

OUTCOME 11

MENTAL HEALTH

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

MAJOR ACHIEVEMENTS

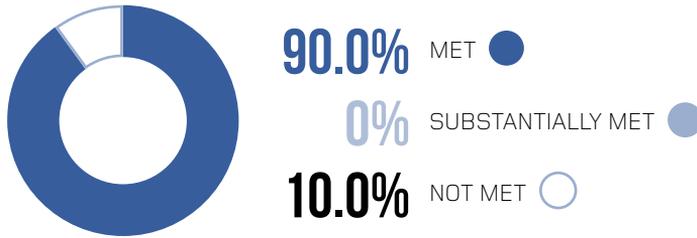
- Adopted a long-term vision and reform plan for mental health through the Council of Australian Governments' Ten Year Roadmap for National Mental Health Reform 2012–2022.
- Continued roll out of *headspace* centres with 55 centres operational of the 70 *headspace* centres announced around Australia.
- Finalised contractual arrangements with *headspace* to deliver early psychosis services, based on the Early Psychosis Prevention and Intervention Centre model, at nine *headspace* locations, with at least one located in each state and territory. The first of these sites, south-east Melbourne, was launched in June 2013.
- Launched the online MindSpot virtual clinic. People with a mild to moderate mental illness can access therapy programs online and over the phone through the new virtual clinic.
- Engaged organisations in 48 Medicare Local regions under the Partners in Recovery initiative, which will start delivering services in 2013–14.
- Finalised Australia's first National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.



CHALLENGES

- Improving mental health requires supports beyond those provided by mental health services and there are challenges in raising awareness, strengthening coordination and improving access to services particularly for people with severe mental illness. The Department will continue to address this in its implementation of programs and liaison with stakeholders.
- Optimal mental health service delivery requires information about mental health, evidence about the services that are available and measurement and reporting of the outcomes for those affected by mental ill health. The Department will continue to work with key mental health stakeholder groups and provider organisations to improve the reporting of relevant mental health data to provide this information.

PERFORMANCE



PERIOD	MET	SUBSTANTIALLY MET	NOT MET
2012-13	90.0%	0.0%	10.0%
2011-12	85.7%	7.1%	7.1%

PROGRAM CONTRIBUTING TO OUTCOME 11

Program 11.1: Mental health

OUTCOME STRATEGY

Outcome 11 aims to improve services and support for people with mental illness, their families and carers. In 2012-13, the Department worked to achieve this Outcome by managing initiatives under the program outlined below.

PROGRAM 11.1: MENTAL HEALTH

Program 11.1 aims to strengthen leadership in mental health, invest in more and better coordinated services for people with mental illness and expand suicide prevention activities.

Strengthen leadership in mental health

In any given year, mental illness affects one in every five Australians.

In 2012-13, the Department continued working with state and territory governments and key stakeholders to deliver a mental health system that gives Australians with a mental illness timely access to support and the best chance of recovery. The Department has continued to strengthen mental health services with a strong focus on prevention and early intervention. Key priorities have been the need to take action across a person's life, to recognise the spectrum of mental illness people may face and to address the early age onset of some mental illness and current barriers to accessing help.

The five year National Partnership Agreement Supporting National Mental Health Reform supports state and territories to provide stable accommodation and support for those with a severe mental illness and improve presentation, admission and discharge planning in emergency departments and major hospitals.

The Council of Australian Government's (COAG) Ten Year Roadmap for National Mental Health Reform 2012-2022 provides a long-term vision and reform plan for mental health. The Roadmap provides a commitment by the Commonwealth and the states and territories to promote the importance of good mental health and wellbeing; to maximise opportunities to prevent and reduce the impact of mental health issues and to support people with mental health issues, their families and carers to live contributing lives.

COAG has established a Working Group on Mental Health Reform to progress priority areas of work arising from the Roadmap, including developing a successor to the Fourth National Mental Health Plan, and establishing achievable national whole of life outcomes-based indicators and targets for mental health that will be understood by the community. The Department is coordinating the Commonwealth's involvement in the working group. An expert reference group on mental health chaired by the National Mental Health Commission advises this group.

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

The Department remains focused on delivering better coordinated mental health services. It is implementing initiatives that recognise mental illness as being more than just about the provision of clinical services and delivering programs which improve economic and social participation for people with a mental illness.

