

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30 May 2011

Question: E11-570

OUTCOME 11: Mental Health

Topic: MENTAL HEALTH SPENDING

Written Question on Notice

Senator Fierravanti-Wells asked:

“In relation to each of the programs related to mental health issues, which were part of the 2006-2011 COAG Mental Health spending, in relation to each please advise:

- a) When was it commenced?
- b) When did it cease?
- c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.
- d) What were the objectives of the program?
- e) Were the program objectives met?
- f) What were the key targets?
- g) Were those targets met? Please provide specific details.

Answer:

Please see attached Table.

	<b>Health and Ageing COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
1	Better Access to Psychiatrists, Psychologists & GPs through the Medicare Benefits Schedule	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The 2011-12 Budget included some changes to the Better Access initiative.</p> <p>From 1 November 2011, the cap on Medicare rebates for allied health services for eligible people with a diagnosed mental disorder will be changed from 12 sessions per year to ten. Time-tiered rebates for the GP Mental Health Treatment Plan items will also be introduced.</p> <p>Savings will be reinvested in other mental health services that target particularly hard to reach and vulnerable groups, who continue to miss out on mental health services.</p>	To improve outcomes for people with clinically-diagnosed problems by providing evidence-based treatment.	<p>Yes, the program objectives have been met.</p> <p>This was established through the program evaluation that was completed at the end of 2010.</p> <p>Between 1 November 2006 and 30 June 2011, 2.9 million people accessed 19.7 million services under the Better Access initiative.</p> <p>The evaluation report for the program is available at:  <a href="http://www.health.gov.au/internet/main/publishing.nsf/content/mental-ba">http://www.health.gov.au/internet/main/publishing.nsf/content/mental-ba</a></p>	Specific targets were not set for this demand driven program.	n/a

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
2	New funding for mental health nurses	2007-08	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format.</p>	To provide community based, coordinated clinical care to patients with severe and persistent mental illness.	<p>Yes, to date 792 organisations and 1,031 mental health nurses have registered with the program to provide community based services to 77,659 patients with severe and persistent mental illness.</p> <p>The program is undergoing an evaluation in 2011-12.</p>	Specific targets were not set for this program.	n/a

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
3	Improved services for people with drug and alcohol problems and mental illness	2007-08	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format.</p> <p>The 2011-12 Budget included new flexible funding arrangements with the establishment of 18 flexible funds consolidating 159 programs.</p> <p>Funding for this program will be provided from 2012-13 through the Substance Misuse Service Delivery Grants Fund that will continue to fund activities that support non government drug and alcohol treatment services.</p>	To build non government organisation alcohol and drug treatment services capacity to better identify and manage people with substance use and mental illness (comorbidity).	Yes, funding has been provided to 122 non government drug and alcohol treatment services to build capacity to better identify and treat comorbidity.	Specific targets were not set for this program.	n/a

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
4	Expanding suicide prevention programs	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format.</p>	<p>To promote suicide prevention activities throughout the lifespan as well as for specific at risk groups.</p> <p>To develop and enhance existing services and programs with governments, business, non-government and community organisations that support people at risk of suicide and self-harm.</p>	<p>Yes.</p> <p>Recommendations from the independent evaluation in 2006 formed the basis of an Evaluation Framework for the National Suicide Prevention Program (NSPP) which has been utilised throughout the program 2006-11.</p> <p>An independent evaluation of the NSPP will again be carried out in 2011-12.</p>	<p>Funding was to expand and enhance projects under the NSPP.</p> <p>Targeted high risk groups include: Aboriginal and Torres Strait Islander people; people living with mental illness; men; young people; rural and remote populations; and those bereaved by suicide.</p>	<p>Yes, project numbers have met or exceeded Portfolio Budget Statement targets annually between 2006-11.</p> <p>Project numbers have increased from 46* in 2006-07 to 58 in 2010-11.</p> <p>Investment in suicide prevention activity has increased by 37.5 % and has been implemented to target the high risk priority groups.</p> <p><i>* 21 of these projects were pre-COAG and ceased in 2007-08.</i></p>

