primary health, specialist mental health and non-government rehabilitation and recovery services has been established in Central Australia.



## 7. Other Initiatives not included above

- Supported accommodation - 5 x 24 hour supported beds have been established in Darwin.
- Anangu Pitjantjatjara Yankunytjatjara (APY) Lands Cross Jurisdictional Service Agreement. The NT is providing specialist mental health services to the APY Lands under this agreement.
- DHCS are currently finalising a cross border agreement with South Australia. Cross border agreements with Western Australia, Queensland, New South Wales, ACT, Tasmania and Victoria will also be pursued following implementation of amendments to the *Mental Health and Related Services Act* later this year.
- The DHCS has joined a consortium to establish 'Hearspace - Top End' a community service for young people, as part of it's commitment to improving mental health outcomes for the young in the NT. 'Hearspace – Top End' will see GPs, mental health, alcohol and other drugs, and youth services co-located in Palmerston with extensive referral links to other youth related services and organisations in the region.
- Creation of Consultation Liaison Nurse positions in Royal Darwin Hospital (RDH) and Alice Springs Hospital (ASH) and Redevelopment and expansion of the after hours service with staff rostered to provide assessments in the community and the Emergency Department of RDH after hours;
- Development of an NT Mental Health Disaster Response Action Plan, incorporating establishment of a psychological response team to respond to a range of disaster/trauma scenarios including suicide clusters.
- Quality and safety initiatives include:
  - new clinical risk register has been established that is to be shared by all NT public MHS enabling a single point of entry for all notifiable incidents;
  - all services are now accredited under ACHS Currently working towards NT wide accreditation;
  - significant modifications to both NT mental health inpatient facilities to address safety and quality issues have been completed;
  - new quality and clinical system coordination positions established;
  - development of transportation protocols for NT air evacuations of mental health patients;
  - seclusion and restraint reduction projects in both inpatient units.
- Workforce development initiatives include:
  - a substantial increase in the education budget for mental health service clinicians,
  - expansion of the Registrar Training Program
  - commencement of a national and international recruitment strategy for mental health nurses.

- increased educational opportunities for a range of service providers including health, community service, justice, emergency service, and NGOs sponsored by mental health eg mental illness, personality disorder, youth issues, mental health first aid.
- The *Mental Health and Related Services Act* Amendment Bill 2007 was passed without amendment in the Legislative Assembly on 19 April 2007.
  - A review of Approved Procedures and associated directions, guidelines and forms is currently underway to align service level policy and procedures with Legislative amendments and it is anticipated the commencement date for the amendments will be late 2007.
  - Plans for preparation of rollout of educational initiatives related to these amendments for MHS operational staff and other organizations/individuals have also commenced.

For a summary of progress on Australian Government initiatives funded by DoHA & FACSIA see Attachments A & B.

# Australian Government Mental Health Package Department of Health and Ageing (DoHA) Progress Report

ATTACHMENT A

Date: June 2007

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## BRIEF OVERALL STATUS

DoHA is continuing to consult and finalise implementation arrangements for the initiatives detailed in this report. Implementation timeframes remain as per specified in the COAG Plan, and milestones are being considered. Further information is available at [www.health.gov.au/coagmentalhealth](http://www.health.gov.au/coagmentalhealth)