The Partners in Recovery initiative aims to better support people with severe and persistent mental illness with complex needs, and their carers and families. The initiative will ensure that the broad range of services and supports this vulnerable group needs work in a more collaborative and integrated way. In 2012-13, the Department engaged organisations under the Partners in Recovery initiative in 48 of 61 Medicare Local regions. These organisations will be working at a systems level and will drive collaboration between relevant sectors, services and supports within the region. The Department is working with the remaining 13 Medicare Local regions to increase their readiness to deliver services from 2013-14.

Support for Day to Day Living in the Community

The Department also continued to increase the quality of life for individuals with severe and persistent mental illness through structured social activities delivered by non-government organisations under the Support for Day to Day Living in the Community program.

Deliverable: 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

2012-13 Reference Point: Community mental health supports are increasingly being accessed by people with a severe and persistent mental illness

Result: Met

- Day to Day Living services are available at 60 sites around Australia, with overall service targets being exceeded under Phase 3 funding agreements.

headspace

The Department continued to build on youth mental health programs through the successful rollout of additional funding for *headspace* sites, with a total of 70 *headspace* sites announced and 55 centres operational around Australia in 2012-13. Furthermore, contractual arrangements have been finalised to deliver early psychosis services across nine *headspace* centres, based on the Early Psychosis Prevention and Intervention Centre (EPPIC) model. Initially, four sites will be established, building to nine over three years. The first of these sites was launched in June 2013 in south-east Melbourne.

Deliverable: Total number of *headspace* youth-friendly service sites funded

2012-13 Target: 70

2012-13 Actual: 70

Result: Met

- All locations for the first 55 *headspace* sites are operational. In August 2012, locations for a further 15 *headspace* sites were announced and these are expected to be operational in late 2013.

HEADSPACE – THE NATIONAL YOUTH MENTAL HEALTH FOUNDATION



Young people all over Australia are getting help with mental health and related issues, through the rapidly expanding network of *headspace* youth mental health centres. Mental health is one of the biggest issues for young people aged 12 to 25 years, with around one in four experiencing a mental health issue in any one year.

In the past, up to three quarters of these young people did not receive any professional help because they did not know who to turn to or did not want to use mainstream mental health services.

headspace makes it easier for young people to find early intervention help by providing a youth-friendly, holistic and stigma-free environment. Its centres in rural, regional and metropolitan areas are committed to making all young people feel welcome and comfortable about seeking help. The *headspace* model provides for holistic care in four areas – mental health, related physical health, alcohol and other drug use, and social and vocational support.

Each centre provides direct treatment aligned with current best practice and training, and fosters relationships with other local services which *headspace* clients might need. For example, *headspace* Bathurst, in Central West NSW, commenced services in 2008. This centre offers information and support services in a confidential and non-judgemental environment about a wide range of concerns including bullying, sexual health, housing, nutrition and diet or caring for someone with a mental health condition. As well as psychologists and social workers, the team is supplemented by a women's health nurse, an exercise physiologist, work and education advisors. The centre also offers information for parents and carers and a range of short-term programs, along with providing a satellite service for young people in Cowra, NSW.

Early intervention gives young people a better opportunity to enjoy a better future and participate in the social and economic life of our community.

MindSpot clinic

In 2012-13, the MindSpot virtual clinic was launched. The online clinic provides step-by-step cognitive behavioural therapy for people with mild to moderate mental illness. In its first six months of operation, 42% of people seeking help from the MindSpot clinic reported never having previously sought help for a mental health problem. This suggests that the online format has been successful in reaching people who may not otherwise access treatment.

MINDSPOT – ONLINE AND PHONE HELP WITH ANXIETY AND DEPRESSION

A new online service which began in December 2012 is providing free mental health services to thousands of Australians, many of whom would otherwise not have sought help.

MindSpot is a virtual clinic offering real time online and telephone therapy for people experiencing mild to moderate anxiety and depression. It can be accessed with or without a referral by a health professional at www.mindspot.org.au or by phone on 1800 614 434 for people without internet access.

It is the first service in Australia to offer free mental health therapy to people regardless of where they are located. It is particularly useful for people in rural and remote areas who may not have easy access to face-to-face mental health support.

