

APPENDIX A. Summary of key Department of Health and Ageing programs that support suicide prevention outcomes

Office of Aboriginal and Torres Strait Islander Health

Program Name	Description	Total funding (GST excl.)	Funding Period (fin. yrs)	Social Inclusion/ Suicide prevention Achievements
<p><i>Improving the Capacity of Workers in Indigenous Communities initiative as part of the COAG Mental Health Package.</i></p>	<p>The measure supports health practitioners including Aboriginal Health Workers, nurses, counsellors and other clinic staff to identify and address mental illness and associated substance use issues in Aboriginal and Torres Strait Islander communities recognise the early signs of mental illness and make referrals for treatment where appropriate.</p>	<p>20.8 million</p>	<p>2006-07 to 2010-11</p>	<p>The measure supports development and delivery of mental health training to front-line staff in Aboriginal and Torres Strait Islander Medical Services, substance use services and social and emotional wellbeing services.</p> <p>The measure also provides an additional ten mental health worker positions nationally, as well as development of resources and information to support health practitioners to assist Aboriginal and Torres Strait Islander people at risk of, or experiencing mental illness.</p> <p>Evaluation <i>The mental health training and textbook resource will be evaluated in 2011. The clearing house project will be evaluated at a later date to be determined once established and operational.</i></p>

