

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2012-2013, 30 & 31 May and 1 June 2012

Question: E12-330

OUTCOME 11: Mental Health

Topic: Mental Health Nurse Incentive Program

Type of Question: Written Question on Notice

Number of pages: 1

Senator: Senator Fierravanti-Wells

Question:

In the Department of Health and Ageing's May 2008 progress report on the COAG National Action Plan on Mental health (2006-2011) it states "Under the 2008/09 Federal Budget, program funding was adjusted to reflect lower than anticipated demand. Should take up for demand increase above what is expected, funding levels will be reviewed". (see attached) What arrangement did the Department of Health and Ageing put in place to measure the demand? When and how frequently has the Department reviewed the funding levels? Did the Department identify prior to the 2011-12 Budget that the demand had increased above what was expected? Did it review the funding levels at that time?

Answer:

The Department of Health and Ageing receives monthly reporting information from the Department of Human Services on the number of services provided under the Mental health Nurse Incentive Program (MHNIP). These reports allow the Department to monitor growth in the program.

This capped demand-driven program did not initially realise the take-up that was anticipated. Future funding was adjusted to reflect this pattern in 2008-09. \$12.6 million in unexpended 2007-08 funds were rephased into 2008-09 and 2009-10 as program uptake started increasing. Take up further increased and additional funding was allocated in the 2010-11 Budget to provide an additional \$13 million over 2 years - \$5.3 million in 2010-11 and \$7.7 million in 2011-12.

**Commonwealth's component of the
COAG National Action Plan on Mental Health (2006 – 2011)
May 2008 - Progress Report - Department of Health and Ageing**

BRIEF OVERALL STATUS

The Department of Health and Ageing (DoHA) is continuing to implement a range of the initiatives as outlined in the *COAG National Action Plan on Mental Health (2006-2011)*; progress on each of these initiatives is detailed in this report. Further information is available at www.mentalhealth.gov.au

SPECIFIC ACTIONS/PROGRESS ON INITIATIVES

Expanding Suicide Prevention Programs initiative provides \$62.4 million (over five years) to expand and enhance national and community-based projects under the National Suicide Prevention Strategy.

Who Benefits

- The *National Suicide Prevention Strategy (NSPS)* focuses on people of all age groups and those identified as being at risk of suicide in the community.

Recent Progress

- Consistent with the Living is For Everyone (LIFE) Framework (2007), the emphasis of the NSPS is being refocused to emphasise the development of evidence based measures for high-risk groups including people in rural areas, men, people with a mental illness, those who self-harm, Indigenous Australians, and those bereaved by suicide.
- As well as strengthening and enhancing activities that support these high-risk groups, the NSPS will target geographic areas with high suicide rates through supporting the development of nationally adaptable models of suicide prevention with linkages to existing mental health programs and initiatives.
- For example, Minister Roxon recently announced a project for providing additional Access to Allied Psychological Services (ATAPS) support for patients at risk of suicide and self-harm. This initiative will support GPs in their care of patients who have attempted suicide, have self-harmed or who have suicidal ideation through a project jointly funded through the Better Outcomes Program and the NSPS.
- DoHA continues to work closely with State and Territories on planning for a number of NSPS initiatives consistent with jurisdictional suicide prevention strategies and activities.

Additional Education Places, Scholarships and Clinical Training in Mental Health initiative provides \$103.5 million (over five years) to increase the supply and quality of the mental health workforce. Additional mental health nursing and post-graduate psychology places will be provided, as well as full-time and part-time post-graduate scholarships to nurses and psychologists. Mental health competencies and mental health clinical training will be increased across the health workforce, including medicine, psychiatry, nursing, psychology, occupational therapy and social work.

Who Benefits

- The initiative will benefit the Australian health system through an increase in the number of health workers who are skilled in providing mental health services.