Clients are carefully assessed using a simple, easy to understand questionnaire. They are then provided with the level of therapy that is appropriate to them. This can range from self-directed learning to online clinical intervention such as cognitive behavioural therapy from a trained health professional.

If MindSpot cannot offer appropriate help, clients are referred to other services.

MindSpot was specifically targeted at people who could not, or would not usually, access traditional face-to-face services.

In its first six months, the service assessed 4,551 clients, 42% of whom had reported never having previously sought help for a mental health problem.

MindSpot estimates that about 38,000 people will benefit from its therapies in the first three years, and about 15,000 clients per year after that. MindSpot is delivered by Access Macquarie, a subsidiary of Macquarie University, under contract to the Department.

**Access to Allied Psychological Services (ATAPS)**

During 2012-13, people with mental disorders of mild to moderate severity who have difficulty in accessing Medicare-subsidised mental health services continued to access such services under ATAPS. Funding to Medicare Locals for these services was significantly expanded during 2012-13 as a result of additional ATAPS funding provided in the 2011-12 Budget, with particular focus on children, Aboriginal and Torres Strait Islander peoples, those at risk of suicide and self-harm and those in low socioeconomic areas.

Deliverable: Number of additional people assisted under the expansion of the Access to Allied Psychological Services program (ATAPS)

2012-13 Target: 27,850 **2012-13 Actual:** 13,226 **Result:** Not met

- Data available at the time of printing indicates that in 2012-13, 52,300 people were assisted under ATAPS and 307,700 services were provided. This compared with 47,200 people assisted in 2011-12 with 241,800 services provided and 39,074 people in 2010-11 with 207,300 services provided. Revised 2012-13 figures will be reflected in the 2013-14 Annual Report.

KPI: Percentage of Divisions of General Practice/Medicare Locals with the capacity to provide services through the ATAPS initiative to people in hard to reach groups such as children, Indigenous communities and socioeconomically disadvantaged communities

2012-13 Target: 100% **2012-13 Actual:** 100% **Result:** Met

- All Medicare Locals are delivering services through ATAPS and have enhanced and/or expanded services to children, Aboriginal and Torres Strait Islander peoples, people at risk of suicide or self-harm and those on low incomes.

KPI: Percentage of Medicare Locals providing specialised services for children by trained allied health professionals

2012-13 Target: 100% **2012-13 Actual:** 100% **Result:** Met

- All Medicare Locals are providing specialised services for children by trained allied health professionals under ATAPS. Online training was developed to up-skill allied health providers delivering services to children and their families. The training was undertaken by 600 providers.

KPI: 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

2012-13 Reference Point: 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

Result: Met

- Psychological support continues to be provided through the Better Access to Psychiatrists, Psychologists and General Practitioners program through the Medicare Benefits Schedule. Additional support is provided to those who have difficulty accessing this service through both the ATAPS program, which is delivered through all Medicare Locals, and by online primary mental health care, through the MindSpot virtual clinic.

Deliverable: Deliver additional new services for children and young people with mental health and behavioural issues

2012-13 Reference Point: Increase in services provided for children and young people with mental health and behavioural issues and their families

Result: Met

- Data available at the time of printing indicates that in 2012-13, 19,200 services were delivered through ATAPS to children and their families. This compared with 10,130 services in 2011-12 and 3,622 in 2010-11. Additional support is provided through *headspace*.

KidsMatter

KidsMatter is a mental health and wellbeing framework for primary schools and early childhood education and care services which supports mental health promotion, prevention and early intervention for all children.

KPI: Number of schools participating in the KidsMatter Primary Initiative

2012-13 Target: 1,200

2012-13 Actual: 1,352

Result: Met

- The KidsMatter Primary initiative grew from 793 participating schools in 2011-12 to 1,352 participating schools in 2012-13, which includes the 101 schools that participated in the pilot during 2007 and 2008. The continued national rollout of the KidsMatter Primary initiative seeks to ensure that Australian primary school-aged children are attending schools where improved children's mental health and wellbeing outcomes are supported.

Expand suicide prevention activities

The Department continued to implement suicide prevention projects to reduce the impact of suicide on individuals, families and communities. This included a focus on those groups identified as being at highest risk of suicide under the National Suicide Prevention Action Framework, such as Aboriginal and Torres Strait Islander peoples, men, people bereaved by suicide, and gay, lesbian, bisexual, transgender and inter-sex people.