<p>Social & Emotional Wellbeing Regional Centres</p>	<p>The Action Plan 2001 resulted in several Emotional and Social Wellbeing Regional Centres (SEWB RCs) being established around Australia. SEWB RCs were set up to provide training and support for Aboriginal mental health workers and specialist social and emotional wellbeing counsellors, including Bringing Them Home (BTH) and Link Up counsellors and caseworkers.</p>	<p>Please refer to the Bringing them Home and Link up Services</p>		<p>Please refer to the Bringing them Home and Link up Services</p> <p>The Department funded 12 SEWB RCs nationally and were originally set up with the following four objectives:</p> <ol style="list-style-type: none"> 1. Development of information systems to clarify the level of social and emotional wellbeing need in the region and inform the operations of the Regional Centre. 2. Provision of personal and professional support to the health workforce. 3. Development of curriculum and delivery of training in social and emotional wellbeing. 4. Development of appropriate cross-sector linkages and inter-agency cooperation. <p>An independent review conducted by Urbis Keys Young (UKY) during 2006/2007 found that SEWB RCs were not performing all of their functions equally well. As per the recommendations from the UKY report, the program was reformed. As a result the DOHA is currently implementing new arrangements for the operation of the SEWB RCs, which will now be called Workforce Support Unit to reflect their changed roles.</p>
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<p>Bringing them Home and Link up services</p>	<p>This measure supports Bringing them Home counsellors and Link up services to benefit members of the Stolen Generations and their descendants, families and communities, affected by past governments removal policies and practices.</p>	<p>\$28.229m</p>	<p>2009-10</p>	<p>These measures provides counselling, family tracing and reunion services for members of the Stolen Generation and their descendants, families and communities. It also includes funding for the Workforce Support Units (WSUs) which aim to develop and sustain a culturally appropriate and effective Social and Emotional Wellbeing Workforce in OATSIH funded organisations. The WSUs are the result of reform the Social and Emotional Wellbeing Regional Centres.</p> <p>Evaluation <i>The BTH and Link Up programs were evaluated in 2007 and the Department is currently implementing reforms to the programs associated with the evaluation.</i></p>
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<p><i>Australian Nurse Family Partnership Program (ANFPP) – funded through Health@Home Plus - 2007-08 Budget</i></p>	<p>The ANFPP, a sustained home-visiting program for women pregnant with an Aboriginal or Torres Strait Islander child, focuses on providing assistance to mothers to help them:</p> <ul style="list-style-type: none"> • Engage in good preventative health practices; • To improve their child’s health and development; and • Develop a vision for their own future, including education and employment. 	<p>\$37.4m (includes Puggy Hunter Scholarships)</p>	<p>2007-08 to 2010-11</p>	<p>The ANFPP is currently being implemented in five sites with a further two sites to be identified in 2010. This program is based on the Nurse Family Partnership Program developed by Professor David Olds in the United States over the past 30 years.</p> <p>Longitudinal studies have found that the Nurse Family Partnership Program had significant outcomes around social inclusion, such as increased use of community services and increased maternal employment. Other significant outcomes for mothers and their children include; increased birth weight; reduced maternal smoking; reduced childhood injuries; reduced reports of child abuse and neglect; fewer subsequent pregnancies and increased intervals between births; and improved school readiness of children. It is hoped these can be replicated in Australia.</p> <p>ANFPP supports mothers of Indigenous children, as required, to access other services providing support around issues such as substance use, mental health and suicide.</p> <p>Evaluation</p> <p>An open tender (RFT) process is currently underway, seeking an independent consultant to develop a program evaluation framework and to conduct the first stage of an evaluation of the ANFPP. The project period is expected to be from June 2010 to September 2011.</p>
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<p>New Directions: An Equal Start in Life for Indigenous Children – Mothers and Babies Services</p>	<p>New Directions Mothers and Babies Services is working collaboratively with Aboriginal Medical Services and State and Territory Governments to deliver comprehensive maternal and child health services for Indigenous people.</p>	<p>\$90.3 million</p>	<p>2007-08 to 2011-12</p>	<p>This program supports Indigenous mothers with increasing access to antenatal and postnatal care; providing standard information about baby care; practical advice and assistance with breastfeeding, nutrition and parenting; monitoring of developmental milestones, immunization status and infections; and health checks for Indigenous children before starting school. With regard to social inclusion outcomes, the Mothers and Babies Services may provide information and education for issues around substance use and the availability of other community services for mental health and suicide issues.</p>
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<p>COAG Drug and Alcohol Treatment and Rehabilitation Services in Regional and Remote Indigenous Communities - 2006 and 2007 Measures</p>	<p><u>In July 2006 the previous Government committed to provide up to \$49.3m for additional drug and alcohol treatment and rehabilitation services in regional and remote Indigenous communities, as part of a package to address issues of violence and abuse in Indigenous communities.</u></p> <p><u>Through the 2007 COAG Closing the Gap- Indigenous Drug and Alcohol Services measure, the current Government announced in December 2007, a further \$49.3m in funding for substance and alcohol treatment services nationally, particularly in remote areas.</u></p>	<p>2006 COAG \$49.3 million over 4 years</p> <p>2007 COAG \$49.3 million over 4 years</p>	<p>2006-07 to 2009-10</p> <p>2008-09 to 2011-12</p>	<p>These Measures support the delivery of holistic and culturally appropriate treatment of drug and alcohol issues working towards the ongoing recovery of individuals, families and communities. These Measures are focused on improving services available to regional and remote Indigenous communities, <u>including new services and new service types.</u></p> <p>Although not specifically targeted at suicide prevention, a large proportion of individuals with substance use issues have co-existing mental health issues and services frequently deliver suitable programs and appropriate referral to mental health services and acute health services. Linkages have also been developed with the COAG Mental Health Measure at a number of treatment and rehabilitation services.</p> <p>There is no evaluation planned for these measures.</p>
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<p>National Aboriginal and Torres Strait Islander Substance Use Program</p>	<p>This Program provides recurrent funding to Indigenous drug and alcohol treatment and rehabilitation services across Australia.</p>	<p>\$30.2 million</p>	<p>2009-10</p>	<p>This Program delivers holistic and culturally appropriate treatment of drug and alcohol issues and works towards the ongoing recovery of individuals, families and communities.</p> <p>A large proportion of individuals with substance use issues have co-existing mental health issues and services frequently deliver suitable programs and appropriate referral to mental health services and acute health services. Linkages have also been developed with the COAG Mental Health Measure at a number of treatment and rehabilitation services.</p> <p>Evaluation</p> <p>An open tender (RFT) process is currently underway, seeking an independent consultant to develop a program evaluation framework and to conduct the first stage of an evaluation of the ANFPP. The project period is expected to be from June 2010 to September 2011.</p>
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<p>NT Sexual Assault Mobile Outreach Service (MOS), now known as MOS <i>Plus</i>.</p>	<p>The Mobile Outreach Service <i>Plus</i> provides culturally safe child abuse-related counselling and support services to Aboriginal children, families and communities in remote Northern Territory. It also improves access to forensic sexual assault medical examinations for children and training to expand primary health care workforce capacity in this challenging area.</p>	<p>\$6.2 million for the NT Sexual Assault Mobile Outreach Service.</p> <p>Additional \$9.4 million for expansion into the Mobile Outreach Service <i>Plus</i></p>	<p>2008-09 to 2011-12</p> <p>2009-10-2011-12</p>	<p>The Australian Government recognises the importance of responding to symptoms of child abuse related trauma, including sexual assault, which may contribute to adverse mental health outcomes.</p> <p>Between 1 July 2008 and 31 March 2010 the NT Sexual Assault Mobile Outreach Service, now expanded in size and scope and known as MOS <i>Plus</i>, made 273 visits to 82 communities in 12 remote Health Service Delivery Areas in the NT. This program builds on an initiative funded under the Northern Territory Emergency Response (NTER) in 2007-08.</p> <p>Evaluation</p> <p><i>The Australian Government is funding an independent (external) evaluation of the Mobile Outreach Service, which will be undertaken via a Request for Tender process. The evaluation is expected to be in place in late June 2010 and be completed on 30 July 2011.</i></p>
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<p>Deadly Vibe and InVibe Magazines</p>	<p>This measure supports production and distribution of the magazines to subscribers including schools and Aboriginal Medical Services. Deadly Vibe includes information to help people contact their local Aboriginal Medical Service, including a freecall number as well as other health messages.</p> <p>InVibe magazine offers culturally appropriate information about physical, mental and emotional health to youth.</p> <p>Vibe Australia is also funded for</p> <ul style="list-style-type: none"> • Vibe 3on3™ Basketball Competition Events • Deadly Sounds Radio program • Vibe Website • Deadly Awards 	<p>\$1,805,748 (GST Exclusive</p>	<p>2009-2010</p>	<p>An external evaluation (conducted in August 2006) of Vibe Australia activities found that:</p> <p>The health messages presented in Deadly Vibe magazine address many issues that are particularly relevant to Indigenous youth such as healthy living, lifestyle diseases and anti-substance misuse.</p> <p>InVibe magazine offers culturally appropriate information about physical, mental and emotional health to youth at risk who often have very few alternative sources of information, and certainly none that are Indigenous specific. The content of InVibe is relevant, appropriate and valuable to this group.</p> <p>Among the other findings of the evaluation were:</p> <ul style="list-style-type: none"> • That the health messages promoted through the 3on3™ Basketball events are reaching youth and the wider community. There was strong support for the 3on3™ as an appropriate and effective vehicle for promoting healthy lifestyles, fitness and anti-substance misuse. • That there is scope to increase the direct health messages promoted as part of the 3on3™ event, either through increasing the role of the Aboriginal Medical Services, incorporating more engaging health focussed activities or more promotion of health-related slogans and phrases. Introducing a range of follow up activities could also help to extend the life of the event. <p>While direct health outcomes from the Deadly Awards are less easily identified when compared to other Vibe products, it is suggested that the real value of the Deadly Awards can be measured more in terms of the good will generated by the event and the positive spin-offs such as reinforcement of cultural identity and self-esteem that result from the promotion of Indigenous role models and achievements.</p>
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<p>Training for Primary Health Care Staff – child abuse issues</p>	<p>The Centre for Remote Health was funded in 2008-09 to deliver broad-based training to remote primary health care staff on dealing with child abuse and trauma in the Northern Territory. The training commenced in May 2009 and is expected to be completed by June 2010.</p>	<p>\$0.663 m (GST excl.)</p>	<p>2008-09</p>	<p>The training for remote primary health care staff on dealing with child abuse and trauma better equips both NT clinic and Aboriginal Medical Service staff with the skills and knowledge needed to deal in the first instance with cases of suspected or substantiated child abuse and neglect and related trauma in a remote setting. Increased access to early and appropriate intervention for the symptoms of child abuse related trauma will assist in minimising long-term adverse mental health outcomes.</p> <p>Evaluation <i>The Primary Health Care Research Evaluation and Development (PCRED) team of CRH will be undertaking a qualitative analysis (internal) of this project. The internal evaluation began in the second half of 2009 and results will be available with the CRH's final project report due for submission on 30 June 2010.</i></p>
<p>Training for Remote Community Workers – child abuse issues</p>	<p>The Northern Territory Department of Health and Families was funded in 2008-09 to help ensure information on child protection issues is more accessible to a broad range of community-based workers in remote areas. Information sessions began in May 2009 and are delivered in targeted NT communities in remote areas. Sessions will continue until June 2010.</p>	<p>\$0.426 m (GST excl.)</p>	<p>2008-09</p>	<p>The training aims to increase the level of awareness and understanding of human and community services workers in remote areas of the NT regarding their child protection reporting obligations. It will also improve workers' knowledge of service systems and the role of remote primary health care clinics. Increased access to early and appropriate intervention for the symptoms of child abuse related-trauma will assist in minimising long-term adverse mental health outcomes</p> <p>Evaluation <i>Qualitative analysis of this project is being undertaken by Menzies School of Health Research for NT DHF, and began in the first half of 2009. The results will be available when the final report for this project is submitted on 30 June 2010.</i></p>

