

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% of Australia's total burden of disease and injury¹ and are estimated to cost the Australian economy up to \$20 billion annually, including through lost productivity and labour participation.

In 2013-14, the Australian Government will continue to implement the 2011-12 *Delivering National Mental Health Reform* Budget package, which provides a \$2.2 billion investment in both health and community services over five years. These reforms include:

- providing more intensive and better coordinated support services for people with severe and persistent mental illness;
- targeting support to areas and groups that need it most, such as Aboriginal and Torres Strait Islander communities and socio-economically disadvantaged areas that are underserved by the current system; and
- helping to detect potential mental health problems in the early years and supporting young people who experience mental illness.

These reforms are being delivered by a number of portfolios at the Commonwealth level, as well as state and territory governments, reflecting the impacts of mental health across society.

The National Mental Health Commission's annual report card on mental health and suicide prevention, *A Contributing Life: the 2012 National Report Card* and the *Ten Year Roadmap for Mental Health Reform* (the Roadmap) articulate priorities for improving mental health in Australia.

In 2013-14, the Department will continue to implement program activities associated with the Government's commitment to prevent the tragedy of suicide and reduce its toll on individuals, families and communities.

Outcome 11 is the responsibility of the Mental Health and Drug Treatment Division.

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

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

	2012-13 Estimated actual \$'000	2013-14 Estimated expenses \$'000
Program 11.1: Mental health¹		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	380,938	501,703
Departmental expenses		
Departmental appropriation ²	18,588	17,022
Expenses not requiring appropriation in the budget year ³	566	764
Total for Program 11.1	400,092	519,489
Outcome 11 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	380,938	501,703
Departmental expenses		
Departmental appropriation ²	18,588	17,022
Expenses not requiring appropriation in the budget year ³	566	764
Total expenses for Outcome 11	400,092	519,489
	2012-13	2013-14
Average staffing level (number)	130	115

¹ 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.

² Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".

³ "Expenses not requiring appropriation in the Budget year" is made up of depreciation expense, amortisation expense, makegood expense and audit fees.

Program 11.1: Mental health

Program Objectives

Strengthen leadership in mental health

The Australian Government is working in partnership with state and territory governments and key stakeholders to develop a mental health system that values and promotes the importance of good mental health and wellbeing; maximises opportunities to prevent and reduce the impact of mental health issues and mental illness; and supports people with mental health issues and mental illness, their families and carers to live contributing fulfilling lives.

In 2013-14, new governance and accountability arrangements will directly engage governments and stakeholders on furthering mental health reform. The Council of Australian Governments (COAG) Working Group on Mental Health Reform (the COAG Working Group) will oversee a detailed program of work to ensure that mental health reform remains a priority across governments. The COAG Working Group is co-chaired by the Minister for Mental Health and Ageing and the Victorian Minister for Mental Health, and will be assisted by an Expert Reference Group chaired by the National Mental Health Commission.

The COAG Working Group will focus on activities that will improve access to mental health data; develop indicators that track the progress of national reform; set targets for as many indicators as possible, where supported by evidence; and develop a successor to the Fourth National Mental Health Plan by mid 2014 which will set out how the Roadmap will be implemented.

Invest in more and better coordinated services for people with mental illness

The Mental Health Nurse Incentive Program provides access to coordinated clinical care for patients with severe and persistent mental health disorders in the primary care setting. In 2013-14 additional funding will be provided to enable community based general practices, private psychiatric practices and other similar organisations to continue existing arrangements with mental health nurses to provide coordinated clinical care. The Government will also work with stakeholders in 2013 -14 to improve the design of the program in response to an evaluation of the program published in late 2012.

In 2013-14 the government will continue to support services for women experiencing depression during pregnancy and in the first year after the birth of a child, building on the success of the existing National Perinatal Depression Initiative. Funding will be provided to states and territories to continue screening, support services and training for health professionals, and to beyondblue to continue its national coordination and leadership role in perinatal depression.

The Government's Partners in Recovery initiative will engage non-government organisations to improve the coordination and collaboration of multiple services to benefit people with a severe and persistent mental illness with complex needs. Organisations will be engaged in 2013 and access will be steadily ramped up to benefit up to 24,000 people per annum by 2015-16.

The Government, in 2013-14, will continue its focus on improving mental health services for teenagers and young adults by providing increased funding to the *headspace* program. This funding will see 30 centres commence operations and approximately 15 new centres announced. A total of 90 *headspace* centres will be funded by 2014-15.

In 2013-14, the Government will provide further support for mental health services for teenagers and young adults through the establishment of early psychosis services based on the Early Psychosis Prevention and Intervention Centres (EPPIC) model. The EPPIC model promotes early detection and management of psychosis, and holistic support – resulting in better mental health and social outcomes for young people experiencing early psychosis and their families.

In 2013-14, the Australian Government will continue to expand the Access to Allied Psychological Services (ATAPS) program. ATAPS funds Medicare Locals to broker allied mental health professionals to provide psychological treatment to people with a diagnosed mental disorder. The expansion targets hard to reach groups and communities that are currently underserved, such as children, Aboriginal and Torres Strait Islander communities and socio-economically disadvantaged communities.