Recent Progress

- 210 clinical psychology places and 431 mental health nursing places have been included in universities' 2007 funding agreements. This initiative is estimated to result in a total of approximately 1,400 additional mental health nurses and 700 additional clinical psychologists completing training by the end of 2011.
 - The Mental Health Postgraduate Scholarship Scheme has been implemented with 75 full time equivalent scholarships worth \$10,000 for each year of full time study awarded in 2007.
 - A total of 75 full-time equivalent postgraduate scholarships for both mental health nursing and clinical psychology have been offered and accepted for the 2008 academic year. This brings the total number of scholarships offered and accepted to 150 since the program began in 2007.
 - The Expanded Specialist Training Program provides medical specialist trainees, including psychiatry trainees, with training in an expanded range of settings. For the 2008 academic year, at least 50 new psychiatry training positions will be funded.
 - The RANZCP has been funded to accredit at least 15 new psychiatry training settings other than major public teaching hospitals. The RANZCP is also providing advice on expanding psychiatry training settings and supporting rural based trainees.
 - The Department is preparing a paper for the Mental Health Standing Committee outlining barriers to and opportunities for improving psychiatry training in Australia.
 - The Department will continue to work with RANZCP over the next 5 years to assist in the structural reform of psychiatry training in order to facilitate competency based training, increase the flexibility of training for part-time trainees, and trainees who have had training interrupted, improve trainee pass rates, and expand options for lateral entry to psychiatry, particularly of doctors from other medical specialties, and Overseas Trained Doctors.
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Support for Day-to-Day Living in the Community initiative provides \$45.5 million (over five years) for an additional 6,968 places in programs that assist people with severe mental illness to access structured activities such as cooking, shopping and social outings, and help improve social participation through independent living skills and social rehabilitation activities.

Who Benefits

- This initiative will benefit people with a severe and persistent mental illness by increasing their ability to participate in social, recreational and educational activities and to improve their ability to live independently in the community.

Recent Progress

- The program has awarded 60 grants totalling over \$21 million (to June 2009) to non-government organisations in 49 pre-identified sites across Australia to provide places in structured social activity programs for people with severe and persistent mental illness.
- These 49 pre-identified geographical sites were selected in consultation with the State-based COAG Mental Health Groups and identified based on need, linkages to clinical and community support services and the capacity of the non-government sector in each area.
- A tender process is underway to select an organisation to undertake a comprehensive evaluation of the program. It is anticipated that the successful tenderer will be engaged in June 2008.

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative provides better access to mental health care by general practitioners, psychiatrists, clinical psychologists, psychologists and other appropriately trained social workers and occupational therapists.

Who Benefits

- The initiative benefits people with an assessed mental disorder who have been referred by a medical practitioner managing a patient under a GP Mental Health Care Plan, and/or a psychiatric assessment and management plan, or on referral by a psychiatrist or paediatrician.
- The mental health services that can be provided include Psychological Therapy services provided by eligible clinical psychologists and Focused Psychological Strategies services provided by eligible psychologists, social workers and occupational therapists.
- Analysis of Medicare data indicates at 31 March 2008, over 888,000 people have accessed Medicare subsidised mental health services under the Better Access initiative, including around 220,000 people living in rural and remote areas.

Recent Progress

- Medicare data indicates at 30 April 2008, in total over 3.8 million mental health services have been subsidised through Medicare. This includes: over 650,000 rebates for General Practitioner Mental Health Care Plan items; almost 640,000 Medicare subsidised Psychological Therapy services provided by clinical psychologists; more than 1.3 million Medicare subsidised Focused Psychological Strategies services (provided by registered psychologists, occupational therapists and social workers); and more than 110,000 Medicare rebatable psychiatry services for new patients.
- At 31 March 2008, more than 12,500 allied mental health professionals and over 20,000 GPs were registered with Medicare Australia to provide Better Access services.
- To support the health professionals now involved in the delivery of primary mental health care services, a range of professional education and training activities will be available. These activities are designed to ensure that the primary care and specialist mental health workforces are equipped to work more collaboratively and effectively in a multidisciplinary framework that will improve services and outcomes for people with mental disorders.
- One of the major education and training projects is the development and delivery of information and orientation sessions through the Divisions of General Practice. The resources have been developed by the Australian General Practice Network and the Australian Psychological Society. Divisions are rolling out training nationally through to mid 2008.
- A multidisciplinary education and training package has been developed by the Mental Health Professionals' Association (MHPA) through the Mental Health Interdisciplinary Networks Project, including a package of resources that will promote and support best practice multidisciplinary mental health care. The project has produced an environment scan, an interdisciplinary training package and a related web portal. The Better Access national interdisciplinary training package will be delivered nationally by the MHPA over two years, commencing in the second half of 2008.
- In conjunction with key stakeholders, the Department is finalising an education and training work plan, which will guide development and funding of future projects within the available budget.
- A post-implementation review of the initiative is currently underway.
- It will complement a full evaluation of the initiative to be undertaken during 2008 to 2010.

*A table of uptake of Medicare items under Better Access is provided at [Attachment A](#).

Funding Telephone Counselling, Self-Help and Web-based Support Programs initiative, totalling \$60.9million (over five years) will provide funding to non-government organisations to enhance telephone counselling, self-help and web-based support services.

Who Benefits

- The initiative will target individuals across Australia who experience mild to moderate mental health disorders or who are in psychosocial crisis, particularly those who currently receive limited or no treatment.

