

## Outcome 11

**MENTAL HEALTH**

**Improved mental health and suicide prevention, including through targeted prevention, identification, early intervention and health care services**

**Outcome Strategy**

The Australian Government, through Outcome 11, aims to improve services and support for people with mental illness, their families and carers.

Mental disorders account for 13.1 per cent of Australia's total burden of disease and injury<sup>1</sup> and are estimated to cost \$20 billion annually, including lost productivity and labour participation. In a 2007 survey, 45.5 per cent of Australians aged 16-85 years reported experiencing at least one, or a combination of anxiety, mood or substance-abuse disorders at some point in their lifetime, and 20 per cent of Australians reported experiencing one or a combination of these disorders in the 12 months prior to interview.<sup>2</sup>

The Australian Government is working to increase access to primary care based mental health services, especially for population groups who may be missing out on services or are hard to reach. This will ensure that high quality, integrated services are delivered across sectors to achieve continuity of care for individuals with mental illness.

To improve outcomes for individuals at risk, the Government will continue to support prevention and early intervention activities. This includes providing support for suicide prevention activities, and for population groups including Aboriginal and Torres Strait Islander peoples, women at risk of antenatal and postnatal depression, people at risk of, or who have, an eating disorder, and children and young people at risk of developing a mental illness.

The Australian Government is taking action, under the *National Health and Hospitals Network*, to improve care for people with mental illness. This will involve immediately increasing access to services for young people with, or at risk of mental illness, improving support and case management for people with severe mental illness in a primary care setting, and expanding access to services provided by mental health nurses.

Under the Network, the Australian Government will take full funding and policy responsibility for primary mental health care services for people with common disorders, such as anxiety and depression, including those primary care services currently provided by states and territories.<sup>3</sup> The Government will also work closely with and fund states and territories to expand access to subacute services, including for people with mental illness. Importantly, the Government has signalled its intention to provide greater policy and funding leadership for specialist community mental health services over time. Further work

<sup>1</sup> Australian Institute of Health and Welfare, 2007. *The burden of disease and injury in Australia, 2003*, AIHW, Canberra.

<sup>2</sup> Australian Bureau of Statistics, 2008. *2007 National Survey of Mental Health and Wellbeing: Summary of Results* (cat. No. 4326.0), ABS, Canberra.

<sup>3</sup> At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

with states and territories, reporting to the Council of Australian Governments (COAG) in 2011, will scope additional mental health reforms and look at the allocation of roles and responsibilities.

Outcome 11 is the responsibility of the Mental Health and Chronic Disease Division and the Health Workforce Division.

## Program Contributing to Outcome 11

### Program 11.1: Mental health

## Outcome 11 Budgeted Expenses and Resources

Table 11.1 provides an overview of the total expenses for Outcome 11 by Program.

**Table 11.1: Budgeted Expenses and Resources for Outcome 11**

	2009-10 Estimated actual \$'000	2010-11 Estimated expenses \$'000
<b>Program 11.1: Mental health<sup>1</sup></b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	145,991	173,941
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	11,491	11,258
Revenues from other sources (s31)	204	214
Unfunded depreciation expense	-	245
<b>Total for Program 11.1</b>	<b>157,686</b>	<b>185,658</b>
<b>Outcome 11 totals by appropriation type</b>		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	145,991	173,941
Departmental expenses		
Ordinary annual services (Appropriation Bill No. 1)	11,491	11,258
Revenues from other sources (s31)	204	214
Unfunded depreciation expense	-	245
<b>Total expenses for Outcome 11</b>	<b>157,686</b>	<b>185,658</b>
	<b>2009-10</b>	<b>2010-11</b>
<b>Average staffing level (number)</b>	81	83

<sup>1</sup> This Program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each Program. For budget estimates relating to the National Partnership component of the Program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

## Contributions to Outcome 11

### Program 11.1: Mental health

#### Program Objective

Through this Program, the Australian Government aims to reform the mental health system to:

- improve the capacity of the mental health system to provide better coordinated and integrated care across the spectrum of severity of mental illness;
- ensure access to targeted, effective and sustainable community-based mental health programs to support people with, or at risk of developing, a mental illness; and
- support access to services for hard to reach population groups.