<p><i>Healthy for Life</i> program One-Off Men's Health Funding</p>	<p><i>Healthy for Life</i> uses a population health approach and quality improvement model to enhance the capacity of primary health care services to improve the quality of Aboriginal and Torres Strait Islander child and maternal health services, men's health and chronic disease care.</p> <p>One-off funding of \$2.55m was provided between May '09 and December '09 to 16 services for men's health projects, most of which included engagement and social inclusion activities.</p>	<p>\$2,551,416 (GST Excl.)</p>	<p>2008-2009 to 2009-2010</p>	<p>The activities can be summarised as 'increasing awareness of men's health issues across the physical, spiritual and psychosocial domains, and empowering men to improve and maintain good health.'</p> <p>Many services employed male Aboriginal Health Workers to engage with men and conduct various health screening and promotion activities. Overcoming addictions, physical activity, relationship building activities complemented the goal of increasing access for men to appropriate health services.</p> <p>Broader <i>Healthy for Life</i> activities encourage a positive approach to improving personal health. While not focussed on social inclusion or suicide prevention, it is possible that these services contribute to improving general health including social, emotional and wellbeing.</p> <p>Evaluation <i>There is no evaluation planned for the Men's health one-off funding provided through the Healthy for Life program. An in-house review of project activities may be conducted in the future; however there is no specific timeline for this review at this stage.</i></p>
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<p>Cooperative Research Centre for Aboriginal Health (CRAH) - Social and Emotional Well Being Program</p>	<p>A research program to identify pathways and methods whereby resilience can be built on and enhanced to measurably improve the wellbeing and social outcomes or life chances of Indigenous individuals, families and groups. Also, to understand how resilience is promoted within Aboriginal family and social relationships despite the adverse impacts of social change and colonisation.</p>			<p><u>Current and recently completed research projects include:</u></p> <ul style="list-style-type: none"> • Parenting Support Interventions for Indigenous Families: Let's Start Extension • Australian Integrated Mental Health Initiative (AIMhi) Northern Territory • Indigenous Alcohol and Other Drugs Workers Wellbeing, Stress and Burnout Project • Evaluation of the Central Northern Adelaide Health Service (CNAHS) Family and Community Healing Program <p><u>Publications from the Research includes</u></p> <p>McEwan, A & Tsey, K. 2009. <i>The Role of Spirituality in Social and Emotional Wellbeing Initiatives: The Family Wellbeing Program at Yarrabah - Discussion Paper No. 7.</i> CRAH, Darwin.</p> <p>See http://www.crah.org.au/research/socialandemotionalwellbeing.html</p> <p>Note - The Cooperative Research Centre for Aboriginal Health – Social and Emotional Wellbeing Program is not under the responsibility of OATSIH.</p>
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Regulatory Policy & Governance Division