Recent Progress

- As part of a joint initiative between the Better Outcomes in Mental Health Care Program and this initiative, DoHA will be conducting a trial of telephone-based cognitive behaviour therapy (T-CBT) interventions in rural and remote areas within the guidelines of the existing Access to Allied Psychological Services (ATAPS) program. The trial will run for no more than 12 months, in about 15 rural and remote Divisions of General Practice.
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Mental Health Nurse Incentive Program provides \$34.5 million over five years (2006/07 – 2010/11) to engage mental health nurses in private psychiatry practice, general practice and other appropriate organisations.

Who Benefits

- The Program will assist people with serious mental illness to receive better coordinated treatment and care.

Recent Progress

- \$1,133,940 was provided to 88 participating organisations nationally during quarter three 2008/09 (1 January 2008 – 31 March 2008).
 - On 18 April 2008, Minister Roxon announced the introduction of shared employment arrangements under the program. These arrangements allow sharing of mental health nursing resources between state health organisations and participating practices.
 - Under the 2008/09 Federal Budget, program funding was adjusted to reflect lower than anticipated demand. Should take up for demand increase above what is expected, funding levels will be reviewed.
 - Further information (Program Guidelines, Application Forms, Fact Sheets) is available at www.medicareaustralia.gov.au.
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Improved Services for People with Drug and Alcohol Problems and Mental Illness initiative provides \$73.9 million (over five years) to fund the non-government drug and alcohol sector to provide treatment for clients who also have a mental health problem. A range of service improvement activities will be implemented, including training for the drug and alcohol workforce, and the development of more sustainable partnerships with the broader health network.

Who Benefits

- The initiative will benefit people with comorbid mental illness and drug and alcohol problems by building the capacity of non-government organisations to better identify and respond to people with coinciding mental illness and substance abuse issues.

Recent Progress

- A total of 87 non-government Alcohol and Other Drug (NGO AOD) treatment services across Australia are being funded a total of \$29.9 million under the first tranche of the capacity building grants component of this initiative.
 - A second group of applicant organisations were invited to strengthen and resubmit their proposals to ensure they better meet the objectives of the initiative. Assessment of the revised proposals is currently being finalised.
 - A second component of the initiative is the Cross Sectoral Support and Strategic Partnership (CSSSP) project. The CSSSP project will complement the capacity building grants program and involves funding state-based support organisations to assist services to build partnerships with other health sectors, identify workforce development and training opportunities and undertake service improvement activities. Funding agreements are now in place with all NGO AOD peak bodies (the Peaks) to undertake this work. In the Northern Territory and the Australian Capital Territory where no NGO AOD peaks exist, the *Northern Territory Council of Social Services* and the *Youth Coalition of the ACT* have been provided funding to undertake this work in their respective territories. The Peaks have initially been provided 12 months funding from January 2008.
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Mental Health Services in Rural and Remote Areas initiative provides \$55.5 million over five years (2006/07-2010/11) to fund appropriately trained allied and nursing mental health professionals (including psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers), so people in rural and remote areas can access mental health services.

Who Benefits

- The initiative will enable more people with a mental illness in rural and remote areas to access mental health services.

Recent Progress

- 15 auspice organisations have been funded under stage one of the initiative.
 - Consultations have taken place with State and Territory Government Mental Health Directors seeking recommendations for geographical areas and auspice organisations for stage two funding. Auspice organisations have been invited to submit a proposal for funding and an assessment process is currently in progress.
 - Stage two includes a \$20.6 million drought component.
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Mental Health in Tertiary Curricula initiative provides \$5.6 million (over five years) to increase the mental health content in tertiary curricula through the development of mental health training modules for registered nurses (including the culturally appropriate management of Indigenous patient), and will provide students with clinical training in multi-disciplinary teams that include allied health, medical and nursing students.

Who Benefits

- The initiative will enable graduates from health courses to gain further skills and knowledge in the assessment, management and referral of people with a mental illness.

Recent Progress

- Australian university nursing schools were invited to provide submissions for grants to develop and implement mental health curriculum in pre-registration nursing degrees. The purpose of this funding is to assist universities to ensure that nursing graduates have adequate skills and knowledge in mental health, regardless of where they choose to work within the nursing profession. The selection process for these grants has now been finalised and funding agreements are currently being negotiated with universities.
- The Australian Association of Social Workers has implemented new standards requiring education for social work practice to include specific curriculum content in the area of mental health.

