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**SENATE COMMUNITY AFFAIRS
COMMITTEE INQUIRY INTO
MENTAL HEALTH SERVICES IN
AUSTRALIA**

Submission

**Australian Government Department of
Health and Ageing**

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Executive summary

The Prime Minister announced a substantial investment by the Australian Government to reform Australia's mental health system on 5 April 2006. \$1.9 billion has been committed by the Australian Government over five years to improve access to mental health services across Australia. Reforming mental health care in Australia requires a sustained joint effort by the Australian Government and state and territory governments. This commitment was reaffirmed on 14 July 2006, when the Prime Minister endorsed the *Council of Australian Governments' National Action Plan on Mental Health 2006-2011* (the COAG Action Plan). The Australian Government's package targets many of the shortfalls that currently exist in the mental health system.

The Department of Health and Ageing (DoHA) has been working closely with jurisdictions and across portfolios to implement its initiatives and the COAG Action Plan. This submission provides an update on progress from July 2006 to September 2007 of the DoHA measures which are already making a contribution to improved mental health service provision.

DoHA is responsible for administering the following measures under the COAG Action Plan:

- an expansion of preventive programmes for individuals and groups at risk of suicide (\$62.4 million);
- public information and education activities to help people better understand the links between drug use and mental illness (\$21.6 million);
- new early intervention services for parents, children and young people (\$28.1 million);
- additional funding to enable the Mental Health Council of Australia to respond to an increased focus on mental health issues (\$1 million);
- reforms to the Medicare Benefits Schedule to improve access to, and teamwork between, psychiatrists, clinical psychologists and general practitioners (\$507 million);
- increased assistance to people with severe mental illness by funding psychiatrists and general practitioners to engage mental health nurses to coordinate their treatment and care (\$191.6 million);
- improved access to mental health services for people in rural and remote areas, including funding of \$20.6 million reallocated in the 2007 Budget (\$72.3 million);
- improved services for people with mental health and illicit drug disorders (\$73.9 million);
- enhanced telephone counselling services by non-government organisations and expansion of web-based advisory services (\$56.9 million);
- structured activity programmes for over 7,000 people with severe mental disorders per year (\$46 million);
- additional education places, scholarships and clinical training in mental health (\$103.5 million);
- an increase in the mental health content in tertiary curricula (\$5.6 million); and
- funding to improve the capacity of workers in Indigenous communities to identify and assist people with mental illness (\$20.8 million).

In the 2007 Budget, \$10.1 million was allocated for the Mental Health Support for Drought affected Communities initiative. This will provide crisis counselling services for distressed individuals in drought-declared rural and remote 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 Divisions of General Practice to provide the services.

The \$1.9 billion in new funding is in addition to the \$331 million already allocated by the Australian Government under the Australian Health Care Agreements 2003-2008 (AHCAs) to all states and territories to facilitate further mental health reform through the National Mental Health Strategy. Under the AHCAs 2003-2008 a further \$66 million in Commonwealth Own Purpose Outlays funding has also been allocated for national mental health reform activities. The new commitment builds on other existing Australian Government activity, including the Better Outcomes in Mental Health Care Programme (\$263.1 million since 2001), the establishment of *headspace* (\$51.8 million) under the National Youth Mental Health Foundation (\$69 million) and continued support for *beyondblue*, the National Depression Initiative (\$39.6 million over five years to 2008-2009).

Implementation of the COAG DoHA measures is progressing on time and as expected. The response to the package has been very positive, particularly the new Medicare Better Access items. The uptake of the new Medicare items indicates that the initiative is addressing community demand for services. The provision of new mental health services in rural and remote areas, including additional funding for drought-affected communities, has been welcomed by these communities and the addition and enhancement of suicide prevention programs received a large number of applications for grants and has been quickly implemented.

The measure to place mental health nurses within private psychiatry practice, general practice and other appropriate organisations to assist people with better coordinated treatment and care will commence in the first half of the 2007-08 financial period, with ongoing work to streamline credentialing arrangements for mental health nurses wishing to participate in the program.

Planning and consultation has occurred in preparation for the implementation of new community support services and telephone counselling, self-help and web-based support programmes.

With regard to longer term objectives, work has also progressed on improving workforce supply and training so that future demand for mental health services can be met from an augmented and better trained workforce. Mental health courses, curricula and accreditation are being reviewed for nursing and a number of allied health professions. Specific measures for Indigenous communities will improve awareness of mental health nurses and health workers of mental health issues and provide culturally appropriate teaching materials.

Prevention and promotion activities are being planned to improve public awareness of the links between illicit drug use and mental illness and to provide information, early intervention and support to parents of children and to young people.

Planning and implementation of the additional measures announced in the 2007 Budget for drought affected communities will need to proceed quickly to meet the expectations of these communities. Much has been achieved in the first 12 months of the COAG Action Plan, and work is underway to implement the remaining measures.

Roles and responsibilities of governments for mental health services

The Australian Government and the state and territory governments have complementary roles in mental health care.

State and territory governments have a major responsibility for the management and delivery of public mental health hospital services, including those provided by specialist psychiatric hospitals and corrective services. States and territories also fund community health services, which include ambulatory care services and specialised residential services, and a range of NGO provided services including accommodation, outreach support for people living in their own homes, residential rehabilitation units, recreational programs, carer respite services, self-help, mutual support and system-wide advocacy.

The Australian Government has significantly expanded funding in key areas of responsibility, including:

- services delivered by private psychiatrists in the community, general practitioners (GPs), psychologists, mental health nurses and other allied health professionals;
- labour market programmes associated with assisting people with mental illness find and stay in employment; and
- tertiary education including funding training places and scholarships, and enhancements to course content.