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
5	Funding for telephone counselling, self help and web-based support programs	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format, with each organisation receiving additional funding in 2011-12 for program enhancements.</p>	<p>To increase the provision of evidence based telephone and web-based counselling services.</p> <p>To expand and enhance on-line interactive tools.</p> <p>To increase access to mental health for harder to reach groups such as those in rural and remote communities, those who wish to maintain anonymity or those who prefer a non-clinical setting.</p>	Yes, an independent evaluation report has indicated that the individual programs are efficacious and have increasing consumer support, including from rural and remote areas.	Funding was to increase access to online mental health programs and to improve response/answer rates for telephone based services.	The range and sophistication of web-based support programs, including web-based counselling has expanded under the program and access has increased.

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
6	Mental health services in rural and remote areas	2007-08	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format.</p>	To provide greater access to mental health services for those living in rural and remote areas of Australia.	<p>Yes, the program objectives have been met. This was established through the program evaluation that was completed at the end of 2010.</p> <p>During the period July 2007 to December 2010, over 140,000 services have been provided to over 40,000 clients by more than 114 full-time equivalent allied and nursing mental health professionals.</p> <p>The evaluation report for the program is available at: www.mentalhealth.gov.au</p>	Specific targets were not set for this program.	n/a

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
7	Support for day-to-day living (D2DL) in the community	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format up until 31 December 2011.</p> <p>From 1 January 2012 additional funding from the 2011-12 Budget (\$19.3 million over 5 years) will be provided to expand existing D2DL services.</p>	To improve the quality of life for individuals with severe and persistent mental illness through the provision of 7,000 places in structured and socially based programs.	<p>Yes, the program objectives have been met. This was established through the program evaluation.</p> <p>The evaluation report for the program is available at:  <a href="http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/support-day-to-day-living-community-1">http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/support-day-to-day-living-community-1</a></p>	To provide an additional 7,000 places in structured and socially based activity programs.	Yes, the targets were met. There are currently 7,000 places being utilised under the program and this equates to approximately 10,878 people.

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
8	Additional education places, scholarships and clinical training in mental health	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format, including that under the 2009-10 Budget, the Specialist Training Program (STP) became the single platform for grants support for specialist training initiatives.</p> <p>From 1 January 2010, the STP has included the Commonwealth's contribution of over \$4.4 million per annum to psychiatry training.</p> <p>In addition, under the 2009-10 Budget the scholarship component was consolidated into the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS).</p>	To provide opportunities for medical specialist trainees, including psychiatry trainees, to rotate through an expanded range of training settings beyond those available in traditional public teaching hospitals, in pursuit of being a specialist.	<p>Yes, the program objectives have been met.</p> <p>In respect of the Specialist Training Program, in 2009 a total of 56 full time equivalent psychiatry training posts were funded. This grew in 2010 to 69 positions, with approximately 96 positions being funded in 2011.</p>	<p>Specific targets were not set for the Specialist Training Program.</p> <p>In respect of scholarships, a target of 75 mental health nursing and clinical psychology scholarships per annum has been set.</p>	Scholarship targets have been met annually for the duration of the program.

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
9	New early intervention services for parents, children and young people	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format.</p>	<p>To support mental health promotion, prevention and early intervention for all children through universal evidence-based school and early childhood programs.</p> <p>To support those children who are at highest risk of developing mental health problems, or who have early signs, symptoms or diagnosis of mental health problems.</p>	<p>Yes, the program objectives have been met. This was established through the program evaluation.</p> <p>Key findings from the program evaluation are provided in column (g).</p> <p>An evaluation of <i>KidsMatter</i> Primary Pilot is available on the KidsMatter and <i>beyondblue</i> websites.</p>	<p>Key targets include:</p> <ul style="list-style-type: none"> <li>- early intervention for primary school children with early behavioural signs or symptoms of mental problems (KidsMatter Primary);</li> <li>- targeted resources and support for population groups of children at highest risk, including: Aboriginal and Torres Strait Islander children and young people; children and young people affected by significantly adverse life events such as severe trauma, loss or grief; and children or young people of parents with mental illness;</li> <li>- early intervention during early childhood. (KidsMatter Early Childhood);</li> <li>- support for parenting programs; and</li> <li>- the provision of practical and evidence-based information for children, young people and their families.</li> </ul>	<p>Yes, the targets for the program have been met.</p> <p>An evaluation of the New Early Intervention Services measure has been completed although not yet publically available. Key findings include:</p> <ul style="list-style-type: none"> <li>- the initiatives produced resources that were well received and reflected a sound evidence base;</li> <li>- the measure facilitated a rapid increase in the range of resources and information available for the promotion of mental health for children and young people; and</li> <li>- the establishment of the Child Mental Health Stakeholder Forum in July 2009 provided a mechanism for key stakeholders in the field to come together to develop a shared agenda for building capacity for children's mental health.</li> </ul>

