6 February 2006

The Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
CANBERRA ACT 2600

Dear Sir

Re: Questions On Notice to the Department Of Health (South Australia)

Please note that this letter supersedes previous letters on this subject.

This information has been prepared in response to a request from the Chair of the Senate Select Committee on Mental Health who seeks further detail of the breakdown of a SA Government funding initiative. Specifically the question reads: "CHAIR—It would be useful for us to have a breakdown of the $25 million, so far as you know what it is at the present time, if that is not too much trouble."

The South Australian Government recognises the non-government sector as a valued partner in providing effective mental health services in South Australia. Furthermore, the Government is committed to sustaining the non-government sector's role in the provision of community based mental health support services.

The attachment provides a high-level summary of the 10 strategies that are supported by the $25M initiative.

You will see from the list that the scope of the strategies is far ranging and that significant amounts of time, money and effort are being applied to the areas that will give a boost to services across a range of areas within the sector.

Please let me know if you require any further information.

Yours sincerely

John Brayley
Director Mental Health

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ATTACHMENT

SA Mental Health
$25m Allocated Grant Strategies Summary

Strategy	Description	Progress to date
Strategy 1. Consultation & Liaison $500,000	Consultation & liaison (C&L) streams in community based services to support other sectors (ie schools, child protection services, housing).	Funds have been provided to Anglicare to improve the management and coordination of perinatal and infant mental health care as part of an early Intervention Strategy with partnership between Helen Mayo House, SA Divisions of General Practice, Community Mental Health Services and Anglicare. Meetings with key stakeholders have focussed on developing an effective service model that ensures optimal support for women and their infants making the transition from acute to non acute. Progress is now focussing on refining the service model and establishing the infrastructure for service provision.
Strategy 2. BeyondBlue $1,000,000	Early intervention strategies for people at risk; Mental Health Promotion and Prevention and early intervention work with General Practitioners.	Ongoing work with Beyond Blue to identify the most effective strategies across depression and anxiety awareness. The $1 million funding allocation will initially focus on increasing the communities' awareness of depression and anxiety throughout South Australia using the Beyond Blue Blue Skies campaign. Ongoing work is required with Beyond Blue to see to align State and National objectives.
Strategy 3. Shared Care $1,250,000	Shared care/conjoint case management programs across Division of GPs.	Funding has been provided to develop a **strategic framework** for shared care across specialist mental health and general

		practice. A central coordinator (SADI) has been selected and a Steering Group will be convened shortly, to ensure consistency, coordination and best practice . Work across this strategy will focus on developing a set of consistent principles, ensuring a research and evaluation component and ensuring that the funds are utilized to implement the selected model. Meetings have taken place to ensure the recommencement of the **New Urgent Psychiatrist advice South Australia (MBS items 291 and 293)**. This program provides a mechanism to strengthen GP engagement with mental health by enabling the referral of patient to a psychiatrist for a one off assessment and a management plan.
Strategy 4. General Practice $2,000,000	General Practice mental health nurses/OT/Social Workers.	Funds to enable the employment of **additional allied health staff** to support the work of general practice in the management and coordination of care plans and in developing programs to enhance the physical well being of mental health consumers as well as the self management of chronic disease. The 14 Divisions of General Practice have been asked to forward submissions outlining proposals for utilising the funding. Process to be completed by end of September