DoHA's primary role is implementation of a range of programs within the private and non-government mental health sectors. Key areas of responsibility include:

- primary care services through GPs and other programs;
- medical and pharmaceutical benefits funding;
- promotion and prevention programmes including suicide prevention;
- community-based mental health treatment services for people with mental illness and drug and alcohol issues;
- mental health services in rural and remote areas;
- support for people with severe mental illness to gain living skills;
- telephone counselling and advisory services, including through the National Health Call Centre Network; and
- funding to states and territories for mental health services through the AHCA's.

A range of mainstream programs and services are also provided by the Australian Government which provide essential support for people with a mental illness. These include income support, social and community services, disability programs, and housing assistance programs¹.

Within the Australian health system, the private sector delivers a significant proportion of primary, specialist and allied health care through a workforce that includes psychiatrists, general practitioners, specialists, pharmacists, physiotherapists and dentists. The private sector also operates private hospitals, including private mental health facilities, and through health funds offers private health insurance.

State and territory governments are primarily responsible, either directly or indirectly, for the delivery and management of many services². It is encouraging to see jurisdictions such as Queensland, Victoria, South Australia and the Australian Capital Territory have allocated new funding since the COAG Action Plan was endorsed in the areas for which they have responsibility. Supported accommodation continues to be an area that requires further investment from the states and territories.

Commitments and contributions

Recurrent government expenditure on mental health services has increased during the ten-year period from 1993-2003 by 73% in real terms. Australian Government spending has increased at a much greater rate than that of the states and territories (134% compared with 49%). However, government spending on direct mental health services does not reflect the total resources going towards mental health. The cost of providing the income and support services needed to allow people affected by mental health illness to participate in community life is estimated to be over three times the outlays on specific mental health programs³. This is equivalent to \$3.8 billion in 2003 prices.

There was, and continues to be, considerable variation in funding across states and territories with commensurate wide variation in the level of mental health services available to their populations. There is also evidence of inequitable allocation of mental health resources at a local area level⁴. The commitment by the Australian Government and state and territory governments to a national framework of reform under the National Mental Health Plan 2003-2008 has resulted in significant efforts to improve mental health services delivery both within mainstream health services and within community-based treatment and support services. These efforts have been accompanied by an emphasis on an approach to mental health care which includes prevention, early intervention, rehabilitation and recovery⁵.

¹ Commonwealth of Australia (2005) The Contribution of the Australian Government to Mental Health in Australia Senate Inquiry into the Provision of Mental Health Services in Australia

² Department of Health and Ageing (2005) National Mental Health Report 2005: Summary of Ten Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2003 Commonwealth of Australia, Canberra p 20

³ Department of Health and Ageing (2005) National Mental Health Report 2005: Summary of Ten Years of Reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2003 Commonwealth of Australia, Canberra pp 30-31

⁴ Burgess et al (2002) Mental Health Needs and Expenditure in Australia Mental Health and Special Programs Branch, Commonwealth Department of Health and Ageing, Canberra

⁵ Australian Health Ministers (2003) National Mental Health Plan 2003-2008. Canberra: Australian Government, 2003 Foreword p 3

The Council of Australian Governments endorsed a new *National Action Plan on Mental Health 2006-2011* (COAG Action Plan) on 14 July 2006. The COAG Action Plan sets out new national policy directions for mental health and includes a joint package of measures and new investments by all governments over a 5-year period. The Plan aims to reduce the prevalence and severity of mental illness, reduce risk factors for mental illness, improve access to and coordination of mental health services, and increase the ability of people with mental health illness to participate in the community.

With the COAG Action Plan, the Australian Government committed \$1.9 billion in new funding over five years⁶. The \$1.9 billion was confirmed in the 2006-07 Budget, and was in addition to existing Australian Government mental health funding and activities. States and Territories attached combinations of new and previously announced funding in their respective commitments to the COAG Action Plan.

COAG Action Plan – Summary of Measures

The Australian Government's contribution to the COAG Action Plan is being jointly implemented by the Department of Health and Ageing (DoHA), the Department of Families, Community Services and Indigenous Affairs (FaCSIA), the Department of Employment and Workplace Relations (DEWR) and the Department of Education, Science and Training (DEST). DoHA is the lead agency for the delivery of the Australian Government's package, with responsibility for implementing 13 of the 18 initiatives. This submission focuses on the initiatives for which DoHA has responsibility.

Some initiatives are demand driven, such as the Better Access Initiative, involving the new Medicare Benefits Schedule (MBS) mental health items. Other initiatives are being implemented in specific sites which have been identified in consultation with state-based COAG Mental Health Groups, such as the *Support for day-to-day living* program. DoHA is working with state-based COAG Mental Health Groups to progress initiatives through collaboration, cooperation and alignment of existing and new activities.

DoHA is also responsible for increasing access to primary health care, increasing the mental health workforce and improving treatment options for people with both mental health and drug and alcohol problems. The measures aim to improve services for people with mental illness, their families and carers. A summary of DoHA's responsibilities is provided below.

Promotion, Prevention and Early Intervention

This includes measures to:

- expand and enhance suicide prevention programmes, research and development under the National Suicide Prevention Strategy;
- help people better understand the links between drug use and the development of mental illness, and to encourage individuals and families to seek help or treatment;

⁶ Australian Institute of Health and Welfare 2007 Mental health services in Australia 2004-05 AIHW cat no. HSE 47. Canberra: AIHW (Mental Health Series No 9) p 9

- develop resources, information and training to better identify children at risk of mental illness and to offer early referral for appropriate treatment through programmes for education providers and other relevant organisations; and
- provide additional funding to the Mental Health Council of Australia to enable them to respond to an increased focus on mental health issues in the broader community.

Integrating and Improving the Care System

This includes measures to:

- provide better access to psychiatrists, psychologists and general practitioners (GPs) through the MBS and facilitate better teamwork between health professionals;
- fund new mental health nurses in private psychiatry practice, general practice and other appropriate organisations to assist people with better coordinated treatment and care;
- provide better access to mental health services for people in rural and remote areas through funding for treatment services provided by appropriately trained allied mental health professionals such as psychologists, social workers, occupational therapists, and mental health nurses;
- provide mental health support for drought affected communities;
- improve services for people with drug and alcohol problems and comorbid mental illness; and
- fund telephone counselling, self-help and web-based support.

