

Outcome 11

Mental Health

Improved mental health care for all Australians

OUTCOME SUMMARY

The Australian Government is committed to ensuring that people with a mental illness, their families and carers can access the care and support they need through prevention and early intervention initiatives managed under Outcome 11. The Government aims to achieve this through an integrated approach to mental health care and will also focus on reducing the prevalence, disability and impacts of mental illness and suicide.

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

Key Strategic Directions

- Provide multidisciplinary programs to general practitioners, mental health nurses, psychologists and psychiatrists.
- Reduce the impact of, and promote sustained recovery from, mental illness, through access to mental health services.
- Improve mental health for women in the antenatal and postnatal period.
- Provide early intervention for children and young people to prevent the onset of mental illness and support families trying to manage mental illness.
- Improve access to better, more integrated, primary mental health care through support for psychiatrists, general practitioners and allied health professionals.
- Reduce the incidence of suicide across the population by supporting national suicide prevention activities, with a particular focus on high-risk groups such as Indigenous Australians.

Major Activities

National Mental Health Reform

National mental health policy will be reoriented towards prevention and early intervention, informed by a new National Advisory Council on Mental Health, to be established to provide advice on a range of mental health issues.

Existing programs will continue to be reassessed, and, where appropriate, refocused to increase access or flexibility. Integration of mental health services with other services will continue to be progressed, including through existing mechanisms such as the Council of Australian Governments' (COAG) Mental Health State and Territory Reference Groups.

An open and transparent system of evaluation and accountability of existing mental health services will continue to be developed, building on initial reforms such as the

2007 National Mental Health Report and the release of Medicare figures on mental health services.

The Australian Government will expand the Additional Education Places, Scholarships and Clinical Training in Mental Health Initiative to increase the availability and value of postgraduate mental health nurse scholarships and postgraduate psychology scholarships. This will address the current shortage of qualified mental health nurses and clinical psychologists. The initiative will provide 1,070 postgraduate and Masters degree scholarships for mental health nurses, of which 105 places will be designated rural and remote scholarships over four years. It will also provide 222 postgraduate and Masters degree scholarships for rural and regional psychologists over four years.

Access to Mental Health Services

The Australian Government will work in partnership with the states and territories to implement key policy directions for mental health. These bilateral arrangements aim to improve continuity of care across service sectors for people with severe mental illness through a strong foundation of ongoing clinical mental health care and community support services. There is a particular focus on those who are homeless, or are at risk of homelessness.

Furthermore, the Government will develop a transparent system of evaluation and accountability of existing mental health services, with an increased focus on performance, including State and Territory governments' performance and consumer outcomes.

In 2008-09, the Department will progress Australian Government priorities for mental health. Of primary importance will be the consideration of a further National Mental Health Plan in the context of a whole-of-government approach to mental health.

The establishment of a number of current health reform processes will further inform the Australian Government's approach to mental health reform. The approach to mental health reform will be necessarily flexible to consider key recommendations arising from these processes.

The Australian Government will establish a new National Advisory Council on Mental Health to provide timely expert advice on the overarching implementation of the COAG National Action Plan on Mental Health (2006-2011) and other issues. The Department will provide administrative support to the National Advisory Council. The community will benefit through the advice provided by the National Advisory Council to inform future mental health reforms that lead to better outcomes for consumers, carers and families.

Identification and Treatment of Antenatal and Postnatal Depression

The Australian Government will focus on improving the prevention and early detection of antenatal and postnatal depression, and provide better support and treatment for women experiencing depression during the antenatal and postnatal period, through a national Postnatal Depression Initiative.

Research indicates that each year around one in ten women in Australia experiences depression during pregnancy and almost one in five experiences depression in the weeks and months after giving birth.

From 2008-09, the Australian Government will work closely with the states and territories, and beyondblue to develop national guidelines for screening, training for health

professionals, routine screening for antenatal and postnatal depression, improved support and care, and research and data collection.

Early Intervention Services for Parents, Children and Young People

Under the Early Intervention Services for Parent, Children and Young People Initiative, the Australian Government will strengthen mental health promotion, prevention and early intervention services for pre- and school-aged children. This will be achieved through a particular focus on parenting and school based programs such as the KidsMatter Initiative, and working in partnership with key stakeholders from the mental health sector and education sectors.

The KidsMatter Initiative will increase the capacity of professionals within the preschool and schools sectors to identify children who would benefit from early treatment and support. It will also ensure that help is available to families by links to web-based mental health services, information systems and programs such as Kids Helpline.