Strategy 5. NGO GP Access $1,000,000	NGO GP Access Programs. – Uniting Care Wesley Pt Adelaide	The funds allow the program to be established in the Southern Region. A Manager has been employed and a Coordinator position will be finalised shortly. Discussions are taking place with key stakeholders (eg mental health, Southern Division) and client services will be available shortly.
Strategy 6. Intensive Support Packages Across metro & country and age groups $14,000,000	Intensive support packages –. • Neami $2.21m. • Richmond Fellowship $2.08m. • Life without Barriers $3.34m. • Centacare $1.73m • BCS $980k • Southern Cross $710k. • Helping Hand $700k • Uniting Care Adelaide $470k • Uniting Care Pt Adelaide $600k • Catherine House $190k • ROOFS $430k	Mental Health Unit has facilitated a process, involving representatives from specialist mental health and the non government sector to develop common referral process, integrated management plan, standardized assessment process and data collection. Priorities for targeting packages also agreed. SAHS has developed a regional process (Steering Group and Allocation Committee), to assist in the development of a partnership approach between specialist mental health services and NGO's providing services within the South. CNAHS subregions are developing allocation processes
Strategy 7. Respite $1,000,000	Respite care.- Richmond Fellowship	Richmond Fellowship has submitted a service outline for metrowide respite service and is now in negotiation with mental health services re establishment of referral pathways etc.. Country issues are sorted.
Strategy 8. Group Based Rehabilitation $2,000,000	Group based rehabilitation. Neami, MIFSA & Helping Hand	Mental Health Unit has facilitated a process which has involved representatives from specialist mental health and the non government sector, to identify common elements required in each region and respective roles for NGOs &

		mental health. This includes scoping current service provision. .Programs commencing shortly
Strategy 9. Peer Support $1,000,000	Peer support. – MIFSA & BCS	The two agencies contracted to provide services (MIFSA and Baptist community Services) have agreed to develop a common referral and allocation process.
Strategy 10. Carer Support $1,250,000	Carer support.- Uniting Care Adelaide, Carers SA, PADA & ARAFMI	Carers SA has taken responsibility for ensuring coordination & consistency in development of strategies.
	Total:	$25,000,000

Senate Select Committee on Mental Health

PUBLIC HEARING

WEDNESDAY, 28 SEPTEMBER 2005

Questions on Notice
to
SA Department of Health

CHAIR—Is there some reason why the $25 million is a one-off injection of funds? Quite a lot of the evidence we have had here and in other states is that too much comes, whether it is just for this year or even over the next three years, and after that it disappears. Innovation and so forth then goes down the drain, and skilled staff become very demoralised by this short-term funding approach. Why $25 million in one year?
Dr Brayley—The $25 million was an opportunity that we had to have funding to boost—
CHAIR—Do you mean it was left over from the budget?
Dr Brayley—It was an opportunity that we would not say no to for two to three years of increased non-government services, because $14 million of it will go to that purpose, and then there is a whole range of other things that it is supporting. So it is one-off funding, but those elements that it is funding are very important and there is obviously going to be an ongoing need for those sorts of services.
CHAIR—So will you guarantee that there will not be a damaging effect of this—in terms of saying, 'Now you've got it, now you haven't'—on either patients or service deliverers, or on non-government organisations? How can that money be effectively spent, and does it have to be spent in one year or can it be spread over a longer period? What happens at the end of it?
Dr Brayley—The aim is two to three years. I think it is important to note that the work that will be done with that money fits into the more intensive psychosocial rehabilitation end, so it will be people who will have personal goals in their independence, such as accommodation, and some of them might even end up starting some sort of work or other community engagement. The benefits will be there for them to have an intensive period of community rehabilitation with goals during that period. It is possible that many of those people may require an ongoing level of support. The experience of our NGO providers is that the level of support is more intensive initially during the first six to 12 months, but in general, if all is going well, it then tapers off after that period of time. So I would expect that to happen with many of the people in this program. We have the returning home program from Glenside. One of the things that the NGOs have reported there is that there is often quite an early improvement because, if people are in an institutionalised setting, they often go backwards because they have not had to do things for themselves. So it is reasonable that in this population we would see improvement, but many of them will need some sort of ongoing care, but it will not be at the same intensive levels.
CHAIR—In fact, the St Vincent de Paul Society suggested there was a bit of a hump that needed funding. Maybe this is it.

Ms Durrington—Yes.
Dr Brayley—There is a smaller amount of money that will provide lower level disability support care that will be linked up with the disability sector. A psychiatric options coordination service will be formed and that will run alongside other options.
CHAIR—**It would be useful for us to have a breakdown of the $25 million**, so far as you know what it is at the present time, if that is not too much trouble.
Ms Durrington—Yes.
Dr Brayley—We have all those details.