Participation in the Community and Employment, including Accommodation

Under this measure funding has been provided to support activities associated with day-to-day living in the community such as independent living skills and social rehabilitation activities.

Increasing Workforce Capacity

This measure will increase workforce capacity by:

- funding additional education places, scholarships and clinical training in mental health to increase the supply and quality of the mental health workforce in nursing, psychology, medicine, psychiatry, occupational therapy and social work (this measure is being implemented in partnership with DEST); and
- improving the capacity of health workers in Indigenous communities and developing a range of mental health training programmes and resources for the existing workforce to enable them to better identify mental illness and assist people to access appropriate treatment.

How the COAG Action Plan addresses specific aims and objectives of the National Mental Health Strategy

The COAG Action Plan on Mental Health 2006-2011 complements and builds on existing programs and reforms that are occurring under the National Mental Health Strategy. The Action Plan builds upon the key policy directives of the current National Mental Health Policy and the actions identified under the National Mental Health Plan 2003-2008.

The package of measures is designed to improve a number of areas of the mental health system, including access to a range of mental health professional services and care coordination. The measures also strengthen the emphasis on population wide approaches to the promotion of mental health, the prevention of mental health problems and disorders, and the support available for those with mental health conditions, their carers and families. The measures build on existing activities.

The Action Plan is being coordinated through regular state and territory convened Mental Health Group meetings which provide a forum for collaboration on the delivery of services so they are delivered in a coordinated and seamless way. A key objective of the Action Plan is to ensure that care is coordinated across the range of public, private, non-government and community sectors for people with severe mental illness and complex needs. The outcomes are being monitored through the National Mental Health Report series which will be the key accountability mechanism for monitoring the shifts in funding and provision of services in line with mental health reform directions.

Updates on implementation of individual measures

The following section provides an update on each of the measures DoHA is responsible for under the COAG Action Plan.

Expanding Suicide Prevention Programmes (\$62.4m)

The National Suicide Prevention Strategy (NSPS), which commenced in 1999, was expanded through the COAG Mental Health package (2006-2011). The Expanding Suicide Prevention Programme aims to expand and enhance current suicide prevention efforts.

The NSPS promotes suicide-prevention activities across the Australian population, as well as for specific groups at heightened risk of suicide and self harm, such as Aboriginal and Torres Strait Islander people, men aged between 20 and 54, people with a mental illness, people bereaved by suicide and people living in rural and remote areas.

National and community based initiatives are funded to enhance the capacity of individuals and services to access information and provide support and training on suicide prevention. These projects also aim to increase the number of individuals seeking help regarding their emotional and social wellbeing and increase the identification, referral and treatment of at risk individuals by services and professionals.

Since 1 July 2006, over 50 national and community based suicide prevention projects have commenced. The national suicide prevention projects take a broad, strategic approach to addressing suicide prevention across the community. These national projects include:

- The Family Court of Australia Mental Health Support Program, which aims to improve the Federal Magistrates Court and Family Court of Australia's systems and processes to ensure that they are supportive of the mental health and emotional well-being of clients.
- The Mindframe National Media Initiative promotes responsible and accurate reporting and portrayal of suicide and mental illness in the media.

Funding of \$23.5m was announced for 46 community based projects on 12 October 2006. Funding of over \$2m has since been provided to an additional eight community projects. These community projects are located in each state and territory, as follows:

State/Territory	Number of Projects
ACT	4
SA	3
Tas	4
WA	8
NSW	12
Vic	8
NT	6
Qld	9
Total	54

Small community based projects are funded over a 12 month period. These projects include:

- The Queensland Police-Citizens Youth Welfare Association initiative 'Something Better' aims to assist and support young people in the Aboriginal community of Wujal Wujal, far north Queensland, who are at risk of suicide through engagement in sporting activities outside of their community.
- The Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation project 'Speaking Up About Mental Health' will enable the development of a series of radio conversations around mental health issues. These are to be broadcast in SA, southern NT and WA.

Large community based projects are funded over three years. These projects include:

- The Centre for Rural and Remote Mental Health Queensland is implementing a suicide prevention and education project focussing on Aboriginal communities in Far North and South West Queensland.
- OzHelp Foundation Ltd is expanding its work based program of support, advice and counselling for apprentices within the construction industry.
- Crisis Support Services Inc is providing additional support for people who are at risk of suicide through a call-back service.
- United Synergies is developing a bereavement response service aimed at key points across Australia.

There is a requirement for all community-based suicide prevention projects to ensure that performance indicator information is collected and collated. These performance indicators are based on the COAG Mental Health Monitoring Framework.

In addition, an evaluation framework for the NSPS is currently being developed to define how appropriateness, effectiveness and efficiency, consistent with the COAG Mental Health Monitoring Framework, will be measured.

The NSPS is an ongoing programme, which is being implemented on schedule. Funding will continue to be provided for national projects and community based projects, which enhance the capacity of communities to respond to and support people at risk of suicide.

Living Is For Everyone – A Framework for Prevention of Suicide and Self-Harm in Australia (The LIFE Framework) guides the activities of the NSPS by providing priorities and directions in suicide prevention supported by the available evidence. The LIFE Framework is currently being redeveloped with updated evidence to provide strategic direction for suicide prevention activities, across the sector, for the next five years.

DoHA is also supporting two research activities which focus on self harm. These studies will provide a greater understanding of factors that lead to deliberate self-injury and suicide in the community including potential opportunities for intervention. The resulting increased knowledge base will provide a firm basis for the development of appropriately targeted and effective prevention, early intervention and clinical management programs.

Alerting the Community to the Links between Illicit Drug Use and Mental Illness (\$21.6m)

Alerting the Community to the Links Between Illicit Drug Use and Mental Illness is a national social marketing program that aims to raise community awareness of the links between illicit drug use and mental health problems, and highlight the importance of seeking help early.