The Government will achieve this by introducing mental health reforms under the *National Health and Hospitals Network*, improving access to primary health care services and improving their quality, strengthening prevention and early intervention activities, and promoting good mental health. The Government will seek the advice of key stakeholders, including the National Advisory Council on Mental Health and the Australian Suicide Prevention Advisory Council.

COAG agreed<sup>4</sup> that the Commonwealth will take responsibility for primary mental health care services for common, mild to moderate disorders such as anxiety and depression, including those currently provided by the states and territories. COAG further agreed to undertake further work on the scope for additional mental health service reform for report back in 2011, including the potential for further improvements to the allocation of roles and responsibilities in the mental health sector.

The Australian Government will also work with states and territories to continue the reform work and further clarify and improve the allocation of roles and responsibilities in the mental health sector for COAG consideration in 2011.

#### Major Activities

##### Improve the capacity of the mental health system

###### *Mental health reform*

The Australian Government will provide national leadership to advance mental health reform. In the context of the *National Health and Hospitals Network*, the Government will continue to work with the state and territory governments, and across the health sectors, to ensure the integration and coordination of mental health care across primary care, specialised mental health services and community programs.

The Government will do this by:

- immediately increasing access to *headspace* youth friendly services for young people, and provide extra funding for the existing *headspace* sites;

<sup>4</sup> At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

- expanding the successful Early Psychosis Prevention and Intervention Centre model beyond Victoria;
- improving services for people with severe mental illness in primary care by extending the Access to Allied Psychological Services program to deliver new packages of care through rationalising the Better Access to Psychiatrists, Psychologists and General Practitioners (GP) through the Medicare Benefits Schedule initiative;
- increasing the number of mental health nurses;
- expanding subacute services for people with mental illness;
- building the capacity of the mental health care system by taking full funding and policy responsibility for primary mental health care services and over time working towards greater policy and funding leadership for specialist community mental health services for people with severe mental illness; and
- continuing to work closely within our agency and other agencies, particularly the Department of Families, Housing, Community Services and Indigenous Affairs, to ensure links and coordination between primary care and community-based services for people with severe mental illness such as the Mental Health Respite, Personal Helpers and Mentors services, and Community Based projects.

In addition to the above, the Government has extended the Mental Health Support for Drought Affected Communities initiative for a further year to continue mental health support for individuals, families and communities who are in distress.

The *Fourth National Mental Health Plan, an agenda for collaborative government action in mental health 2009-2014* (Fourth Plan), was released by the Australian Health Ministers' Conference (AHMC) in November 2009. The Australian Government will develop an implementation strategy for the Fourth Plan in collaboration with the states and territories, for consideration by AHMC in 2010. Implementation of the Plan, through a whole-of-government approach, will work towards long-term improvements to mental health service delivery, to achieve better outcomes for people living with a mental illness, their families and carers. The Fourth Plan furthers the aims of the *National Mental Health Policy 2008*, through actions which will maintain and build on existing mental health programs and related initiatives, such as housing, education and employment; integrate recovery approaches within the mental health sector; and address service system weaknesses and gaps identified through consultation processes. The Fourth Plan improves accountability for both mental health reform and service delivery.

Since the Fourth Plan was developed, COAG<sup>5</sup> has agreed: that the Australian Government will take responsibility for primary mental health services for common disorders such as anxiety and depression, including those currently provided by the states and territories; and to undertake further work on the scope for additional mental health service reform for report back to COAG in 2011, including the potential for further improvements to the allocation of roles and responsibilities in the mental health sector.

The Fourth Plan implementation strategy will be amended, as necessary, to reflect future COAG decisions as part of broader health reform.

