## Senate Community Affairs Committee

# ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

### HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2011-2012, 19 October 2011

Question: E11-177

**OUTCOME 11: Mental Health** 

Topic: MENTAL HEALTH – BETTER ACCESS

Written Question on Notice

Senator Boyce asked:

At a time when there is bi partisan support for the need to provide more resources to, and better access to, mental health services why would one of the few programs to receive unanimous congratulations be cut?

#### Answer:

The Australian Government's Delivering National Mental Health Reform 2011-12 Budget package provides an investment of \$1.5 billion over five years in both health and community services, and a structure to continue reform in the long term.

In line with the Government's fiscal rules and strategy, the new investments in the package are offset by genuine savings, which include a redirection of \$580.5 million over five years from the Better Access program to new and expanded measures.

While the Better Access evaluation shows that access for hard to reach populations has improved to some extent, those groups traditionally less well served by Medicare continue to not receive the mental health services they need. In particular Better Access is not reaching a number of social and geographic cohorts – many young people, men, people living in rural and remote areas and people in areas of high socio-economic disadvantage are still missing out. As a universal scheme delivered through Medicare, Better Access provides fee for service rebate services with no targeting.

### The evaluation showed that:

- the program's distribution of services across the community is relatively poor;
- in rural and remote Australia service levels drop off dramatically. The use of services is approximately 12 per cent lower for people in rural areas and approximately 60 per cent lower for people in remote areas, compared to people living in capital cities; and
- people on lower incomes received significantly fewer services and less funding under Better Access than those on higher incomes.

- use of Better Access services were approximately 10 per cent lower for people living in the most socio-economically disadvantaged areas (48.5 persons per 1,000 population in 2009) compared to people living in relatively more advantaged areas (between 52.4 and 53.6 persons per 1,000 population in 2009); and
- in 2009, the richest quintile of Australians, accessed two and a half times the number of services, attracting three times the Medicare dollars in rebates compared to the poorest quintile of the community.

In the context of the evaluation findings and other data about Better Access item usage, and the current fiscal environment, the Government will redirect a proportion of the more than \$4 billion which is otherwise projected to be spent on this program over the next five years, to services which are targeted to those people most in need.

At the same time, as a demand driven program, Better Access will continue to grow and will continue to see an increasing number of people with diagnosed mental disorders who would benefit from short-term psychological therapy.

The Government has made it clear that the Better Access savings against the forward estimates will be re-invested into other and new mental health services targeting some of the most disadvantaged people in our community who are currently missing out on Medicare funded services or who require a much different kind of support than Better Access can offer.

For example, the Access to Allied Psychological Service (ATAPS) program is aimed at targeting those groups that Better Access does not reach very well and provides low to no cost services. ATAPS will receive an extra \$205.9 million over five years to provide services to an additional 184,000 people including 50,000 children and their families.

The Government has also announced an investment of \$549.8 million over five years in the Partners in Recovery initiative (*Coordinated Care and Flexible Funding measure*) to provide coordinated care and flexible funding for people with severe mental illness and complex multi-agency care needs. This will provide eligible individuals with a single point of contact, a care facilitator, and will assist about 24,000 people and their families.

In addition, the Government is investing in expanding other mental health services, including:

- establishing a total of 90 youth friendly *headspace* services in five years;
- more youth early psychosis services in partnership with states and territories; and
- a doubling in the number of Family Mental Health Services.