## SPECIFIC ACTIONS/PROGRESS ON INITIATIVES

- **Expanding Suicide Prevention Programs (\$62.4 million)**
  - All 46 community based suicide prevention projects, announced on 12 October 2006, have commenced. Community based suicide prevention funding will continue in 2007-08.
  - The draft of the LIFE Framework was presented to the Community and Expert Advisory Forum and the National Advisory Council on Suicide Prevention in mid May 2007. A further workshop is to be held on 8 June 2007 to discuss the over-arching sector framework. A paper regarding the LIFE Framework redevelopment was presented to the AHMAC Mental Health Standing Committee on 18 May 2007.
  - The Evaluation Framework for the National Suicide Prevention Strategy (NSPS) is currently being developed. The Framework will outline ways to measure the appropriateness, effectiveness and efficiency of the NSPS. Workshops to test the framework commence on 14 June 2007.
  - More than 300 people attended the Inaugural Australian Postvention Conference held by the Salvation Army, 24 -26 May 2007 in Sydney.
  - An Aboriginal Suicide Prevention Capacity Building Workshop is to be held in Alice Springs from 12-14 June 2007, this workshop is for organisations in the Central Australia region. The aims of this workshop are to give participants an opportunity to network and to share information about suicide prevention projects and to assist in building the capacity of organisations who implement suicide prevention projects in a more effective way.
  
- **Alerting the Community to Links between Illicit Drugs and Mental Illness (\$21.6 million)**
  - A national campaign to increase awareness of the links between illicit drug use and mental health and to encourage individuals and families to seek help or treatment is being developed in 2006/07 for implementation in early 2008.
  - A two-stage market research program investigating levels of awareness, knowledge and attitudes towards illicit drug use and mental health problems is informing the development of the campaign. The first stage of research, an in-depth qualitative study, has been completed and key findings are now being measured through a national quantitative survey of young people aged 15-30 and parents of children in this age range. This study has now been finalised
  - In addition, a workshop with representatives from key mental health and drug treatment organisations was held on 18 May to contribute to the strategic development of the measure.
  - To date, advice on the campaign's strategic approach has been provided through a series of consultations with the Australian National Council on Drugs and will be augmented by discussions with a variety of experts in the mental health sector.
  - Up to date evidence on mental illness and illicit drug comorbidity will also inform the campaign approach and messages. The update of the *Illicit Drug Use in Australia: Epidemiology, Use Patterns and Associated Harms* monograph by the National Drugs and Alcohol Research Centre, finalised in March 2007, will contribute to this.
  
- **Support for Day-to-Day living in the Community (\$46.0 million)**
  - Currently 48 in-principle offers for funding have been accepted Australia wide, and it is anticipated that funding agreements will be in place by 30 June 2007.
  - A comprehensive assessment process was undertaken on all the applications received. This process included State and Territory based advisory panels to assist in determining suitability of applicants.
  - It is anticipated that approximately \$20 million will be allocated for the period to 30 June 2009.
  - The implementation sites were identified in consultation with the State-based COAG Mental Health Groups.
  
- **Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (\$507.0 million)**
  - This measure commenced on 1 November 2006, when new Medicare Benefits Schedule items for general practitioners, psychiatrists, clinical psychologists and other appropriately trained allied mental health professionals were introduced.
  - The first six months of uptake for the new items has been positive indicating the initiative is meeting community demand for services. For the period, November 2006 to April 2007, 210,784 claims were processed for the new GP Mental Health Care Plan item.
  - More detailed information on the new MBS items can be found at [www.health.gov.au](http://www.health.gov.au) by using the A-Z Index, go to M for 'Mental Health Care – GP Medicare Items'