Improving the Capacity of Workers in Indigenous Communities initiative provides \$20.8 million (over five years) to the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in the Department of Health and Ageing to train Aboriginal and Torres Strait Islander Health Workers, counsellors and other clinic staff in Indigenous-specific health services to identify and address mental illness and associated substance use issues in Indigenous communities, to recognise the early signs of mental illness, and to make referrals for treatment where appropriate. Support staff, such as transport and administration staff, will be trained in mental health first aid. The initiative also provides for an additional ten mental health worker positions nationally.

Who Benefits

- The initiative will benefit Indigenous Australians and Aboriginal Health Services nationally, through increased access to trained professionals and better referral and treatment options.

Recent Progress

- ORYGEN Research Centre has been contracted to deliver a culturally adapted version of its Mental Health First Aid instructor training program to OATSIH-funded services. A total of 65 instructors were trained to 30 April 2008 and 120 instructors will be trained by December 2008.
- The Community Services and Health Industry Skills Council has been contracted to develop a mental health training program and materials targeting Aboriginal Health Workers. The training package will be finalised by the end of June 2008. The program will be complimentary to the national Aboriginal Health Worker competencies.
- The locations of the ten additional mental health worker positions have been formalised. Eight workers have commenced employment in South Australia, Queensland, Tasmania and Western Australia. Two positions in the Northern Territory are under recruitment.
- The Australian Council for Educational Research has been contracted to develop an Aboriginal and Torres Strait Islander mental health textbook targeting the vocational and higher education sectors. Chapters are currently being drafted and the textbook is expected to be finalised at the end of August 2008.
- Wodonga Institute of TAFE has been contracted to develop a multi-media resource package to guide health practitioners in the engagement and treatment of Aboriginal and Torres Strait Islander clients with mental health issues. The project is due for completion by the end of June 2008.
- The fifth meeting of the OATSIH Expert Reference Group was held in Canberra on 22 May 2008.

New Early Intervention Services for Parents, Children and Young People initiative provides \$28.1 million (over five years) to assist parents and schools to better identify children at risk of mental illness and to offer early referral for appropriate treatment. Resources, information and training for parents and schools will be provided to promote the availability of new mental health services for children and young people with complex mental health conditions.

Who Benefits

- The initiative will assist parents, children and young people through provision of early intervention services for primary school children, support for population groups at highest risk, early intervention in early childhood and parenting programs.

Recent Progress

- The Australian Infant, Child, Adolescent & Family Mental Health Association has been funded to provide support and information to stakeholders regarding Children of Parents with a Mental Illness.
 - The Australian Child and Adolescent Trauma, Loss and Grief Network has been established. The Network will be web-based and contain information for practitioners/service providers, policy makers/managers, educators/trainers, researchers, and child and family advocates. It will also have the capacity to provide advice and support to organisations working with children or adolescents who have experienced trauma, loss or grief. The Australian National University has been funded to establish the Network.
 - Mental health resources for the preschool sector are currently being drafted by the Australian Psychological Society.
 - Initial models for the implementation of the parenting component of the initiative are currently being developed.
 - The *KidsMatter* mental health promotion, prevention and early intervention pilot program in primary schools is continuing. Work is underway to develop implementation models for *KidsMatter* which will be tested throughout 2009.
 - Discussions have been held with the *KidsMatter* partner organisations on the commencement of an adaptation of the *KidsMatter* program for the preschool sector. It is expected that the adaptation will begin soon.
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Increased funding for the Mental Health Council of Australia initiative provides \$1.0 million (over five years) to the MHCA.

Who Benefits

- This initiative will support mental health organisations to maintain their capacity to respond to changing community needs, and provide timely advice to government.

Recent Progress

- This was implemented from 1 July 2006 providing an additional \$200,000 per annum over 5 years through funding arrangements under the Community Sector Support Scheme to support the organisation's national secretariat activities.
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Alerting the Community to the Links between Illicit Drugs and Mental Illness initiative allocated \$21.6 million (over five years) to help people better understand the links between drug use and the development of mental illness, and to encourage individuals and their families to seek help or treatment.

Recent Progress

- The 2008/09 Federal Budget announced that the initiative has been discontinued. The funding will be provided to other priorities which will benefit the community.
 - Relevant mental health issues will be included within other Australian Government Illicit Drug programs.
 - Market research found there was a high degree of acceptance of an association between the use of illicit drugs and mental health problems and there was risk of the campaign further stigmatising those with non-drug related mental health problems.
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Other related initiatives the Department is implementing that complement those outlined in the COAG Plan include:

The National Perinatal Depression Plan provides \$55 million of Australian Government funding and up to \$30 million of state and territory funding over five years (commencing 2008-09) to improve prevention and early detection of antenatal and postnatal depression and provide better support and treatment for expectant and new mothers experiencing depression.