Ongoing implementation of the *headspace* initiative will improve early detection and intervention for young people with mental health and co-morbid drug and alcohol problems. Communities of Youth Services have been established in ten locations to improve access for young people aged 12-25 who may have complex and co-morbid conditions, to appropriate services. These Communities of Youth Services provides a platform for further integration of a range of services and will be led by key non-government organisations in local areas. A further 20 sites are expected to be operational in 2008.

The challenge in implementing many of these initiatives is ensuring appropriate linkages within the education sector and with new programs in other portfolios, which also target the important areas of early childhood and young people in crisis. The Department will continue to work closely with other portfolios and sectors in administering this package.

Better, More Integrated Primary Mental Health Care

The Australian Government will continue to work with general practitioners (GPs) and allied mental health professionals to improve access to, and the quality of, primary mental health services. This will particularly support those members of the community who have more common mental disorders such as anxiety and depression by improving access to early detection and quality treatment services.

During 2008-09, using available Medicare claims data, the Australian Government will closely monitor the uptake and operation of the Medicare-eligible primary mental health services, especially in relation to access to mental health services for people in rural and remote areas. In the interests of transparency and accountability, the Government will also complete a post-implementation review of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative. Any adjustments to Medicare mental health items during 2008-09 will be based on a solid foundation of evidence, including the findings of the post-implementation review, and be focused on ensuring that primary mental health care provided through Medicare remains accessible and affordable.

During the year, the Australian Government will refocus the Access to Allied Psychological Services component of the Better Outcomes in Mental Health Care Program to increasingly complement the Better Access initiative. This will help ensure a more

targeted approach to the provision of psychological therapies and will address service gaps, particularly in communities not well serviced by private Medicare-eligible services, as well as vulnerable population groups such as people at risk of suicide and Indigenous people. The Department will do this through: 1) a trial of telephone based therapy in rural and remote areas; 2) providing better support and referral pathways for GPs managing patients at high risk of suicide; and 3) providing additional funds to rural, remote and outer metropolitan Divisions of General Practice with unmet demand. It is anticipated that this will increase funding to over 50 per cent of rural, remote and outer metropolitan Divisions.

The Australian Government will support telephone and web-based mental health therapies and interventions to complement face-to-face services, particularly in rural areas through the Mental Health – Telephone Counselling, Self Help and Web-Based Support Program to help increase the availability of mental health services.

Suicide Prevention 2008-12 – Reaching Groups at High Risk

In the 2008-09 year, there will be a strengthened emphasis on the integration of Government suicide prevention activities with that of states and territories through joint planning processes. The Australian Government is focused on reducing the incidence of suicide across the Australian population and aims to increase the evidence-base for good practice service delivery in supporting people at risk of, and affected by, suicide. This will be achieved through the National Suicide Prevention Strategy. New governance arrangements will provide for joint planning by Commonwealth and states of suicide prevention activities.

Funding for these major activities will be sourced from Program 11.1 – Mental Health.

Outcome 11 Resourcing

Table 11.1 shows how the 2008-09 Budget appropriations translate to total resourcing for Outcome 11, including administered expenses, revenue from government (appropriations), revenue from other sources, and the total price of outputs.

Table 11.1: Total Resources for Outcome 11

	2008-09 Total estimate of available resources \$'000	2007-08 Estimated actual \$'000
Outcome 11 Administered and Departmental Output Resources		
Program 11.1: Mental Health		
<i>Administered Items</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	136,318	130,003
Special Appropriations		
<i>Health Care (Appropriation) Act 1998 - Australian Health Care Agreements - Provision of Designated Health (p)</i>	14,934	31,487
<i>Departmental Outputs</i>		
Annual Appropriation Bill 1 (Ordinary Annual Services)	14,044	14,040
Revenues from other sources (s.31) for goods and services	296	320
Subtotal for Program 11.1	165,592	175,850
Total Resources for Outcome 11	165,592	175,850
Outcome 11 Resources by Departmental Output Group		
Department of Health and Ageing		
Output Group 1: Policy Advice	5,134	5,141
Output Group 2: Program Management	9,206	9,219
Total Departmental Resources	14,340	14,360
	2008-09	2007-08
Average Staffing Level (Number)	118.3	123.0

(p) This Special Appropriation is also funded through Outcomes 10 and 13.

Measures Affecting Outcome 11

A summary of measures affecting this outcome is provided at Table 1.3.1, Section 1. Measure descriptions are published in full in *Budget Paper No. 2, Budget Measures 2008-09*, available on the Australian Government website at <<http://www.budget.gov.au>>.