The measure will strengthen efforts aimed at preventing illicit drug use amongst young people. Those at risk of developing comorbidity problems will benefit from the improved outcomes that result from prevention, early detection and treatment.

The measure is currently in development. A comprehensive strategic approach is being prepared based on comorbidity data, consumer focussed market research and expertise from the drugs and mental illness prevention and treatment arenas.

To provide an evidence base to guide strategy development, the National Drug and Alcohol Research Centre (NDARC) has undertaken a review of the latest empirical evidence relating to illicit drug and mental illness comorbidity and a two stage program of market research has been undertaken by Blue Moon Research and Planning.

Expertise on comorbidity issues is being provided by the Australian National Council on Drugs Campaign Reference Group and through consultation with key interest groups. A forum with key representatives from a range of mental health and illicit drug organisations was held in Sydney on 18 May 2007 to seek their input. The development of program communication elements will be undertaken over the next six months.

The anticipated implementation date is early 2008. The development timeframe reflects the complexity of the issues and the need for a comprehensive program of consultation and market research to ensure the campaign has a solid information base and is effective. Quantitative market research will be undertaken to assist with evaluating the effectiveness of the program.

Early Intervention Services for Parents, Children and Young People (\$28.1m)

Under this measure, assistance will be provided to parents and schools to identify children at risk of mental illness and to offer early referral for appropriate treatment. Resources, information and training for parents and schools will be provided to promote the availability of new mental health services for children and young people with complex mental health conditions.

The measure will target:

- children and young people showing early symptoms of mental health problems or behaviours which could develop into mental disorders if early support and intervention is not available;
- children and young people in particular population groups where children are at higher risk of developing mental health problems than within the community as a whole, particularly:
 - Aboriginal and Torres Strait Islander children and young people;
 - children of parents with a mental illness; and
 - children and young people who have experienced significant trauma, loss or grief;
- pre-school aged children;
- parents of children in the above target populations; and
- educationalists and other professionals who work with children and young people in the above target populations.

The Australian Infant, Child, Adolescent and Family Mental Health Association has been contracted to provide support and information to stakeholders in relation to Children of Parents with a Mental Illness.

Early Childhood Australia has been funded to consult with the early childhood sector about its capacity to support mental health promotion, prevention and early intervention activities and to examine the barriers that may be present for staff and organisations in that sector to achieve outcomes in this area.

The Hunter Institute for Mental Health is conducting an environmental scan of mental health programs, projects and services that are available across the Australian Government and state and territory governments to support mental health promotion, prevention and early intervention for pre-school aged children.

A project to scope the needs around a possible trauma, loss and grief network is being undertaken by Professor Beverly Raphael (Academic Unit of Psychological Medicine, at the Australian National University).

Monitoring of the measure has been developed within the COAG monitoring plan. Evaluation processes will be developed as the substantial service delivery aspects of the parenting and early childhood components are designed.

The next 12 months of implementation will include the design of the service delivery for the parenting and early childhood components and make them available from February 2008 (early childhood) and July 2008 (parenting).

Increased Funding for the Mental Health Council of Australia (\$1.0m)

This measure was implemented from July 2006 through provision of an additional \$200,000 per annum over 5 years via funding arrangements under the Community Sector Support Scheme (CSSS) to support the Mental Health Council of Australia's (MHCA) national secretariat activities.

The additional funding is being used to assist the Council to meet the increased demand for policy advice and to enhance its existing consultative processes to assist consumers and carers to be engaged in mental health reform policy directions in a timely way.

The MHCA is progressing well under the CSSS and the breadth and depth of the Council's activities is reflected in its 2006-07 Annual Report. The MHCA has provided significant input to mental health policy in Australia through its representation on the Mental Health Standing Committee and the production of key policy reports. It also provides direct input to DoHA through a Stakeholder Reference Group. The MHCA has established various new working groups to assist with its ability to inform and be informed of issues of national significance.

Better Access to Psychiatrists, Psychologists and General Practitioners (GPs) through the Medical Benefits Schedule (MBS) (\$507m)

On 1 November 2006, the Australian Government introduced the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access initiative) to increase community access to better and more affordable team-based mental health care. Also included under this measure is support for GPs and other primary care service professionals to access education and training that will augment their skills in a multidisciplinary approach to mental health care.

Education and Training

A framework for the education and training component of the Better Access initiative was approved on 15 February 2007. In constructing the framework, the key stakeholders were consulted on the objectives and their feedback incorporated. Stakeholders were provided with a copy of the objectives within the agreed framework.

The Department is currently progressing the development of a national multidisciplinary training package and a series of information and orientation sessions to support the initiative.

New Medicare Items

As at 30 June 2007, the number of allied mental health providers registered with Medicare Australia to provide the Better Access services included 1,717 clinical psychologists, 7,967 registered psychologists, 112 occupational therapists and 513 social workers.

The Better Access items are funded under the Medicare special appropriation on a demand-driven basis. The first eight months of uptake for the new Medicare items has been positive indicating the initiative is addressing community demand for services. Distribution of allied mental health providers compares favourably with GP distribution across the States and Territories. From November 2006 to June 2007 the following individual Medicare claims were processed under the new items:

- Over 400,000 individuals including 100,000 people in rural Australia have received services under the items;
- 296,803 claims against the GP Mental Health Care Plan item;
- 211,224 claims against the GP Mental Health Care Consultation item (an extended consultation with a patient where the primary treating problem is related to a mental disorder);
- 38,488 claims against the GP Mental Health Care Review item;
- 189,946 claims against the Psychological Therapy services (provided by clinical psychologists);
- 425,863 claims against the Focussed Psychological Strategies services (provided by registered psychologists, occupational therapists or social workers);
- 5,061 claims against the Referred Patient Assessment and Management Plan items by psychiatrists;
- 46,983 claims against the Consultant Psychiatrist Initial Consultation on New Patient items; and
- 21% of GP mental health care plans have been claimed by people aged under 25.