In 2010-11, the Department will monitor the impact of services provided under the Better Access to Psychiatrists, Psychologists and GPs initiative through the Medicare Benefits Schedule (Better Access) initiative. The evaluation of the initiative commenced in January

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<sup>5</sup> At the time of publication, Western Australia had not agreed to be a party to the reforms under the *National Health and Hospitals Network*. The Government is continuing to actively negotiate with Western Australia.

2009 and will be completed by late 2010. The findings of the evaluation will be considered by the Australian Government and inform future directions for the initiative.

The Department commenced the evaluation of the Mental Health Services in Rural and Remote Areas measure in February 2010, with completion planned in the second half of 2010. The findings of the evaluation will be considered by the Australian Government and inform future directions of the measure from July 2011.

### **Access to targeted, effective and sustainable community-based programs**

#### *Child and youth mental health*

The Australian Government funds *headspace*, the National Youth Mental Health Foundation, to support 30 youth friendly shop-fronts (*headspace* sites) across the country. In late 2009, *headspace* was established as an independent company limited by guarantee. Previously, *headspace* was a project administered through a consortium of organisations led by Orygen Youth Health Research Centre and the University of Melbourne. This change to the governance structure will improve efficiency and strengthen the partnership between *headspace* and the Australian Government to deliver services to young people. The service delivery model will remain unchanged.

In 2009, an independent evaluation of *headspace* was undertaken. Overall, the evaluation indicates that the *headspace* model has been effective in engaging young people. A high proportion of those who used the services were in psychological distress and reported improved mental health and social outcomes after accessing *headspace* services. Building on the findings of the evaluation, in 2010-11 the Australian Government will invest a further \$78.8 million over four years for up to 30 additional *headspace* youth-friendly services across Australia and to provide extra funding to the existing 30 *headspace* sites. New sites will be determined in consultation with states and territories to ensure maximum impact and to leverage existing service infrastructure. Once fully operational, these sites will provide approximately 20,000 young people aged 12-25 with access to early intervention and preventive mental health care annually. The services will also provide referrals to social support, alcohol and drug services and sexual health services. The additional funding to existing *headspace* sites will help to ensure sustainability of low cost service provision to young people and extra funding for national communication and coordination activities. Telephone and web-based services will also be expanded, in recognition of the attractiveness of these methods of communication to young people and their effectiveness.

Further, the Department will ensure that *headspace* services are engaging hard to reach groups, such as young people from low socio-economic backgrounds and those with limited family support. A strategy to engage young Aboriginal and Torres Strait Islander peoples will also be implemented. In 2010-11, the Department will work with *headspace* to build stronger linkages with vocational support services, which are an important part of the holistic *headspace* model.

In 2010-11, the Australian Government will provide \$25.5 million over four years to fund an expansion of the Early Psychosis Prevention and Intervention Centre model, as a best practice 'standard' of care.<sup>6</sup> The model, currently implemented in Victoria only, promotes

<sup>6</sup> Funding for this measure includes the full amount of funding allocated to Western Australia. This funding is dependent on the Western Australian Government becoming a signatory to the *National Health and Hospitals Network Agreement*.

early detection and management of psychosis, and holistic support, resulting in better mental health outcomes and better social outcomes for young people experiencing early psychosis and their families. The new services will be targeted towards areas with a high incidence of youth mental health problems, relatively low access per capita to early psychosis services, and sound government and non-government infrastructure and capability. With state and territory contributions, this will mean that up to 3,500 young people and their families will benefit from improved detection of, and earlier treatment and support for, early psychosis.

The Early Intervention Services for Parents, Children and Young People measure provides a framework for promoting good mental health. The activities are aimed at prevention and early intervention for mental illnesses from birth to 12 years of age. In 2010-11, funding will be provided to extend KidsMatter Primary following a successful pilot in 101 schools in 2008 and 2009. An evaluation of the pilot funded by *beyondblue: the national depression initiative*<sup>7</sup> was released in the first half of 2010 and found positive results in terms of educational and mental health outcomes. A national dissemination strategy for the implementation of KidsMatter Primary is continuing in 2010-11 and includes engagement and collaboration with the education and health sectors in each state and territory.

