

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-014

OUTCOME 5: Primary Care

Topic: MENTAL HEALTH SERVICES IN RURAL AND REMOTE AREAS (MHSRRA)  
PROGRAM

Written Question on Notice

Senator Wright asked:

I would like to draw your attention to the 2011 DOHA Mental Health Services in Rural and Remote Areas Program final evaluation report.

- a) Which recommendations of that report have been implemented, or will be implemented? How will/have they been implemented?
- b) Are there any proposed outcome measurements? If so, what are they?

Answer:

- a) Implementation status of the recommendations is as follows:

Recommendation 8 – Continuation of MHSRRA

This has been addressed. Currently, 39 funding agreements are in place to 30 June 2013 with 30 organisations to deliver mental health services in more than 200 communities in rural and remote Australia.

Recommendations 1, 2 and 9 – Program Focus

These recommendations relate to how the Mental Health Services in Rural and Remote Areas (MHSRRA) program and mental health programs generally are delivered by the Australian Government in rural and remote Australia. These have broader application than MHSRRA and are being addressed as part of a range of strategies.

For example, promotion and prevention are funded nationwide through initiatives including beyondblue, school mental health initiatives such as MindMatters and KidsMatters, telephone and web based initiatives such as Lifeline, Anxiety Online, Kids Helpline and e-headspace and youth initiatives such as headspace.

Mental health services for children and young people are the focus of the new Children's Mental Health initiative under the Access to Allied Psychological Services (ATAPS) program. This initiative is being rolled out nationally through Medicare Locals, which are also the fundholders for MHSRRA from 2012-13.

### Recommendations 3, 4, 5, 6 and 7

These recommendations relate to increasing flexibilities under the program guidelines on innovative service delivery, workforce eligibility, referral requirements and strengthening communication. These are under active consideration, recognising the particular issues of service delivery in rural and remote areas while balancing the need to ensure service delivery:

- retains its clinical focus,
- remains appropriate and effective and
- is consistent with related primary mental health care programs such as ATAPS.

Beyond MHSRRA, the development of a range of e-mental health options under other Australian Government initiatives is also expanding the accessibility of mental health services for people rural and remote areas.

Recommendation 6 on improved data collection is currently under consideration in the context of new reporting templates and database development. In particular this will see greater alignment between MHSRRA and ATAPS data collection and reporting systems.

- b) Outcome Measurements. Outcomes at the client level are evaluated by medical practitioners who have responsibility for clinical assessment and management of clients through a comprehensive mental health care plan, which is also used to evaluate the effectiveness of treatment. There are no proposed outcome measurements at this stage at the program level. However, the program is based on the delivery of mental health services by appropriately qualified allied and/or nursing mental health professionals delivering evidence based focussed psychological strategies. These types of primary mental health care services have been demonstrated to be effective in delivering better mental health outcomes through both the ATAPS evaluations undertaken by the University of Melbourne, which are available at <https://boimhc.org/bin/view>, and the recent evaluation of the Better Access program, which is available at <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-ba-eval>