



Prioritising Mental Health and Suicide Prevention (Pillar 3) –Treatment

In response to the Productivity Commission and the National Suicide Prevention Adviser's reports, the Australian Government will invest \$1.4 billion in accessible and effective mental health treatment for all Australians who need it. This is part of a record \$2.3 billion whole-of-government mental health and suicide prevention package.

The priority investment is the \$820.1 million to create a national network including up to an initial 57 additional multidisciplinary mental health centres and satellites for adults, youth and children through the Head to Health and headspace programs, including:

- \$487.2 million to deliver critical community-based multidisciplinary, coordinated care for adults experiencing mental ill-health, including:
 - Head to Health adult mental health treatment centres to improve access to community-based mental health services. This includes the initial establishment of 8 new centres, 24 new satellite centres, and ongoing funding for 8 existing centres. We will also establish a dedicated phone service to support intake, assessment and referral
 - The Government will also work in partnership with state and territory governments to continue to expand the network of community-based adult mental health services.
- \$278.6 million headspace youth treatment centres to continue to safeguard the wellbeing of young Australians aged 12–25 by strengthening, enhancing, and expanding the headspace network, including:
 - expanding the national headspace network by establishing 10 new headspace centres and upgrading 5 satellite services, bringing the total number of headspace services across Australia to 164, and
 - working jointly with states and territories to boost clinical capacity at existing headspace services.
- \$54.2 million create a new network of up to 15 new Head to Health Kids mental health and wellbeing centres for children aged zero–12 years, in partnership with state and territory governments. These centres will provide

multidisciplinary mental health support for infants, children and their parents, and improve early intervention outcomes for children's mental health.

In addition, the Government will also provide:

- \$288.5 million to include Repetitive Transcranial Magnetic Stimulation (rTMS) therapy on the Medicare Benefits Scheme (MBS) for patients with medication-resistant major depressive disorder
- \$111.4 million to support the take up of group therapy sessions and participation of families and carers in treatment provided under the Medicare Better Access to Psychiatrists, Psychologists and General Practitioners initiative.
- \$26.9 million to provide additional support for people with eating disorders and their families. This will build on existing interventions by improving quality and availability of care from early intervention to recovery. This includes:
 - delivering the final phase of the workforce credentialing project to ensure all Australians have access to high quality care delivered under the Medicare eating disorder items
 - providing training to staff working in Adult Mental Health Centres, improving access to free, timely and quality care
 - establishing a National Eating Disorder Research Centre to coordinate and conduct world-leading research into eating disorders, and
 - continuing Eating Disorders Families Australia's *strive* program, providing mental health support for families and carers of people with eating disorders.
- \$171.3 million to ensure continued access to Commonwealth psychosocial support services for 2 years, from 2021–22, under a single consolidated program
- \$34.2 million to support General Practitioners (GPs) in their role as a key entry point into the mental health system by expanding and implementing the Initial Assessment and Referral (IAR) tool in primary care settings. The tool will also apply in all Commonwealth funded services and, with their agreement, in state and territory services, and will deliver a consistent and culturally appropriate approach to clinical assessment and referral
- \$42.3 million to enable access to parent education and support programs to build parenting strategies, and teach parents and carers how to identify and respond to problem behaviours, and

- \$0.5 million to develop national guidelines to support states and territories to include social and emotional wellbeing indicators in early childhood health checks, so any emotional difficulties can be identified early and in a nationally consistent way.

Why is this important?

Mental health impacts all of us and our ability to participate in community and economic life. Mental illness significantly increases the risk of suicide, the leading cause of death of people aged 15–44.

Approximately 45% of Australian adults experience poor mental health during their lifetime, and around one in 5 experienced mental ill-health in the last 12 months. There are approximately 630,000 young people with mild to moderate mental illness nationally. About 580,000 Australian children have a diagnosable mental health condition, but less than half receive any professional help. Only 35% of Australian parents are confident they could identify the signs of social or emotional problems in their children.

The Productivity Commission's Inquiry into Mental Health identified the need to address service gaps for those who are falling through the cracks, and improve the experience people have with mental healthcare, and with services beyond the mental health system. The Government is committed to ensuring that services are available, that they provide a safe and high quality environment, and they appropriately meet the needs of adults, youth and children.

The Government is also committed to ensuring all Australians with an eating disorder have access to high quality treatment in a timely manner. Around one million Australians have an eating disorder. Often prolonged care is needed and this impacts significantly on families and carers. Although eating disorders are complex, full recovery from eating disorders is possible with timely and appropriate care.

These investments are in response to the National Suicide Prevention Adviser's Final Advice and the Productivity Commission's Inquiry into Mental Health (Recommendations 5, 10, 12, 13, 15, 17, and 18).

Who will benefit?

All Australians – adults, youth, and children experiencing ill-health or in crisis, or those at risk; their families, carers, and friends; and mental health professionals and services – will benefit from access to services targeted at various stages of life. These measures will help those with moderate to severe mental illness get the help they need in the community. It will ensure that Australians have the support they need regardless of what stage in life mental illness presents. Family and carers will also be able to participate in Medicare-subsidised sessions, while having their own mental health support subsidised by Medicare.

GPs will continue to play a critical role as an entry point to mental health services for many Australians, and will be supported in this role through the provision of appropriate tools and training for consistent assessment and referral. The stepped care approach to mental health care, through sophisticated digital tools such as the Initial Assessment and Referral tool, will ensure Australians receive the level of health care and support they need. It will also decrease service oversubscription and reduce wait times.

The one million Australians with an eating disorder, their families and care network, will benefit from improved access and choice to care options and additional wrap-around support.

Australians with severe mental health needs who are not supported by the National Disability Insurance Scheme will be able to continue to access Commonwealth psychosocial supports to

manage their day to day living activities, rebuild and maintain social connections, engage in education and employment, and stay connected to clinical care.

How much will this cost?

The Australian Government is investing a total of \$1.4 billion over 4 years, from 2021–22.