The Government's new initiatives in e-mental health, which commenced in 2012, the single online mental health portal (*mindhealthconnect*) and virtual clinic (MindSpot), will continue to develop and increase their reach to improve access to online services for people with mild to moderate anxiety, depression and those experiencing psychosocial distress.

To help children develop well, build resilience and avoid behavioural and mental health issues, the Government will expand the Medicare Healthy Kids Check to include consideration of emotional wellbeing and development. Phase One of the Check will commence in eight Medicare Locals in 2013 with GPs, practice nurses and Aboriginal health workers, prior to universal implementation later in 2013-14.

Expand suicide prevention activities

The Government's commitment to suicide prevention will continue in 2013-14, through the implementation of initiatives announced as part of the *Mental Health: Taking Action to Tackle Suicide* package. This package comprises broader mental health initiatives and a range of suicide prevention specific activities which build on the National Suicide Prevention Program (NSPP) including the provision of more psychological services for people who have attempted, or are at risk of, suicide through the expanded ATAPS program.

Program 11.1 is linked as follows:

- This Program includes National Partnership Payments for:
 - *Expansion of the Early Psychosis Prevention and Intervention Centre model initiative*
 - *Supporting National Mental Health Reform;*
 - *The National Perinatal Depression Initiative; and*
 - *Improving Health Services in Tasmania – Innovative flexible funding for mental health.*

Partnership 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, refer to Budget Paper 3 or Program 1.10 of the Treasury's Portfolio Budget Statements.

- The Department of the Prime Minister and Cabinet (National Mental Health Commission – Program 1.1) to assist in implementation of National Mental Health Reform.
- The Department of Families, Housing, Community Services and Indigenous Affairs (National Disability Insurance Scheme - Program 5.6).
- The Department of Human Services (Services to the Community – Program 1.1) to administer the Mental Health Nurse Incentive Program.

Program 11.1: Expenses

Table 11.2: Program Expenses

	2012-13 Estimated actual \$'000	2013-14 Budget \$'000	2014-15 Forward year 1 \$'000	2015-16 Forward year 2 \$'000	2016-17 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	380,938	501,703	546,297	598,475	605,749
Program support	19,154	17,786	16,644	16,735	17,011
Total Program 11.1 expenses	400,092	519,489	562,941	615,210	622,760

Program 11.1: Deliverables

Qualitative Deliverables for Program 11.1

Invest in more and better coordinated services for people with mental illness

Qualitative Deliverables	2013-14 Reference Point or Target
Deliver additional new services for children and young people with mental health and behavioural issues	Increase in services provided for children and young people with mental health and behavioural issues and their families
Support funded organisations to enable care for people with severe and persistent mental illness and complex needs to be better coordinated	Funded organisations supported to increase the level of support available to better coordinate care for people with severe and persistent mental illness and complex needs

Expand suicide prevention activities

Qualitative Deliverable	2013-14 Reference Point or Target
Implement projects focussed on suicide prevention under the NSPP and the Taking Action to Tackle Suicide package	Projects implemented in a timely manner

Quantitative Deliverables for Program 11.1

Invest in more and better coordinated services for people with mental illness

Quantitative Deliverables	2012-13 Revised Budget	2013-14 Budget Target	2014-15 Forward Year 1	2015-16 Forward Year 2	2016-17 Forward Year 3
Number of people assisted under the ATAPS program	27,850	39,150	48,100	55,000	60,000
Total number of <i>headspace</i> youth-friendly service sites funded	70	85	90	90	90
Number of funded initiatives focusing on suicide prevention in identified high risk groups ²	77	80	83	83	83

Program 11.1: Key Performance Indicators

Qualitative Key Performance Indicator for Program 11.1

Invest in more and better coordinated services for people with mental illness

Qualitative Indicator	2013-14 Reference Point or Target
Improve uptake of primary mental health care by groups with lower usage such as young people, men and people living in rural and remote areas	Primary mental health care services are increasingly used by groups with lower uptake, such as young people, men and people living in rural and remote areas

Quantitative Key Performance Indicators for Program 11.1

Invest in more and better coordinated services for people with mental illness

Quantitative Indicators	2012-13 Revised Budget	2013-14 Budget Target	2014-15 Forward Year 1	2015-16 Forward Year 2	2016-17 Forward Year 3
Number of schools participating in the KidsMatter Primary Initiative	1,200	2,000	2,600	3,000	3,200

² Number of projects in future years, from 2014-15, are dependent on the outcomes of the NSPP evaluation.

Section 2 – Department Outcomes – 11 Mental Health

Quantitative Indicators	2012-13 Revised Budget	2013-14 Budget Target	2014-15 Forward Year 1	2015-16 Forward Year 2	2016-17 Forward Year 3
Percentage of Medicare Locals with the capacity to provide services through the ATAPS initiative to people in hard to reach groups such as children, Aboriginal and Torres Strait Islander communities and socio-economically disadvantaged communities	100%	100%	100%	100%	100%
Percentage of Medicare Local regions in which coordinated care and support for people with severe and persistent mental illness and complex needs is being provided	80%	100%	100%	100%	100%

Outcome | 11