- The Australian Government is continuing to work with the relevant professions and other key stakeholders on implementation of education and training activities, with priority given to multidisciplinary education and training.
- The 2007 Federal Budget has reallocated \$30.7 million from the *Better Access* initiative to improve the delivery of mental health support and services to drought-affected rural and remote communities. Of this, \$20.6 million over four years will expand the existing *Mental Health Services in Rural and Remote Areas* initiative, and \$10.1 million will be delivered through the *Mental Health Support for Drought-affected Communities* initiative.
- **New Funding for Mental Health Nurses (\$191.6 million)**
  - The Mental Health Nurse Incentive Program was launched by Senator the Hon Brett Mason, Parliamentary Secretary to the Minister for Health and Ageing on 30 April 2007.
  - This measure will formally commence on 1 July 2007.
  - Negotiations with the key professional organisations are continuing to streamline arrangements for credentialing mental health nurses to participate in the scheme.
  - Medicare Australia is the payments agency for this measure however it is not an MBS payment.
  - Further information on this measure, including Program Guidelines, Application Forms and Fact Sheets are now available at [www.health.gov.au/coagmentalhealth](http://www.health.gov.au/coagmentalhealth).
- **Improved services for people with drug and alcohol problems and mental illness (\$73.9 million)**
  - The Implementation Strategy for this measure was approved by the Minister on 8 May 2007. Funding in the form of capacity building grants will be available for non-government alcohol and other drug (AOD) treatment services across Australia for activities including workforce training, developing partnerships with local area health services and to develop policies and procedures that support the identification and management of clients experiencing comorbid substance abuse and mental illness. The Department expects these grants to be advertised within the next few months.
  - In conjunction with the grants process, a second component of the Implementation Strategy will be to enhance cross-sectoral support and strategic partnerships between state and territory mental health and AOD services, GPs and peak AOD non-government organisations (NGOs) to support the capacity building grants at the local level.
  - The Expert Reference Group (ERG) established to provide advice on the implementation of the measure, including identifying priorities for funding under the National Comorbidity Initiative (NCI) component of the measure, has met twice (November 2006 and February 2007). A third meeting has been scheduled for 26 June 2007 to discuss medium to longer term funding priorities under the NCI.
  - In addition to the ERG, significant consultation has been undertaken on the implementation approach for the Improved Services measure, including a meeting with the Clinical Directors of the National Mental Health Standing Committee and the Health officials of the Intergovernmental Committee on Drugs on 21 March 2007.
- **Mental Health Services in Rural and Remote Areas (\$72.3 million)**
  - The Prime Minister the Hon John Howard launched this measure on 9 October 2006.
  - The Department held discussions with jurisdictions regarding stage one of this measure. The Department asked jurisdictions to identify where they would consider their geographical areas of highest need/unmet demand to be, as well as to identify potential auspice organisations that could deliver the services.
  - The Parliamentary Secretary to the Minister for Health and Ageing approved the approach for stage one of the measure on 28 November 2006.
  - An Expert Forum with a focus on stage two was held on 30 November 2006 to start to scope possible solutions to getting viable mental health services into rural and remote Australia where there is little capacity and such services do not exist.
  - Potential auspice organisations were invited to submit funding proposals and we expect to have contracts in place and services running before the end of the 2006-07 financial year.
  - On 2 May 2007 the Prime Minister the Hon John Howard announced the North West Division of General Practice in Tasmania as the first organisation to receive funding under this measure.
  - As part of the Australian Government's support to rural and regional Australians, the 2007-08 Budget reallocated \$20.6 million over four years (from the *Better Access* initiative) to enable services to be provided by up to 114 additional allied and/or mental health nursing professionals in drought affected areas throughout Australia. This funding will expand the *Mental Health Services in Rural and Remote Areas* initiative making a total investment of \$72.3 million to rural and remote areas including those affected by drought throughout Australia.
- **Telephone Counselling, Self Help and Web-based Support Programmes (\$56.9 million)**
  - A stakeholder workshop was held in Melbourne during May to progress the development of quality practice principles to support the telephone counselling, self help and web-based services sector. These are being developed by the sector for the sector. A draft document is under consideration with a second meeting of the group planned for July.
  - A funding strategy for the remaining parts of this measure has been agreed, with capacity building for existing service providers being the first priority.