In 2010-11, funding will be provided to develop and pilot KidsMatter Early Childhood in preschools and long-day care. A national pilot of up to 110 preschools and long-day care centres throughout Australia will take place in 2010-11. The pilot will inform the future implementation of KidsMatter Early Childhood nationally.

The KidsMatter Primary and KidsMatter Early Childhood pilots are being conducted in collaboration with *beyondblue*, the Australian Psychological Society, Principals Australia (KidsMatter Primary) and Early Childhood Australia (KidsMatter Early Childhood). The collaboration across the health, education and early childhood sectors aims to achieve better mental health outcomes for children from birth to 12 years of age.

#### *Support for individuals at risk of suicide*

The National Suicide Prevention Strategy consists of four key inter-related components. The LIFE Framework sets an evidence based framework for suicide prevention in Australia; the National Suicide Prevention Action Framework provides a work plan for suicide prevention investment and leverage; the National Suicide Prevention program, an Australian Government funding program dedicated to suicide prevention activities that supports local projects and nationally consistent prevention activities; and mechanisms to promote alignment with state and territory suicide prevention activities. The program aims to reduce suicide related deaths and suicidal behaviour. Suicidal behaviour could be reduced by adopting a whole-of-community approach to suicide prevention; enhancing resilience, resourcefulness and social connectedness in people, families and communities; and increasing support available to people, families and communities affected by suicide or suicidal behaviour.

In 2010-11, the Department will continue to monitor the four components to ensure that they meet the aims and objectives of the strategy. Future directions will be guided by the Australian Suicide Prevention Advisory Council. The National Suicide Prevention program will be evaluated in 2010-11, and analysis of the efficacy and currency will inform future

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<sup>7</sup> Slee P.T., Lawson M.J., Russell A., Askeil-Williams H., Dix K.L., Owens L., Skrzypiec G., Spears B. 2009. *KidsMatter Primary Evaluation Final Report*. Centre for Analysis of Educational Futures, Flinders University.

directions for funding projects as well as policy and planning coordination with the states and territories.

*Support for women experiencing antenatal and postnatal depression*

The Australian Government aims to improve the prevention and early detection of antenatal and postnatal depression. It will facilitate the provision of better support and treatment for women experiencing depression during the antenatal and postnatal period through the National Perinatal Depression Initiative.

In 2010-11, the Department will improve services for women experiencing antenatal and postnatal depression, by working closely with states and territories and Divisions of General Practice to promote the importance of screening and treatment of women with perinatal<sup>8</sup> depression. The Department will also work to increase community awareness of perinatal depression and promote the benefits of early detection and intervention for women at risk of, or experiencing perinatal depression, their partners and families. This will be done through the provision of fact sheets and resources, and through media campaigns.

In 2010-11, the Department will also work with the non-government sector to increase the availability of peer support to assist women who have or are at risk of experiencing perinatal depression, by providing funding to the Post and Antenatal Depression Association for telephone-based<sup>9</sup> peer support.

**Access to services for hard to reach population groups**

*Targeting service gaps*

Through the Access to Allied Psychological Services (ATAPS) initiative, following an extensive review process, the Department will implement new funding arrangements for mental health service providers. These arrangements recognise the number of services provided, promote efficiency and encourage and reward innovative approaches to provide mental health services to people in rural and remote areas, Aboriginal and Torres Strait Islander peoples, and other at-risk groups. For example, in 2010-11, the initiative will increase its capacity to provide mental health services to those who have attempted suicide or self harm, it will continue to support women with perinatal depression and will develop new ways of targeting hard to reach groups.

In addition, \$58.5 million over four years will be directed to extend ATAPS to deliver new packages of care for up to 25,000 people with severe mental illness being managed in the community. Coordinated, individualised care packages, bringing together clinical and non-clinical services, will enable those with severe mental illness to experience better health and social outcomes and prevent unnecessary hospitalisation.