Contribution of Administered Programs

Program 11.1 – Mental Health

The Mental Health Program funds a number of key mental health and suicide prevention initiatives, such as: the Better Outcomes in Mental Health Care; the National Suicide Prevention Strategy; and the Youth Mental Health Initiative to address the needs of Australians with a mental illness. These programs provide access to care for people with mental illness, and offer support for their families. These programs also focus on promoting mental well-being and preventing mental health problems where possible.

The contribution to this outcome will be measured through the evaluation plans and/or reviews of individual initiatives. The Government will also evaluate the COAG Mental Health initiatives delivered by this portfolio, as part of the broader COAG monitoring and reporting processes.

Contribution of Departmental Outputs to Outcome 11

The Department describes its core activities in terms of two output groups: policy advice and program management. Outcome 11 reports on both output groups. Refer to Section 2.1 for more information on output groups.

Performance Information for Outcome 11

Performance information for administered programs, individual outputs and output groups relating to Outcome 11 are summarised in Table 11.3.

Table 11.3: Key Performance Information for Outcome 11

Performance Information for Administered Programs

Indicator	2008-09 Reference Point or Target
Program 11.1 – Mental Health <ul style="list-style-type: none"> • Administered Items 	
Increased number of people accessing information on mental health and crisis counselling. Measured by the number of calls answered by telephone counselling services and the number of hits to web-based support services.	5% increase in the number of calls answered by the Lifeline Australia phone counselling service. Improved services available for individuals following the implementation of the web-based and self help support component of the Telephone Counselling Self Help and Web-based Support Programs.

Indicator	2008-09 Reference Point or Target
Program 11.1 – Mental Health <ul style="list-style-type: none"> Administered Items 	
All <i>headspace</i> – communities of youth services are operational.	30 local communities of youth services operational in 2008-09.
Number of people accessing Medicare-eligible psychological services. Measured by the use of new Medicare items.	Number of people accessing psychological services and using the new Medicare items.
The extent to which Access to Allied Psychological Services support antenatal and postnatal depression specific services.	All Divisions of General Practice have the capacity to deliver services with antenatal and postnatal depression.
The proportion of outer metropolitan and rural/remote Divisions of General Practice receiving increased Access to Allied Psychological Services funding.	50% of outer metropolitan and rural/remote Divisions of General Practice receive additional Access to Allied Psychological Services funding.
Development and implementation of a nationally consistent postnatal depression initiative, in partnership with the states and territories.	National postnatal depression initiative developed collaboratively with the states and territories in 2008-09.
Participation in the Mental Health Postgraduate Scholarship Scheme.	A total of 75 full-time-equivalent postgraduate scholarships for both mental health nursing and clinical psychology are offered in the second round for the 2008 academic year.
Increased number of activities focusing on suicide prevention in identified high risk groups. Increase the availability of resources aimed specifically at postvention services that support people affected by suicide.	Activities targeting high-risk groups increased by 10% in 2008-09. Develop and effectively disseminate resources appropriate for people bereaved by suicide.
Members appointed to the National Advisory Council on Mental Health. Council meet no less than 4 times in each year. Development and implementation of the Council workplan and research agenda. Research grants commissioned.	Membership appointment process commenced from May 2008. First meeting of the Council held in July 2008. Council work plan and research agenda developed from July 2008. Research grants commissioned from February 2009.

Indicator	2008-09 Reference Point or Target
Program 11.1 – Mental Health	
<ul style="list-style-type: none"> • Administered Items 	
Post-implementation Review of the Better Access Initiative undertaken.	Review finalised by the end of the 2008-09 financial year.
<ul style="list-style-type: none"> • Departmental Outputs¹ 	
Resourcing: \$165.592m	

Performance Information for Departmental Outputs

In relation to the following program:

- 11.1: Mental Health.

Indicator	2008-09 Reference Point or Target
Output Group 1 – Policy Advice	
Quality, relevant and timely advice for Australian Government decision-making measured by Ministerial satisfaction.	Ministerial satisfaction.
Production of relevant and timely evidence-based policy research.	Relevant evidence-based policy research produced in a timely manner.
Output Group 1 Resourcing: \$5.134m	

¹ The Department has four standard performance indicators for departmental output groups. See 'Performance Information for Departmental Outputs' for further information.

Indicator	2008-09 Reference Point or Target
Output Group 2 – Program Management	
Administered budget predictions are met and actual expenses vary less than 0.5% from budgeted expenses measured by comparison of actual expenses against budget.	0.5% variance from budgeted expenses.
Stakeholders participate in program development through avenues, such as surveys, conferences, meetings, and submissions on departmental discussion papers.	Stakeholders participate in program development.
Output Group 2 Resourcing: \$9.206m	