Who Benefits

- This initiative will benefit all women who are at risk of or experience depression during pregnancy or in the first year following childbirth. Each year around one in 10 Australian women experience depression during pregnancy and almost one in five experience depression in the weeks and months after giving birth.

Recent Progress

- Discussions are underway with jurisdictions and *beyondblue* regarding implementation of the initiative.

Mental Health Support for Drought Affected Communities provides \$10.1 million (over two years) and aims to support mental health professionals and community leaders in defined drought declared areas to respond to the psychological impacts of drought.

Who benefits

- This funding is part of the Government's commitment of \$30.7 million to improve mental health support and services to drought affected rural and remote communities.

Recent Progress

- Implementation commenced in July 2007 and funding is provided to up to 39 individual Divisions of General Practice.

NGO Capacity Building Grants provides \$6 million to the Mental Health Council of Australia to assist with the capacity building of non government mental health organisations.

Who benefits

- NGOs working in the mental health field were able to apply for up to \$40,000 through a competitive grants round to build organisational capacity.

Recent Progress

- Workshops were held around Australia in early 2008 for organisations to learn about the program and the areas for which they could apply for funding.
- Applications for the grants closed on 14 March 2008. 612 applications from 312 mental health NGOs were received by the MHCA. The grants will be announced in June 2008 and organisations will receive funding to commence projects before the end of June 2008. An evaluation of the program will provide feedback on the reach of the project across Australia, the needs of the sector and the success of the program in building the capacity areas identified by the NGOs.

The new Mental Health Nurses and Psychologists Scholarships Subsidy (\$35 million over four years) will enhance access to postgraduate programs for mental health nurses and psychologists with a particular focus on rural and remote areas. The Program aims to increase Australia's trained mental health workforce, and will facilitate the training of mental health nurses and psychologists to work with members of rural and remote communities affected by mental illness.

Who benefits

- The Program will contribute to addressing the current shortage of qualified mental health nurses and psychologists, particularly in regional Australia. The program will ensure that more people in regional, rural and remote Australia have better access to mental health services from appropriately trained mental health nurses and psychologists. The Program supports students completing eligible postgraduate training programs in mental health nursing and psychology. It will provide a viable career pathway for undergraduate mental health nurses to further specialise. Each scholarship is worth \$15,000 per year for each year of full-time study in an approved course.

Recent Progress

- This measure was announced as part of the 2008/09 Federal Budget and will complement the *Additional Education Places, Scholarships and Clinical Training in Mental Health* initiative.
 - Details of administrative arrangements are currently being determined by the Department.
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UPTAKE OF THE BETTER ACCESS INITIATIVE MBS ITEMS BY MONTH

Item No.	Item description	November 2006 – April 2008										
		Nationally # claims	NSW # claims	Vic # claims	Qld # claims	SA # claims	WA # claims	Tas # claims	ACT # claims	NT # claims		
2710	GP Mental Health Care Plan	702,830	243,879	203,432	124,125	42,728	60,779	15,133	10,132	2,622		
2712	GP Mental Health Care Review	167,600	58,962	51,241	27,299	9,292	15,204	3,127	2,066	409		
2713	GP Mental Health Care Consultation	626,925	217,090	173,012	110,390	46,551	57,839	11,829	6,811	3,403		
80000 – 80020*	Clinical psychologist items	701,473	223,779	193,885	72,023	48,662	127,629	21,789	12,152	1,554		
80100 – 80120*	Psychologist items	1,387,671	453,864	492,248	273,712	56,615	60,417	26,731	20,072	4,012		
80125 – 80145*	Occupational Therapists	14,520	5,039	3,554	1,991	1,626	1,693	546	70	1		
80150 – 80170*	Social Workers	75,797	26,704	23,883	12,906	4,971	5,453	1,387	374	119		
291 and 293	Assessment & Management Plan, Psychiatrist	14,017	5,758	3,138	2,307	1,745	411	399	129	130		
296 - 299	Initial Consult, Psychiatrist	117,667	39,542	30,997	23,296	10,265	9,401	2,082	1,623	461		
	Total	3,808,500	1,274,617	1,175,390	648,049	222,455	338,826	83,023	53,429	12,711		

Source: Medicare Australia Statistics 26 May 2008

*Note: These allied health items are only available to patients who are referred by:

- a medical practitioner who is managing the patient under a GP Mental Health Care Plan (item 2710) and/or a psychiatrist assessment and management plan (item 291); or
- a psychiatrist; or
- a paediatrician.

^Note: MBS items 291 and 293 existed prior to the introduction of the Better Access initiative, but the rebates for these items were increased significantly on 1 November 2006 under the Better Access initiative.