

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 2012-13, the Australian Government will continue to implement the 2011-12 *Delivering National Mental Health Reform* Budget package, which provides a \$1.5 billion investment in both health and community services over five years. When combined with the 2010 Budget and election commitments which provide \$624 million over the same five year period, the Government has committed \$2.2 billion in funding for new and expanded mental health services. 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 Indigenous communities and socioeconomically 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 struggle with mental illness.

These reforms will be 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 reforms will be strengthened by the development of a *Ten Year Roadmap for Mental Health Reform* (the Roadmap). The Roadmap will set out a long-term agenda for ongoing national reform of the mental health system over the next decade and the main steps involved in reaching this goal. The development of the Roadmap is being informed by experts and in consultation with service providers, researchers, carers and consumers. The Australian Government will continue to consult with these groups and states and territories in 2012-13 to finalise the Roadmap.

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

In 2012-13, the Department will also 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 and the Health Workforce Division.

Program Contributing to Outcome 11

Program 11.1: Mental health

Outcome 11 Budgeted Expenses and Resources

Table 11.1: Budgeted Expenses and Resources for Outcome 11

	2011-12 Estimated actual \$'000	2012-13 Estimated expenses \$'000
Program 11.1: Mental health¹		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	276,618	385,737
Departmental expenses		
Departmental appropriation ²	18,642	16,708
Expenses not requiring appropriation in the budget year ³	976	690
Total for Program 11.1	296,236	403,135
Outcome 11 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	276,618	385,737
Departmental expenses		
Departmental appropriation ²	18,642	16,708
Expenses not requiring appropriation in the budget year ³	976	690
Total expenses for Outcome 11	296,236	403,135
	2011-12	2012-13
Average staffing level (number)	124	104

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. This estimate also includes approved operating losses - please refer to the departmental financial statements in section 3 for further information.

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 gives Australians with mental illness timely access to support, and the best chance to recover, stabilise and stay well in the community.

In 2012-13, the Department will continue to implement a National Partnership Agreement with states and territories that will support mental health reform. This agreement will target gaps in the mental health system, notably accommodation support and improved processes for admission and discharge from hospital.

The Government is committed to leading reform of the mental health system. To plan more effectively for the future mental health needs of the community, the Government has established Australia's first National Mental Health Commission, within the Prime Minister's portfolio. Amongst other activities, the Commission will continue the development of the annual national report card on mental health and suicide prevention, which will use the most current data available to monitor mental health reform and summarise the state of the mental health system.

2012-13 will also see the finalisation of the *Ten Year Roadmap for National Mental Health Reform*, which is being developed in consultation with stakeholders. The Roadmap will provide governments, workplaces and communities with a long-term vision and reform plan for mental health.

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

In 2012-13, the Australian Government will continue to expand the *Access to Allied Psychological Services (ATAPS)* program. ATAPS funds Divisions of General Practice (transitioning to Medicare Locals as they become operational) to broker allied mental health professionals to provide psychological treatment to people with a diagnosed mental disorder. The expansion will target hard to reach groups and communities that are currently underserved, such as children, Indigenous communities and socioeconomically disadvantaged communities.

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. This will better integrate support around the person's clinical and other needs.

The Government will also fund the successful *Support for Day to Day Living in the Community* program to provide services to an additional 3,650 people in 2012-13. This program aims to improve the quality of life for individuals with severe and persistent mental illness through structured social activity programs delivered through non-government organisations.

In 2012-13, the Government will improve mental health services for teenagers and young adults by providing increased funding to the *headspace* program. A total of 90 *headspace* centres will be funded by 2014-15, with 15 of these sites to be announced in 2012-13.

The Government will provide further support for mental health services for teenagers and young adults by working with states and territories to establish up to 16 youth 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.

A single online mental health portal and virtual clinic will become available in 2012-13. These initiatives will improve access to online services for people with mild anxiety, depression and those experiencing psychosocial distress.

In 2012-13, the Government will fund the expansion of the successful *KidsMatter Primary* initiative with a target of 1,200 primary schools participating by June 2013. To help children develop well, build resilience and avoid behavioural and mental health issues, the Government will expand the Medicare Healthy Kids Check in 2012-13 to include consideration of emotional wellbeing and development, and to bring forward the target age of the check to three years of age.

Expand suicide prevention activities

In 2012-13, the Government's commitment to suicide prevention continues 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.

The *National Suicide Prevention Strategy* (NSPS) consists of four key interrelated components: the Living Is For Everyone Framework; the National Suicide Prevention Action Framework; the NSPP; and mechanisms to promote alignment with state and territory suicide prevention activities. The strategy has the overall objective of reducing the incidence of suicide and self-harm, and promoting mental health and resilience across Australia.

The strategy will be linked to the new annual report card on mental health and suicide prevention to be developed by the National Mental Health Commission.

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; and*
 - *The National Perinatal Depression Initiative.*

These 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, please 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.

Program 11.1 Expenses

Table 11.2: Program Expenses

	2011-12 Estimated actual \$'000	2012-13 Budget \$'000	2013-14 Forward year 1 \$'000	2014-15 Forward year 2 \$'000	2015-16 Forward year 3 \$'000
Annual administered expenses					
Ordinary annual services	276,618	385,737	448,571	512,819	564,321
Program support	19,618	17,398	16,982	16,794	16,903
Total Program 11.1 expenses	296,236	403,135	465,553	529,613	581,224

Program 11.1: Deliverables²

Table 11.3: Qualitative Deliverables for Program 11.1

Qualitative Deliverables	2012-13 Reference Point or Target
Invest in more and better coordinated services for people with mental illness	
Increase mental health support to the community for people living with a severe and persistent mental illness through the Support for Day to Day Living program	Community mental health supports are increasingly being accessed by people with a severe and persistent mental illness
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
Expand suicide prevention activities	
Implement projects under the National Suicide Prevention Program	Projects implemented in a timely manner

Table 11.4: Quantitative Deliverables for Program 11.1

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Invest in more and better coordinated services for people with mental illness					
Number of additional people assisted under the expansion of the Access to Allied Psychological Services program	14,400	27,850	39,150	48,100	55,000
Total number of <i>headspace</i> youth-friendly service sites funded	55	70	85	90	90
Expand suicide prevention activities					
Number of funded initiatives focusing on suicide prevention in identified high risk groups	76	77	80	83	83

² In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

Program 11.1: Key Performance Indicators

Table 11.5: Qualitative Key Performance Indicators for Program 11.1

Qualitative Indicator	2012-13 Reference Point or Target
Invest in more and better coordinated services for people with mental illness	
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

Table 11.6: Quantitative Key Performance Indicators for Program 11.1

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Invest in more and better coordinated services for people with mental illness					
Number of schools participating in the KidsMatter Primary Initiative	600	1,200	2,000	2,600	3,000
Percentage of Divisions of General Practice/Medicare Locals with the capacity to provide services through the Access to Allied Psychological Services initiative to people in hard to reach groups such as children, Indigenous communities and socioeconomically disadvantaged communities	100%	100%	100%	100%	100%
Percentage of Medicare Locals providing specialised services for children by trained allied health professionals	50%	100%	100%	100%	100%

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