

PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref	Date Answer Received	Email No.	Date Answer Tabled
SQ15-000729	5 - Primary Health Care	Lambie, Jacqui	IND	Mental Health	<p>After the release of the National Review of Mental Health Programmes and Services in mid-April 2015, the Minister for Health, Hon Sussan Ley MP, announced that the Australian Government is currently finalising the establishment of an Expert Reference Group (ERG) to inform the entire process, including the development of short, medium and long-term strategies in four key areas based on the findings and recommendations presented in the National Mental Health Commission's Review in four overarching mental health areas: i. Suicide Prevention; ii. Promotion, prevention and early intervention of mental health and illness; iii. The role of primary care in treatment of mental health, including better targeting of services; iv. National leadership, including regional service integration. 1. Can the Department of Health provide the details of the implementation strategies which have been developed to implement these recommendation? (i) Identify the specific funding programs utilised to implement the recommended strategies for the current financial year and for each year of forward estimates? (ii) Provide details on the growth of each program for the current financial year and each year in the forward estimates? (iii) Who has been identified as an Expert Reference Group member who can provide specialist advice and input to ensure that the critical needs of Aboriginal and Torres Strait Islander peoples are included in the work of this group?</p>	Written			
SQ15-000730	5 - Primary Health Care	Lambie, Jacqui	IND	Mental Health	<p>Despite having greater need, Aboriginal and Torres Strait Islander peoples experience lower access to mental health services than the rest of the population. This is in part because services and programmes designed for the general population are not culturally appropriate within a broader context of social and emotional wellbeing as understood by Aboriginal and Torres Strait Islander peoples. Furthermore, such services do not ensure a connected transition through the mental health system for Aboriginal and Torres Strait Islander peoples. 2. What specific measurable strategies has the Department of Health outlined that focus on improved Mental Health support for Aboriginal and Torres Strait Islander peoples? i) What will be the resource allocation targeting Mental Health by each administered program this financial year and each year in the forward estimates? (ii) What resource allocation methodology will be applied to the targeting of expanded resources aimed at addressing the recommendations of the national review of Mental Health? (iii) Who has been appointed to the Expert Reference Group (ERG) announced by Minister for Health, Hon Sussan Ley MP who represents the Aboriginal Community Controlled Health Sector i. How will this new ERG interact with existing specialist committee's and working groups on Aboriginal Mental Health including ATSIMHSPAG and NATSILMH ii. Given the focus within the review that focusses on expanding the successful social and emotional wellbeing teams within Community Controlled Health organisations how is the national affiliate body representing these organisations actively engaged in these ongoing advice mechanisms?</p>	Written			
SQ15-000731	5 - Primary Health Care	Siewert, Rachel	AG	Renal Infrastructure	<p>Provide outline regarding three communities that will receive renal infrastructure—Docker River, Papunya and Mount Liebig. Where are we up to in the process?</p>	50 - 23/10/15			

PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref	Date Answer Received	Email No.	Date Answer Tabled
SQ15-000732	5 - Primary Health Care	Lambie, Jacqui	IND	Access to Allied Psychological Services	Given the greater mental health and social and emotional wellbeing needs of Aboriginal and Torres Strait Islander People, the Access to Allied Psychological Services (ATAPS) initiative is well placed to facilitate positive outcomes. The ATAPS initiative provides opportunity for more access to appropriate mental health services than from the more generic Better Access to Psychiatrists, Psychologists and General Practitioners. Under ATAPS, patients are eligible for twelve (12) counselling sessions per calendar year with, under exceptional circumstances, an additional six (6) sessions up to a maximum of eighteen (18), as compared with a maximum of ten (10) under the Better Access regime. Additionally, under ATAPS, there is the parallel eligibility for up to twelve (12) group therapy services, whereas there is no explicit provision for this under Better Access. A further distinction between the ATAPS and the Better Access initiatives lies in eligibility and, thus, the critical point of intervention. The Better Access initiative is available to patients with an assessed mental disorder, who would benefit from a structured approach to the management of their treatment needs. In this context, 'mental disorder' is a term used to describe a range of clinically diagnosable disorders that significantly interfere with a person's cognitive, emotional, or social abilities. ATAPS has the differentiating capacity for patients to be made referral to, and utilise, a broader range of allied mental health professionals such as social workers, occupational therapists and Aboriginal and Torres Strait Islander health workers with specific mental health disorders. ATAPS also has a degree of inherent flexibility in that response services can be attenuated if a patient experiences significant change in their clinical condition, or care circumstances. It is suggested, therefore, that ATAPS is better placed to be deployed more as an 'early intervention' facilitator than Better Access, which is likely more deployed following a person being assessed as having a clinically diagnosable mental health disorder. The structure of ATAPS is also more facilitative of its utilisation within ACCHOs through being a better fit with their holistic multidisciplinary model of service delivery. Can the Department of Health advise: 6. What is the 2015/2016 funding for the ATAPS Program and which organisation or organisations is/are managing the implementation of the ATAPS Program? i. In 2015/2016, what quantum of dollars was transferred to Primary Health Networks to hold and to manage for the ATAPS Program? ii. What amount of ATAPS funds did each Primary Health Network receive for 2015/2016? iii. Where can Senators and Indigenous Primary Health Care Organisations find the guidelines, instructions or any other relevant documentation which prescribes how ATAPS 2015/2016 funds are to be spent?	Written			
SQ15-000733	5 - Primary Health Care	Siewert, Rachel	AG	Renal Infrastructure	Provide an update on what level of funding for services is being made available either directly to the Western Australian government or to community based organisations that may be working in that area; and if those issues have been raised. "It is more the Western Desert that I am focusing on here. I know there are other issues around the Pilbara and the Kimberley but at this stage I am specifically interested in the Western Desert area—the tristate area."	51 - 23/10/15			
SQ15-000734	5 - Primary Health Care	Siewert, Rachel	AG	Dialysis and Broader Kidney Health Issues	Confirm that you have received a copy of the report that Kidney Health has now done on dialysis and broader kidney health issues and provide any comments you have on the recommendations that they have made in that report. Provide a view on how those recommendations may or may not be being received.	51 - 23/10/15			
SQ15-000745	5 - Primary Health Care	McLucas, Jan	ALP	Aboriginal and Torres Strait Islander Health Budget	The Budget papers refer to a figure of \$743 million allocated to Aboriginal and Torres Strait Islander health in the 2015-16 financial year. Provide a breakdown of the distribution of this funding.	Written			
SQ15-000746	5 - Primary Health Care	McLucas, Jan	ALP	Budget Savings - Indigenous Affairs	In the 2014 Budget Paper No.2, \$46.5 million savings were identified in the Department of health as part of the program rationalisation measure for Indigenous Affairs. Provide detail of which programs, funds or services have been reduced or cut to achieve this saving.	Written			
SQ15-000747	5 - Primary Health Care	McLucas, Jan	ALP	Closing the Gap Funding	With respect to the reduction in funding for the Flexible Funds, are any Closing the Gap health initiatives affected by this cut?	Written			
SQ15-000748	5 - Primary Health Care	McLucas, Jan	ALP	National Strategic Framework for Chronic Disease Conditions	a) What progress has been made in the development of a National Strategic Framework for Chronic Disease Conditions? b) What are the elements of this Strategic Framework and how does it relate to the Indigenous Australians Health Programme? c) What funds have been allocated for the development of the National Strategic Framework and its implementation?	Written			
SQ15-000749	5 - Primary Health Care	McLucas, Jan	ALP	Indigenous Smoking Figures	Provide the latest Indigenous smoking figures.	Written			