Medicare Locals, once established, will be the fund holders for these packages of care, using the existing infrastructure and workforce. Individuals would be assessed by their GP or psychiatrists for the level of care required. A multidisciplinary care plan will be developed to include clinical services (psychological therapy and clinical case management provided by a mental health nurse, psychologist or allied health professional) and other care services such as social rehabilitation and social work services.

<sup>8</sup> The period immediately before and after birth.

<sup>9</sup> Telephone: 1300 726 306.

From 1 July 2010, support for allied health workers, such as occupational therapists and social workers, will transfer from the Better Access initiative to the new ATAPS service stream. The new arrangements will provide a more flexible funding pool for care packages, and increase the role of allied health workers in the provision of new care packages for people with severe mental illness.

Patients receiving treatment from these providers as at 1 July 2010, will be eligible to complete that course of treatment under 'no disadvantage' arrangements. Access to quality, early intervention mental health care will be maintained for people with common mental disorders (like anxiety and depression) by continuing Medicare funding for clinical and registered psychologist services on referral by a GP under the Better Access initiative.

Allied health workers, such as occupational therapists and social workers, will be instrumental in delivering the new care packages. The transfer of social worker and occupational therapy services to this new funding arrangement will make better use of the workforce in supporting individuals with severe mental illness, who often receive inadequate or fragmented care.

Telephone and web-based mental health services will continue to be delivered through the COAG Telephone Counselling and Web Based Support measure. This measure aims to capture individuals currently not accessing traditional services, particularly those living in rural and remote communities, those isolated due to other causes, and those for whom anonymity is a priority or who prefer a non-clinical setting. The Department is undertaking an evaluation of the measure to inform strategies to move from the development phase to wider implementation.

The Government has also extended for a further twelve months the Mental Health Support for Drought Affected Communities Initiative which provides crisis counseling and support but also builds community resilience through targeted education and support.

Program 11.1 is linked as follows:

- This program includes National Partnerships payments for:
  - *National Health and Hospitals Network - Mental Health - expanding the Early Psychosis Prevention and Intervention Centre model*; and
  - *National perinatal depression initiative*.These Partnerships payments are paid to state and territory governments by The Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.
- Medicare Australia (Department of Human Services) to administer the Mental Health Nurse Incentive Program, under its Delivery of Medical Benefits and Services (Program 1.1).

**Program 11.1: Expenses****Table 11.2: Program expenses**

	2009-10 Estimated actual \$'000	2010-11 Budget \$'000	2011-12 Forward year 1 \$'000	2012-13 Forward year 2 \$'000	2013-14 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	145,991	173,941	186,306	193,305	196,898
Program support	11,695	11,717	11,556	11,437	11,605
<b>Total Program expenses</b>	<b>157,686</b>	<b>185,658</b>	<b>197,862</b>	<b>204,742</b>	<b>208,503</b>

**Program 11.1: Deliverables**

The Department will produce the following 'Deliverables' to achieve the Program Objective.

**Table 11.3: Qualitative Deliverables for Program 11.1**

Qualitative Deliverables	2010-11 Reference Point or Target
Produce relevant and timely evidence-based policy research	Relevant evidence-based policy research produced in a timely manner
Stakeholders participate in program development through a range of avenues	Stakeholders participated in program development through avenues, such as regular consultative committees, conferences, stakeholder engagement forums, surveys, submissions on departmental discussion papers and meetings
<b>Improve the capacity of the mental health system</b>	
Complete evaluation of Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule	Evaluation completed by late 2010
Complete evaluation of Mental Health Services in Rural and Remote Areas Program	Evaluation completed by late 2010
Develop an implementation strategy for the Fourth National Mental Health Plan	An implementation strategy will be developed in collaboration with state and territory governments and presented to Health Ministers for consideration in 2010