Medicare rebates are available for patients with a mental disorder to receive up to 12 individual and/or 12 group allied mental health services per calendar year. Patients with a mental disorder will need to be referred by a medical practitioner managing the patient under a GP Mental Health Care Plan, and/or a psychiatrist assessment and management plan; or on referral by a psychiatrist or paediatrician to access these rebates.

These new Medicare items increase community access to mental health professionals and team-based mental health care, with general practitioners encouraged to work more closely and collaboratively with psychiatrists, clinical psychologists and other allied mental health professionals.

Evaluation and Monitoring

The Australian Government will continue to monitor uptake of the items closely and work with the psychiatry, general practice, psychology and other allied mental health professions on any issues that may arise with ongoing implementation of the new items over the coming months.

A post-implementation review of the mental health care Medicare items introduced as part of the Better Access initiative will be undertaken in 2008, after an initial period of around 18 months to two years operation of the new items.

The post-implementation review planned for mid-2008 will complement a later full evaluation of the Better Access initiative as is required for the 2011-12 Budget. Planning for the full evaluation of the Better Access initiative will commence over the next few months.

New Funding for Mental Health Nurses (\$191.6m)

The *Mental Health Nurse Incentive Program* (formerly *New Funding for Mental Health Nurses*) was launched on 30 April 2007 by Senator the Hon. Brett Mason, Parliamentary Secretary to the Minister for Health and Ageing. The program formally commenced on 1 July 2007 with payments made through Medicare Australia. This program is targeted at community based patients living with severe mental disorders. Under the program, mental health nurses will work in collaboration with psychiatrists and general practitioners to provide services such as monitoring patients' mental state, medication management and improving patient links to other health professionals and clinical service providers.

To date, Medicare Australia has received over 200 applications from private psychiatrist services, general practices and divisions of general practice to participate in the program. Due to the recent commencement of the program, no additional reporting details are currently available. Details regarding the number of services and sites funded in the first quarter of the program will be available in November 2007. Details regarding the number of face-to-face client services provided under the program will also be available in November 2007.

An external evaluation of the program will commence in the second half of the 2007-2008 financial year. This evaluation will review the implementation of the program and the early outcomes for organisations/ mental health nurses/ patients participating in the program.

The first payment to participating organisations will be made at the end of the first quarter in 2007-08 (i.e. after 30 September 2007). Program payments will be made quarterly through Medicare Australia.

Mental Health Services in Rural and Remote Areas (\$72.3m)

The 2006 Budget provided \$51.7 million over five years for the *Mental Health Services in Rural and Remote Areas* measure. An additional \$20.6 million was committed in the 2007 Budget, which was reallocated from the education and training component of the *Better Access* initiative. The additional funding was provided specifically to assist drought-affected rural and remote communities and planning for the roll out of this funding is progressing.

On 2 May 2007 the Prime Minister, the Hon John Howard MP, announced the North West Tasmania Division of General Practice as the first organisation to receive funding under Stage one of the *Mental Health Services in Rural and Remote Areas* measure. Negotiations with 13 other auspice organisations have been finalised and these organisations are currently operating mental health services. It is expected that there will be announcements of auspice organisations and service regions in the near future.

14 auspice organisations from all States and the Northern Territory, including Divisions of General Practice, Royal Flying Doctor Services and Aboriginal Medical Services, have been allocated funding under stage one of the measure to provide new mental health services in rural and remote Australia. Regular progress reports are expected to provide information on the new mental health services in the target areas. This will include (for the reporting period), the number of mental health professionals funded, the number of consumers assisted, the place and number of service contacts and the service medium. The first progress report was received in August 2007.

The area to be serviced by the North West Tasmania Division of General Practice provides a snapshot of the populations be targeted by this measure. The area comprises approximately one third the total area of Tasmania. 48% of the population are either in remote rural or other rural areas, and 52% of the population in small rural areas. Of the region's population, 4.9% are of Aboriginal and/or Torres Strait Island origin, higher than both Tasmania (3.4%) and Australia (2.2%). The socio-economic status of residents in North West Tasmania is below the rest of Australia, and has been identified as an area where access to Medicare funded mental health services was in the bottom 30% in 2005-06. Tasmania also experiences the second highest suicide rate in Australia (after the Northern Territory) at 15.6 deaths per 100,000, above the national average of 11.2 per 100,000.

Key deliverables of the funding agreements include a program implementation plan, regular progress reports and a final report. Data and information collected through reporting will be used to inform service delivery and mapping, and meets the Council of Australian Governments *National Action Plan on Mental Health 2006-2011 Framework for Monitoring Implementation Progress of Australian Government Funded Initiatives* reporting requirements and for evaluation of the *Mental Health Services in Rural and Remote Areas* measure. There will also be an independent evaluation of the measure.

Stage two of the measure will build on stage one and enhance service capacity in areas of need. On 30 November 2006 an expert forum on stage two was held 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.

Mental Health Support for Drought-Affected Communities (\$10.1m)

In addition to the support for drought-affected rural and remote communities provided through the Mental Health Services in Rural and Remote Areas measure, \$10.1 million was allocated for the Mental Health Support for Drought affected Communities initiative through the 2007 Budget to improve the delivery of mental health support and services to drought-affected rural and remote communities. The funding was made available from the education and training component of the *Better Access* initiative as the original level of funding for education and training was not required to fully implement the measure.

The initiative 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 29 Divisions of General Practice in drought-affected rural and remote communities throughout Australia. Planning for the implementation of this measure is progressing.

Improved Services for People with Drug and Alcohol Problems and Mental Illness (\$73.9m)

The Improved Services for People with Drug and Alcohol Problems and Mental Illness (Improved Services) measure aims to build the capacity of the non-government Alcohol and Other Drug (AOD) treatment sector to identify and manage clients experiencing comorbid drug and alcohol problems and mental illness. \$73.9 million over five years has been allocated to Improved Services measure, including \$8.2 million for the National Comorbidity Initiative.