- **Improving the capacity of workers in Indigenous communities (\$20.8 million)**
  - Recipients of the five additional Puggy Hunter Memorial Scholarships for mental health for the 2007 academic year were advised that they were successful in December 2006.
  - A contract with Orygen Research Centre was signed in February 2007 to deliver a culturally adapted version of the mental health first aid course. The Department will support 120 instructor scholarships for Aboriginal and Torres Strait Islander people employed by Australian Government funded Indigenous specific health services to deliver the two day mental health first aid course. A pilot mental health first aid instructor program was delivered in Orange, NSW during the week of 5 to 9 March 2007. A second pilot workshop was delivered in Cairns on 21-25 May 2007. Nine more instructor programs will be delivered by December 2007.
  - The Community Services & Health Industry Skills Council (CS&HISC) will develop a training package (including stabilisation and referral; drug and alcohol interventions; suicide interventions; and grief and loss interventions) for the existing workforce and will align it with the current Aboriginal Health Worker competencies development. The contract was signed in November 2006 and the package will be developed by August 2007. The CS&HISC Industry Reference Group (IRG) has met on 20 November 2006 and 19 March 2007 – and will meet again in June 2007.
  - The locations of the ten mental health workers have been formalised and progressive funding for the positions have commenced. The sites for the five houses have also been identified. Negotiations between the OATSIH State and Territory Offices and the successful auspice agencies have commenced.
  - The tender for the Indigenous mental health textbook closed on 30 January 2007. The tender evaluation committee met on 12 February and 4 May 2007 and has selected a successful tenderer. The Department is finalising the tender processes in order to commence contract negotiations.
  - The tender for the Mental Health Multi-media Resource closed on 19 February 2007 and several tenders were received. A tender evaluation panel met on 23 March 2007 to consider the proposals. A successful tender was identified and contract negotiations are currently underway.
  - The request for tender to develop and/or adapt mental health assessment tools is currently being finalised. It is anticipated that this tender will be advertised in the national media in June 2007 with a closing date in July 2007.
  - The first OATSIH Expert Reference Group meeting was held in Canberra on 13 March 2007. The second meeting was held on 17 May 2007. The next meeting is planned for 29 August 2007.
  
- **Increased funding for the Mental Health Council of Australia (\$1.0 million)**
  - This was implemented from 1 July 2006 providing an additional \$200,000 per annum over 5 years through funding arrangements under the Community Sector Support Scheme to support the organisation's national secretariat activities.
  
- **New early intervention services for parents, children and young people (\$28.1 million)**
  - Consultations have been completed with all jurisdictions, and with an expert group, regarding the development of a framework for this measure.
  - A funding agreement has been negotiated with Professor Beverly Raphael (Academic Unit of Psychological Medicine, at the Australian National University) to scope the needs around a possible trauma, loss and grief network. Work has commenced, including a scoping survey and expert focus group.
  - A funding agreement with the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) to provide support and information to stakeholders in relation to Children of Parents with a Mental Illness (COPMI) will be finalised in early June.
  - It is anticipated that a funding agreement will be finalised before the end of June 2007 with the Australian Psychological Society to begin drafting resources that could be used in preschool sector. A range of stakeholders will be consulted as part of the resource drafting process.
  
- **Additional education places, scholarships and clinical training in mental health (\$103.5 million)**
  - The Prime Minister announced on 14 July that 210 clinical psychology places and 431 mental health nursing places had been offered to universities. The places have been included in universities' 2007 funding agreements.
  - These measures are estimated to result in a total of approximately 1 400 additional mental health nurses and 700 additional clinical psychologists completing training by the end of 2011.
  - In May 2007, the Department met with RANZCP to discuss progressing the expansion of psychiatry training beyond major public teaching hospitals. The Department intends to enter into a Funding Agreement with RANZCP in the near future for the provision of advice and data on expanding psychiatry training settings; support for the accreditation of new psychiatry training positions in an expanded range of settings; and the provision of support for rural based psychiatry trainees.
  - The RANZCP is being funded to implement its proposal to undertake structural reform of psychiatric training over 5 years. Improvements sought include facilitating competency based training, increasing flexibility of training for part-timers and trainees with interrupted training, higher trainee pass rates, and expanding options for lateral entry to the speciality, particularly for overseas-trained doctors.
  - The Royal College of Nursing, Australia (RCNA) has been selected as the fund administrator. Scholarship applications have been assessed by Scholarship Selection Committees consisting of representatives from the Department, the RCNA and other peak bodies. The first round of scholarship offers were made in May 2007.

