

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2015 - 2016, 10 February 2016

Ref No: SQ16-000059

OUTCOME: 1 - Population Health

Topic: Drug Strategy

Type of Question: Written Question on Notice

Senator: Gallagher, Katy

Question:

In regards to the \$141 million from mental health services, Dr Studdert indicated that the Health Department would “expect some synergies” between PHN rollout of mental health funding and drug and alcohol service funding (also through the PHNs). What guarantee can the Department give that “these synergies” will ensure that sufficient attention is paid to mental health services to justify the \$141 million cut?

Answer:

The MYEFO saving will not reduce service delivery to mental health consumers. People currently receiving Commonwealth-funded mental health services will continue to receive services matched to their needs.

The savings largely result from contained growth from the Partners in Recovery (PIR) Programme and the discontinuation of the National Perinatal Depression Initiative (NPDI) funding for states and territories, along with some small programme efficiencies. The Government has reaffirmed its decision not to expand the PIR programme to new regions in the lead up to the planned transition to the National Disability Insurance Scheme, commencing in 2016/17. States and territories were advised that the time limited NPDI agreement ceased in June 2015.

The savings have contributed to the Government’s efforts to combatting ice. An additional \$241.5 million over four years will be provided to Primary Health Networks (PHN) to commission new alcohol and drug treatment services, and as a result PHNs will support better integration of mental health and drug and alcohol treatment services at the local level and across the continuum of care. This will particularly benefit young people for whom substance misuse and mental health problems are likely to be very closely related, and for which better coordination of services at the local level is needed. A portion of the funding, \$78 million over three years, will be provided for Indigenous-specific treatment services, which will also be commissioned through PHNs. The Department of Health will work closely with PHNs, state and territory governments, and the Aboriginal Community Controlled Services sector in early 2016 on the requirements for funding, governance arrangements and transition activities associated with the new alcohol and drug treatment services.

A \$2.7 billion investment over the next four years in mental health programme funding remains. Mental health funding will continue to grow over the forward estimates. This aligns with and will support action under the Government Response to the Review of Mental Health Programmes and Services. It includes over \$350 million each year for a PHN flexible funding pool to commission and integrate mental health services to best meet local and individual consumer needs.