The implementation strategy was approved by the Hon Christopher Pyne MP, Minister for Ageing, on 8 May 2007. The strategy comprises two key components: capacity building grants and cross sectoral support and partnerships.

Capacity building grants for Alcohol and Other Drug (AOD) Non-Government Organisation (NGO) treatment services

These grants will assist services to undertake a service improvement process, including the implementation of policies and procedures that support the identification and management of comorbid clients, workforce development and training, and the development of sustainable partnerships with their wider local health networks. The capacity building grants were advertised on 23 June 2007 with applications closing on 27 July 2007. The Department expects these grants to commence on 1 January 2008.

As this is a competitive grants process, it is uncertain at this stage as to the exact number of treatment services that will be funded and their locations. The target population for the Improved Services Measure is the management and workforce of the AOD NGO treatment sector.

The outcome will be improved identification and treatment services for people suffering from comorbid substance abuse and mental illness being treated by the AOD NGO treatment sector. The Improved Services measure will be evaluated on an ongoing basis as well as through a final evaluation.

Cross-sectoral support and strategic partnerships

State and Territory AOD NGO peak bodies (or their equivalent) will be funded to enhance cross-sectoral support and strategic partnerships between state and territory mental health and AOD services, GPs and peak AOD NGOs and to support the capacity building grants at the local level. The Department will finalise negotiations with the non-government AOD peak bodies (or their equivalent) in each State and Territory in the coming months.

Funding for Telephone Counselling, Self-Help and Web-based Support (\$56.9m)

This COAG mental health measure aims to increase the provision of evidence based telephone and web-based counselling services, and expand and enhance on-line interactive tools, increasing the availability of these services for individuals with mild to moderate mental health disorders who currently receive limited or no treatment.

The following organisations have already received funding under this measure:

- Lifeline Australia - \$18 million over five years to expand its national telephone counselling services;
- BoysTown (Kids Help Line) - \$4.578 million over 2.5 years to expand its national telephone and web-based counselling service;
- Crisis Support Services - \$157,000 to October 2007, to boost services for men in rural and remote communities through an online access portal;
- The Australian National University - \$413,082 to June 2008, to maintain the availability of MoodGYM, a free, interactive online program that provides Cognitive Behavioural Therapy (CBT);
- CLIMATE Schools - \$120,000 to May 2008 to develop and implement two web-based modules (Anxiety and Depression) that school teachers can use to teach students about health and wellbeing;
- depressionNet - \$55,515 to June 2007, to undertake a substantial upgrade of its information technology infrastructure so that it can continue to deliver a quality service; and
- Auseinet - \$385,000 to June 2008, to implement evidence-based approaches in mental health promotion, prevention and early intervention, primarily through the development, collection and dissemination of web-based information.

The implementation of this initiative is currently on track. A formative evaluation of existing services to inform the future delivery of this measure has been completed. A funding strategy for the remaining parts of this measure is being developed.

Funding for telephone counselling services is intended to increase call response capability, and data on these improvements to call response rates will not be available until November 2007. An incremental increase in these rates is expected over the next four years.

A stakeholder workshop in May 2007 began 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 second meeting was held on 6 July 2007. A working group has been created to progress the implementation of the quality practice principles, and this group held their initial meeting immediately following the July workshop.

Funding for organisations is tied to specified deliverables, including a project management plan and standard reporting requirements. DoHA is working collaboratively with these organisations to plan programs and identify risks. Funding agreements include a requirement for regular meetings with the department to ensure ongoing communication on the implementation of the measure. Evaluation of this measure will occur towards the end of the five years of the COAG Action Plan.

Support for Day-to-Day living in the Community (\$46m)

The Support for Day-to-Day Living in the Community measure aims to provide a minimum of 7000 places over the period 2006-07 to 2010-11 to people with severe and persistent mental illness, in 49 identified geographical sites. The program aims to increase community participation by assisting participants to develop:

- new skills or relearn old skills;
- develop social networks;
- participate in community activities;
- develop confidence; and
- accomplish personal goals.

The program provides two levels of support: a drop-in level and a medium support level. The drop-in level provides peer support and activities within an informal environment which develops social skills and community participation. The medium support level includes these activities as well as providing structured and socially based activity programs. A component of the program's funding is allocated for discretionary funding to facilitate participants' involvement in community social activities (eg. course/study fees, travel and entry fees).

Applications for funding under the Support for Day-to-Day living in the Community program for the 2007–2009 period were advertised in national newspapers during February and March 2007. Funding applications were sought from organisations for the delivery of services in 49 sites across all states and territories.

The 49 geographical sites were determined in consultation with state and territory Governments, peak NGOs, and consumer organisations.

Key elements in determining site selection included greatest demand for services, availability of clinical care and community support and NGO capacity to deliver the program. These sites were endorsed by the COAG state and territory Working Groups.

There was considerable interest in the program and more applications were received than could be funded. The launch of the program occurred in July 2007 with the announcement of funding for 51 organisations. More than \$19 million has been allocated through this funding round for the provision of services in the period 2007-2009. Nine of the pre-identified sites were not funded through this round. DoHA will be working with stakeholders in these sites to provide funding for services in these regions over the coming months.

An evaluation of the services funded through this round will inform the rollout of the program in 2009-2011. Service providers will be required to provide standard progress reports involving qualitative and quantitative measures. Key measures will include:

- number of hours of client participation;
- number of clients accessing services;
- the number of new clients accepted against referral sources; and
- number of clients -
 - i. who have been functionally assessed;
 - ii. who have demonstrated an improvement in areas assessed;
 - iii. for whom an individual management plan has:
 - a) been developed for the first time; and
 - b) been reviewed; and

- iv. who left the program and their reason for leaving.