- **Mental health in tertiary curricula (\$5.6 million)**
  - The Mental Health Nurse Education Taskforce has completed its report on Mental Health in Pre-registration Nursing Courses. The final report will be considered by the Australian Health Ministers Advisory Council at its next meeting in June 2007.
  - Negotiations are continuing with allied health accreditation bodies for projects to review course accreditation requirements to include core mental health components. A funding agreement has been finalised with the Australian Association of Dietitians. Agreements are nearly finalised with accreditation bodies for other health professions such as social work, occupational therapy and chiropractic.
  
- **Mental Health Support for Drought-affected Communities (\$10.1 million – reallocated in 2007 Budget)**
  - The 2007 Federal Budget has reallocated funding made available under the Australian Government’s mental health reform package to improve the delivery of mental health support and services to drought-affected rural and remote communities. This includes \$10.1 million (reallocated from the Better Access initiative) for the *Mental Health Support for Drought-affected Communities* initiative which will provide crisis counselling services for distressed individuals in drought-declared rural areas, as well as education and training for clinicians and community leaders. It will also increase the capacity of communities to respond to drought-related psychological trauma. Funding will be provided to up to 39 individual Divisions of General Practice covering a wide range of drought-affected rural and remote communities throughout Australia.

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## **SPECIFIC ACTIONS/PROGRESS ON INITIATIVES**

### **• New Personal Helpers and Mentors**

The successful service providers were announced by the Prime Minister on 5 April 2007. In NT, these are: Darwin-Palmerson – Mission Australia, Katherine-Katherine urban – Australian Red Cross and Top End – Australian Red Cross.

A second round is expected to commence soon.

### **• Community Based Programs to Help Families Cope with Mental Illness**

The Community Based Programme is made up of 2 Phases:

Phase One, which commences in 2006-07, involves the initiation of a limited number of high priority projects for the Community Based Programme target groups. Phase One will include a small number of projects, to be known as the Family Mental Health Support Services, that will deliver mental health support services to families affected by mental illness. It is anticipated that as part of this initiative, one service provider will be funded within Queensland. Phase One projects will be initiated through a direct approach to service providers.

Phase Two projects will commence in 2007-08. An open, competitive application process will seek proposals from community based non-government organisations for projects to support families affected by mental illness. Projects will be in the range of \$50,000 to \$2,000,000.

### **• More Respite Places to Help Families and Carers**

The Mental Health Respite Programme will provide a flexible range of respite options for carers of people with mental illness/psychiatric disability and intellectual disability. The Programme will be delivered in two parts:

#### Part A: Brokerage of respite services through Commonwealth Carer Respite and Carelink Centres (Centres):

- Centres will commence the brokerage services from April 2007. All three Centres in NT are brokering respite services for this component of the Programme.
- Information forums will be held with Centre representatives from all state and territories to inform Centres about the Programme, address queries and provide mental health training. A forum will be held with Centre representatives from Queensland and the Northern Territory on 8-9 May 2007.

#### Part B: National Respite Development Funds to increase the availability and supply of respite options:

- A selection process for the National Respite Development component of the Programme will be undertaken in early 2007-08.

FaCSIA's respite mapping exercise is also underway, utilising information provided by COAG Working Groups and Centres to map the current supply of respite services available across Australia.

Minister for Community Services, Senator Nigel Scullion launched the initiative on 18 April 2007 in Darwin.

- There are 3 HACC regions in NT. These are located in Central Australia, Top End – East Arnhem, and Top End – Northern.
- Priority of access will be based on an assessment of relative carer need. Particular attention will be paid to ensuring appropriate options for people with severe and profound conditions

or challenging behaviours. Specific priority will be given to older carers who are caring for people with mental illness/psychiatric disability or intellectual disability at home.

- Local Centres can be contacted through the national toll free number 1800 059 059 (Free local call. Mobile phones charged at mobile rates).

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