

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-015

OUTCOME 11: Mental Health

Topic: SUICIDE RATE IN REGIONAL AND REMOTE AREAS

Written Question on Notice

Senator Wright asked:

The Australian Institute of Health and Welfare reports that rates of completed suicide in regional and remote areas are 1.2 - 2.4 times higher than those in major cities.

- a) Given these figures, what is the Department doing to address the slow growth in mental health supports available in regional and remote areas compared to major cities?
- b) What is being done to address the need to attract and maintain good quality staff in regional and remote areas?
- c) What is being done to address the concerns of NGO and government services in delivering better mental health services to regional and remote communities?
- d) Can you outline the stakeholder consultation process which led to these initiatives?
- e) With whom did you consult during this process?
- f) How was stakeholder feedback incorporated?

Answer:

a) to f)

The Australian Government has acknowledged more needs to be done to help Australians who have a mental illness get the care they need, when and where they need it and to support their families and carers. The Government has provided a \$2.2 billion investment over the next five years to drive fundamental reform in Australia's mental health system.

As part of this investment the Australian Government has doubled the funding allocated to suicide prevention. Four-year funding over the period 2011-12 to 2014-15 for specific suicide prevention activity under the new Taking Action to Tackle Suicide (TATS) package (\$132 million) and the existing National Suicide Prevention Program (NSPP) (\$99.6 million) combined brings the total funding to \$231.6 million over the same four year period.

Programs that specifically target suicide and mental health in rural and remote areas include:

- TATS – the Government has allocated \$30.2 million over four years from 2011-12 to reach populations groups at higher risk of suicide including those in rural and remote areas.
- The NSPP- the Government has allocated \$49.403 million from 2011-12 to 2012-13 to support suicide prevention projects at both the national and local level. The program funds a range of universal projects as well as those targeting individuals and populations at higher risk of suicide. A total of \$14.31 million has been allocated for national and local community based suicide prevention projects that primarily target rural and remote areas.
- Access to Allied Psychological Services (ATAPS) Suicide Prevention Service - the Government has provided around \$40 million over five years from 2011-12 to provide suicide prevention services to more than 40,000 people referred by their GP or the local hospital accident and emergency department including in rural and remote regions.
- Mental Health Services in Rural and Remote Areas Program - the Government is providing funding of \$32 million from 2011-12 to 2012-13 under the Program, which aims to provide greater access to mental health services for those living in rural and remote areas of Australia. To achieve this, the program funds Divisions of General Practice, Aboriginal Medical Services and the Royal Flying Doctor Service for the delivery of mental health services by appropriately trained mental health care workers, including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers.

Other programs with a broader focus that also address the needs of people living in rural and remote areas include:

- ATAPS - the 2011-12 Budget includes \$206 million over five years to expand ATAPS to better reach groups who continue to miss out on Medicare funded services, such as people in rural and regional areas and low income areas, Indigenous Australians, young people under 25 years and other hard to reach groups. Approximately 41 per cent of ATAPS services delivered to date were provided in rural and remote Australia.
- headspace - funded since 2006, *headspace* provides a nationally coordinated focus on youth mental health and related drug and alcohol problems. The service aims to improve access for young people aged 12-25 years to appropriate services and ensure better coordination between services. The 2011-12 Budget allocated \$197.3 million over five years to expand existing and establish new youth focused mental health services through the headspace program. To date, 31 of the 55 sites announced have been in regional and rural locations around Australia.
- eheadspace – in addition to the roll-out of further headspace sites, a telephone and web-based support service for young people building on the headspace platform is also available. This eheadspace service provides free, confidential and anonymous counseling services to young people between the ages of 12 and 25 years, with, or at risk of developing a mild to moderate mental illness. The service also provides referrals to other appropriate services, including mental health, alcohol and drug, social and vocational services.
- Telephone counseling, self help and web-based support measure (Teleweb measure) - supports the provision of evidence based telephone and online mental health programs to supplement or substitute for existing face-to-face services for individuals with common mental health disorders or those in psychosocial crisis. This measure particularly benefits people in rural and remote areas who face barriers in accessing face-to-face services. Activities include: general psychosocial telephone helplines; online counseling; online self help and peer support resources and self directed online treatment modules. Funding provided under this measure from June 2006 to June 2012 is \$70.4 million.
- TATS - funding of \$20 million is being provided over three years from 2011-12 to establish a Virtual Clinic. The Virtual Clinic services will complement face-to-face

mental health support and existing automated online programs. The clinic will employ allied mental health workers and psychiatrists, and will have the capacity to escalate care in high needs cases. In addition to self help support, clinician assisted online real time counselling will be delivered to people with high prevalence mental disorders via online real time cognitive behavioural therapy programs. The clinic will be operational in late 2012.

- Other current programs such as the Support for Day to Day Living in the Community program, the Program of Assistance for Survivors of Torture and Trauma and beyondblue also assist people living in rural and remote areas. New programs currently under development, such as Partners in Recovery, Early Psychosis Prevention and Intervention Centres and projects funded under the National Partnership Agreement on Supporting Mental Health Reform will also provide services to people in rural and remote areas

These initiatives have been developed, implemented and reviewed following evidence-based research, evaluations and stakeholder consultation. Stakeholder consultation has been effected through key expert advisory groups, which often include consumer, carer and non-government representation, stakeholder forums and focus groups convened through program evaluations.

In particular, the Minister for Mental Health and Ageing consulted with these key stakeholders as well as the Mental Health Expert Working Group in the development of the 2011-12 Budget Delivering National Mental Health Reform package. The primary vehicle for consultation on suicide prevention specific initiatives is the Australian Suicide Prevention Advisory Council (ASPAC).

The Department of Health and Ageing submitted a comprehensive submission to, and provided evidence at, two hearings of the Senate Community Affairs Reference Committee Inquiry into Suicide in Australia. A copy of the Government response to this inquiry can be found at <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-c-commresp-suicide>

While mental health services contribute to reducing suicides, other government services also have a significant role. Public mental health programs are primarily concerned with providing treatment and support services for individual clients affected by severe mental illness, some of whom have either attempted, or indicated an intention to commit suicide. Suicide prevention targeted at the wider population is also addressed through the initiatives of other government agencies, non-government organisations and other special interest groups. Any impact on suicide rates, therefore will be the result of a coordinated response across a range of collaborating agencies.<sup>1</sup>

---

<sup>1</sup> *Report on Government Services 2012.*