Additional Education Places, Scholarships and Clinical Training in Mental Health (\$103.5m)

Expanded settings for specialist training program

\$60 million over 4 years has been allocated towards expanding specialist training in a range of settings, including \$13.5 million for expanded psychiatry trainee arrangements as part of the National Plan on Mental Health. The measure, now known as the Expanded Settings for Specialist Training Program (ESSTP), aims to increase trainees' exposure to an expanded range of settings, including the private and community sectors, to ensure their breadth of knowledge and experience better matches evolving specialist practice.

A national Enhanced Medical Education Advisory Committee (EMEAC) has been established to support the implementation of this measure. DoHA has contracted the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to provide advice on psychiatry training in expanded settings, develop and implement mechanisms to support the training and accredit an increased number of psychiatry training positions in settings other than major public teaching hospitals.

Under the ESSTP, an initial round of funding has been provided to around 16 settings to provide expanded training opportunities, including one psychiatry training position at the St John of God Pinelodge Clinic in Dandenong, Victoria. Further settings will be approved over the next 3 years (to 2009-2010). An evaluation framework for the ESSTP is under development and will be in place by the early 2008.

The Mental Health Postgraduate Scholarship Scheme (MHPSS)

The MHPSS is targeted at people wishing to undertake postgraduate qualifications in Mental Health Nursing or Clinical Psychology in order to practice in the field of mental health. The scheme has now moved from the implementation phase into ongoing operation.

In 2007, the MHPSS offered 75 full time equivalent scholarships as follows:

	Full Time	Part Time (0.5)	Total Scholarships	Total FTE
Mental Health Nursing	20	33	53	36.5
Clinical Psychology	28	21	49	38.5
Total	48	54	102	75

Scholarships for the 2007 academic year have been awarded and payments to scholarship recipients have commenced, with appropriate back payment from the start of the 2007 academic year.

Preparations for the 2008 scholarship round have started. A mid term review of the MHPSS is planned for 2009. An evaluation of the program will be completed in the fifth year of the COAG Action Plan.

Structural Reform of Psychiatry Training

\$1.9 million has been allocated over five years aimed at increasing the number of psychiatric trainees, and the number of qualified psychiatrists. The measure is also aimed at improving access for patients to psychiatric services. An initial contract between DoHA and the RANZCP for six months was signed in March 2007.

A Steering Committee has been formed to oversee and provide governance for the project and includes representatives from DoHA. A Curriculum Development Officer has been recruited to review the current curriculum, consult with key stakeholders, gather field data, and develop a curriculum standards framework. One national project has been funded.

The project is to be evaluated by DoHA after two years. DoHA will shortly be entering into negotiations with RANZCP for a further four year funding agreement to implement structural reform of psychiatric training.

Mental Health in Tertiary Curricula (\$5.6m)

Approximately \$5.6 million was allocated over 5 years to be used to enhance the mental health skills of the newly graduating health workforce by expanding the mental health components of undergraduate health training. The initiative has been enthusiastically received by the professions that have been approached.

Nursing

A report 'Mental Health in Pre-registration Nursing Courses', prepared by the Mental Health Nurse Education Taskforce (MHNET) was submitted to AHMAC in June 2007 and is currently being considered. Funding agreements for mental health curriculum development for pre-registration nursing courses are expected to be developed once AHMAC has finalised its position.

Other Health Professions

In May/June 2007 funding was provided to six professional health accreditation bodies for projects specifically designed to review course accreditation requirements in relation to the study of mental health issues within their professions. The specific long term outcomes of these agreements will include an increased coverage of the study of mental health issues for students at the entry level. The professions involved are dietetics, social work, occupational therapy, chiropractic care, osteopathy, and dentistry.

Work to date has involved the establishment of a framework for mental health content in entry level health courses through review of course accreditation requirements. The next phase will involve mental health curriculum development through universities including consideration of common mental health training modules. The measure does not target specific population groups, however, the cultural needs of Aboriginal and Torres Strait Islander groups will be addressed through the measure.

Contractual funding agreements are in place with the six professions outlined above. The contracts, which will be monitored, contain strict reporting requirements and clear outcomes. An evaluation of the measure will occur in the fifth year of the COAG Action Plan.

Improving the Capacity of Health Workers in Indigenous Communities (\$20.8m)

This measure will improve the capacity of the Indigenous mental health workforce. This will be achieved by providing five new scholarships each year for Indigenous students undertaking studies in a mental health discipline under the Puggy Hunter Memorial Scholarship Scheme, as well as creating 10 additional mental health worker positions in Indigenous communities. Additionally, a range of mental health training programmes and resources will be provided for the existing Indigenous health workforce to enable them to better identify mental illness and assist people to access appropriate treatment.

Puggy Hunter Memorial Scholarships

The aim of the Puggy Hunter Memorial Scholarships, administered by the Royal College of Nursing Australia, is to help address the under-representation of Aboriginal and Torres Strait Islander people in health professions and assist in increasing the number of Aboriginal and Torres Strait Islander people with professional health qualifications. The scholarships provides financial assistance to Aboriginal and Torres Strait Islander people who are undertaking study at either tertiary institutions or in the VET sector in health professions or health service management. Successful recipients of the five additional Puggy Hunter Memorial Scholarships for mental health for the 2007 academic year were advised in December 2006.

Mental Health Worker Positions

Advice has been sought by DoHA from the Office of Indigenous Policy Co-Ordination and the jurisdictional health forums to identify the most appropriate sites for the ten new mental health worker positions. The agreed sites are:

- Normanton (QLD);
- Kununurra and Derby (WA);
- Yalata and the APY Lands (SA);
- Launceston (TAS); and
- Tiwi Island, Galiwinku, Alice Springs Town Camps and Wadeye (NT).

Capital infrastructure funding in support of some locations is currently being considered as well as associated data and reporting issues.