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
10	Alerting the community to links between illicit drugs & mental illness	2006-07	2008-09	This measure was offered up as a savings measure under the <i>Responsible Economic Management – Alerting the Community to the Links Between Illicit Drugs and Mental Illness – advertising and information campaigns.</i>	n/a	n/a	n/a	n/a

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
11	Improving the capacity of health workers in Indigenous communities	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format.</p>	To support health practitioners identify and address mental illness and associated substance use issues in Aboriginal and Torres Strait Islander Communities.	Yes, the program objectives have been met and target outcomes are articulated in column (g).	<p>Targets include funding for;</p> <ul style="list-style-type: none"> <li>- 10 mental health worker positions nationally;</li> <li>- development of a mental health resource textbook;</li> <li>- development of an online mental health toolkit;</li> <li>- funding for five Puggy Hunter Memorial scholarships annually; and</li> <li>- capital works.</li> </ul>	<p>Yes, the targets for the program have been met. To date:</p> <ul style="list-style-type: none"> <li>- a minimum of 10 (and often more) mental health worker positions have been funded and staffed since the program commenced;</li> <li>- a textbook has been written, published and disseminated to the target audience and received high acclaim;</li> <li>- phase 1 of the online mental health toolkit is partially complete and it is anticipated that it will be delivered in full in September 2011;</li> <li>- funding for five Puggy Hunter Memorial scholarships is provided annually; and</li> <li>- construction of four houses for Aboriginal Mental Health Workers. Completed, with two houses awaiting completion.</li> </ul>

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
12	Mental health in tertiary curricula	2006-07	Ongoing	<p>The program continues to be funded after 1 July 2011.</p> <p>The program continues in the same format.</p>	To enable graduates from health courses to obtain further skills and knowledge in the assessment, management and referral of people with a mental illness	Yes, the program objectives have been met. Target outcomes are articulated in column (g).	To increase the mental health content of tertiary curricula.	<p>Yes, the targets have been met. To date:</p> <ul style="list-style-type: none"> <li>- eight allied health profession accreditation bodies have reviewed and amended their professional accreditation standards and developed teaching resources in relation to mental health;</li> <li>- thirteen university schools of nursing and midwifery have reviewed the mental health content in undergraduate pre-registration nursing courses;</li> <li>- eight university schools of nursing and midwifery have developed and implemented mental health majors in their undergraduate nursing degrees; and.</li> <li>- five universities developed multidisciplinary training modules in mental health for allied health, nursing and medical students.</li> </ul>

	<b>COAG mental health measures 2006-11</b>	(a) When was it commenced?	(b) When did it cease?	(c) Was it refunded and continued after 1 July 2011 in the same form or varied? Please provide details of how it was varied.	(d) What were the objectives of the program?	(e) Were the program objectives met?	(f) What were the key targets?	(g) Were those targets met? Please provide specific details.
13	Increased funding for the Mental Health Council of Australia	2006-07	Ongoing	<p>Funding for the Mental Health Council of Australia (MHCA) continues to be funded after 1 July 2011.</p> <p>The MHCA continues in the same format, with COAG Mental Health measure funding provided under the Community Sector Support Scheme.</p>	To support mental health organisations maintaining capacity to respond to changing community needs and provide timely advice to government.	Yes, the Mental Health Council of Australia has met its objectives with additional funding provided through COAG and enhanced their capacity to represent the views of the sector.	n/a	n/a