In 2012-13, the Department continued to expand projects under the Taking Action to Tackle Suicide (TATS) package, including consulting with state and territory governments on the location of new sites to expand the StandBy Suicide Bereavement Response Service and Wesley LifeForce Community Networks. StandBy provides a 24 hour face-to-face response service for those bereaved by suicide, training for frontline emergency response services in the community, and coordination of suicide response services. The Wesley LifeForce program is a service which builds community capacity to engage in suicide prevention activity, improve access to appropriate services and support those at risk of suicide and bereaved by suicide. The TATS package comprises a mixture of suicide prevention specific activities and broader initiatives, which build on the National Suicide Prevention Program.

In addition, Australia's first National Aboriginal and Torres Strait Islander Suicide Prevention Strategy was released. The Strategy identifies six broad action areas:

- Building strengths and capacity in Aboriginal and Torres Strait Islander communities;
- Building strengths and resilience in individuals and families;
- Targeted suicide prevention services;
- Coordination approaches to prevention;
- Building the evidence base and disseminating information; and
- Standards and quality in suicide prevention.

The Strategy focuses on early intervention and building stronger communities with the aim of reducing the prevalence of suicide and the impact on individuals, their families and communities. New funding was provided in the 2013-14 Budget to implement key recommendations of the Strategy.

Deliverable: Implement projects under the National Suicide Prevention Program

2012-13 Reference Point: Projects implemented in a timely manner

Result: Met

- All projects have been implemented and continue to provide suicide prevention support to those areas in need. Significant achievements in 2012-13 include the expansion of the Wesley LifeForce community networks to 25 networks, approval and groundwork done on an additional five networks, with an additional 14 networks planned for 2013-14. In 2012, awareness of R U OK? Day rose by 65% nationally and participation increased significantly. The National Suicide Call Back Service maintained strong service delivery, answering a total of 11,623 calls over the 12 months from June 2012 to May 2013.

Deliverable: Number of funded initiatives focusing on suicide prevention in identified high risk groups

2012-13 Target: 77

2012-13 Actual: 79

Result: Met

In 2012-13, the Department delivered 52 projects under the National Suicide Prevention Program. As part of the TATS initiative, the Department delivered 27 projects including continuing to roll out significant suicide projects targeted at Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, men, people bereaved by suicide, and gay, lesbian, bisexual, transgender and inter-sex people. As part of the TATS initiative, the Mates in Construction (MIC) project, which targets the male dominated building and construction industries, became operational in all target states during 2012-13, and is now available in Queensland, Western Australia, South Australia and New South Wales. More than 7,000 workers have received General Awareness Training in mental health and suicide prevention under the MIC initiative.

OUTCOME 11 – FINANCIAL RESOURCE SUMMARY

	(A) Budget Estimate 2012-13 \$'000	(B) Actual 2012-13 \$'000	Variation (Column B minus Column A) \$'000
Program 11.1: Mental Health¹			
<i>Administered Expenses</i>			
Ordinary Annual Services (Annual Appropriation Bill 1)	380,938	377,380	(3,558)
<i>Departmental Expenses</i>			
Departmental Appropriation ²	18,588	18,691	103
Expenses not requiring appropriation in the current year ³	566	957	391
Total for Program 11.1	400,092	397,028	(3,064)
Outcome 11 Totals by appropriation type			
<i>Administered Expenses</i>			
Ordinary Annual Services (Annual Appropriation Bill 1)	380,938	377,380	(3,558)
<i>Departmental Expenses</i>			
Departmental Appropriation ²	18,588	18,691	103
Expenses not requiring appropriation in the current year ³	566	957	391
Total expenses for Outcome 11	400,092	397,028	(3,064)
Average Staffing Level (Number)	130	130	-

1 This program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework.

2 Departmental appropriation combines 'Ordinary annual services (Appropriation Bill 1)' and 'Revenue from independent sources (s31)'.

3 'Expenses not requiring appropriation in the budget year' is made up of depreciation expense, amortisation, make good expense and audit fees. This estimate also includes approved operating losses - please refer to the departmental financial statements for further information.