Mental Health Training Modules

A contract was signed with the Community Services and Health Industry Skills Council Ltd (CS&HISC) to develop a training package to improve the capacity of workers in Aboriginal and Torres Strait Islander communities to recognise and address mental illness and related alcohol and other drug issues. Testing of the learning resources and recognition tools took place in May/June 2007 by the CS&HISC. Following final design and production, the delivery, distribution and promotional strategies for the products is expected to be undertaken. Work is also underway to develop mental health multi-media resources, a mental health textbook and assessment tools.

Mental Health First Aid

This initiative will train staff of Aboriginal Medical Services to recognise and treat mental illness, including drug and alcohol problems. The training will be offered to up to 350 transport and administration staff located in Aboriginal Medical Services who manage clients on presentation to services by the end of 2011. The training will also be offered to up to 840 Aboriginal Health Workers, counsellors and clinicians, as a value-adding exercise. Delivery options are currently being considered. The initiative will include a qualitative evaluation of participants' satisfaction with the course and their changes in mental health literacy as well as monitoring to ensure that the predicted numbers of staff are trained.

Outcomes of these initiatives will be evaluated in the fifth year of the COAG measure.

Select Committee on Mental Health report

The Senate Select Committee Inquiry on Mental Health tabled its Final Report: *A national approach to mental health – from crisis to community* on 28 April 2006. The Report makes 91 recommendations covering a range of mental health and social services; standards, rights and roles; population and age groups; monitoring and research; and ongoing revision of mental health policy. A whole of government response to the report is currently being finalised, with contributions from all relevant Australian Government agencies identified in the recommendations.

Monitoring and Evaluation activities to support the COAG Action Plan

Monitoring and reporting

All program areas, across each of the portfolio agencies with responsibility for implementing the COAG Action Plan, have provided input into the Australian Government COAG Mental Health Monitoring Framework and are committed to providing information to monitor the implementation of Australian Government initiatives, as well as assessing their impact.

An annual reporting framework has also been developed, with the support of the Australian Government, through the AHMAC Mental Health Standing Committee. This identifies the format of COAG annual reports, specifications of indicators and the contributions of all jurisdictions in relation to the themes of the COAG National Action Plan, expenditure against commitments and the specified progress measures. Templates have been developed to streamline annual reporting within the tight deadlines required for clearance by Health Ministers prior to submission to COAG each year. The first report covering 2006-2007 will be completed for submission to COAG in early 2008.

Evaluation

The COAG Action Plan tasks Health Ministers with undertaking an independent evaluation at the end of the Action Plan in 2011. All jurisdictions will be evaluating their components of the COAG Action Plan and contribute to the overall evaluation.

The AHMAC Mental Health Standing Committee is developing an evaluation framework for the COAG National Action Plan, for Health Ministers to consider. The key objectives of the evaluation are to enable four key questions to be answered:

- To what extent have the agreed policy directions as specified in the Action Plan been implemented in each of the five Action Areas?

- How effective has the Action Plan been in achieving the agreed outcomes?
- To what extent did the structural arrangements established by the Action Plan contribute to a coordinated government approach to improving mental health care in Australia?
- What opportunities exist for further cross-government collaboration to build on progress achieved through implementation of the Action Plan?

Input to the national evaluation include information provided through the COAG Annual Reports, data collected on national mental health reform and expenditure as reported in *National Mental Health Reports*, evaluations of key initiatives and input from the COAG state-based mental health groups. The evaluation framework will also identify any additional specific reviews or evaluation activities that need to supplement this information.

COAG has requested the submission of a framework document, including a costed proposal, within the next six months. Work has begun on the development of a framework for submission to Australian Health Ministers at their next meeting, expected at the end of 2007.

Second National Survey of Mental Health and Wellbeing

A number of the progress measures identified in the COAG National Action Plan rely upon information that can only be gained through a population survey. The 1997 *National Survey of Mental Health and Wellbeing* first identified the prevalence of mental illness in the Australian population, the level of disablement individuals experienced and the services utilised. It was instrumental in shaping a number of major initiatives, particularly the Better Outcomes Initiative and further investments in primary care through the COAG National Action Plan.

The *Second National Survey of Mental Health and Wellbeing* will be in the field from August to December 2007 following development and testing over the last 12 months.

Approximately 11,000 16 to 85 year olds will participate in the study across Australia. The computer-assisted survey is based upon the World Mental Health CIDI Version 3.0 as used in some 32 other countries, with adaptation for Australia and tailored chronic conditions and service utilisation modules. It has an average length of 90 minutes with content covering prevalence, functioning, comorbidity with chronic conditions and substance use, care giving and service utilisation. The first results of the survey will be available in mid 2008.

A follow-up study of respondents some 18 months later is being negotiated with the Australian Bureau of Statistics to provide further key information, including in relation to changes in use of services and functioning, that can be utilised in the national evaluation.

Conclusion

The implementation of the initiatives that DoHA are implementing as part of the COAG Action Plan are well advanced. Already, there has been a major increase in clinical and health services available in the community, along with new team work arrangements for psychiatrists, GPs, psychologists, allied mental health professionals and mental health nurses.

The COAG Action Plan clearly recognised that mental health is not solely the responsibility of the health sector. For optimal mental health outcomes, a coordinated government

approach is required as well as the coordination of clinical and non-clinical service provision. The COAG Action Plan provides a strategic framework that emphasises coordination and collaboration between government, non-government providers to deliver a more seamless and connected system of care.

Implementation of the Australian Government measures is spread across four Australian Government portfolios. The Australian Government is also working with jurisdictions through the state-based COAG Mental Health Groups to progress initiatives through collaboration, cooperation and alignment of existing and new activities. DoHA has attended over 100 meetings in various locations around Australia over the past 12 months to align the new Australian Government initiatives with state and territory initiatives aimed at providing more seamless and coordinated health and community services for people with mental illness.

A new Australian Government mental health website that links and provides detailed information about all COAG and non-COAG mental health and mental health related programs being progressed by various Australian Government agencies is expected to be launched shortly. The new website address will be: www.mentalhealth.gov.au