Qualitative Deliverables	2010-11 Reference Point or Target
<b>Access to services for hard to reach groups</b>	
Delivery of telephone and web based mental health services through the Telephone Counselling and Web Based Support measure	Increase in access to online mental health programs and improved response/answer rates for telephone based services
Complete evaluation of COAG Telephone Counselling and Web Based Support measure	Evaluation completed by December 2010
Mental health support for drought affected communities	Community outreach activities and crisis counselling services delivered to drought affected individuals, families and communities in a timely manner
Implementation of the new phase of Access to Allied Psychological Services initiative	Implemented by June 2011
Implementation of new packages of clinical and non clinical care for people with severe mental illness being managed in the community.	Implemented from late 2010

**Table 11.4: Quantitative Deliverables for Program 11.1**

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of variance between actual and budgeted expenses	≤0.5%	≤0.5%	≤0.5%	≤0.5%	≤0.5%
<b>Access to targeted, effective and sustainable community-based programs</b>					
Number of funded initiatives focusing on suicide prevention in identified high risk groups	55	55	60	63	65
Number of <i>headspace</i> youth-friendly service sites funded	≤30	≤40	≤55	≤60	≤60

Quantitative Deliverables	2009-10 Revised Budget	2010-11 Budget	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
<b>Access to services for hard to reach groups</b>					
Number of patient sessions delivered under the Access to the Allied Psychological Services initiative	70,000	75,000	80,000	85,000	90,000
Number of special purpose projects funded through the Divisions of General Practice for vulnerable populations under the Access to Allied Psychological Services initiative	41	60	63	65	67

### Program 11.1: Key Performance Indicators

The following ‘Key Performance Indicators’ measure the impact of the Program.

**Table 11.5: Qualitative Key Performance Indicators for Program 11.1**

Qualitative Indicator	2010-11 Reference Point or Target
<b>Improve the capacity of the mental health system</b>	
Increased GP skills in diagnosis and development of mental health treatment plans	Increased number of GPs undertaking mental health skills training under the Better Access Initiative
<b>Access to targeted, effective and sustainable community-based programs</b>	
Components of the National Suicide Prevention Strategy meet aims and objectives of the Strategy	<ul style="list-style-type: none"> <li>• LIFE Framework adopted as National framework for state and territory suicide prevention activities</li> <li>• Projects under the National Suicide Prevention Action Framework implemented</li> <li>• Funding under the National Suicide Prevention program provided to projects that target groups at higher risk of suicide as identified in the Action Framework</li> </ul>

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Qualitative Indicator	2010-11 Reference Point or Target
Improved access to Australian Government youth mental health services for Aboriginal and Torres Strait Islander people	Development and implementation of an Aboriginal and Torres Strait Islander Youth Strategy by all <i>headspace</i> sites by June 2011
Evaluation of COAG Telephone Counselling and Web Based Support measure	Evaluation concludes that the role of telephone and web based therapy in service provision are effective

**Table 11.6: Quantitative Key Performance Indicators for Program 11.1<sup>10</sup>**

Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
<b>Access to targeted, effective and sustainable community-based programs</b>					
Percentage of Divisions of General Practice with the capacity to provide perinatal depression services through the Access to Allied Psychological Services initiative	100%	100%	100%	100%	100%
Number of schools participating in the KidsMatter Primary Initiative	200	400	600	800	1,000
<b>Access to services for hard to reach groups</b>					
Percentage of Divisions of General Practice providing Access to Allied Psychological Services to hard to reach groups	100%	100%	100%	100%	100%

<sup>10</sup> The Key Performance Indicator on 'Number of National Mental Health Advisory Council meetings per year and associated secretarial support for work plan implementation' in the 2009-10 Portfolio Budget Statements has been removed, as it did not provide a meaningful assessment of program impact.

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Quantitative Indicators	2009-10 Revised Budget	2010-11 Budget Target	2011-12 Forward Year 1	2012-13 Forward Year 2	2013-14 Forward Year 3
Percentage of Divisions of General Practice providing Access to Allied Psychological Services packages of clinical and non clinical care for people with severe mental illness being managed in the community	100%	100%	100%	100%	100%