Program Name	Description	Total funding (GST excl.)	Funding Period (fin. yrs)	Social Inclusion/ Suicide prevention Achievements
<p>Community Service Obligations (CSO) program.</p>	<p>Under the CSO program hearing services are provided to children under 21 years, adults with complex rehabilitation needs and Indigenous people over 50 and</p>	<p>\$140.5m</p>	<p>2009/10 to 2011/12</p>	<p>In 2008/09 the CSO program provided hearing services and hearing devices to 28,710 children under 21 (including 5,372 Indigenous children) and to 16,369 eligible complex clients. The Indigenous specific measures provided hearing services for 2,526 Indigenous people over 50 and those on CDEP</p>

	participants of the Community Development Employment Projects (CDEP) until 1 July 2012. Australian Hearing is the sole provider of CSO services which include hearing assessment, rehabilitation and the fitting of hearing devices (if appropriate).			Program.
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Ageing and Aged Care Division

Program Name	Description	Total funding (GST excl.)	Funding Period (fin. yrs)	Social Inclusion/ Suicide prevention Achievements
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<p>One-off Discretionary Grants to Assist Frail Older People Experiencing Social Isolation</p>	<p>Depression is a debilitating illness which is a main predictor to suicide. It is often associated with loneliness and social isolation. In the frail and elderly poor health leading to mobility constraints, family breakdown, lack of social networks and financial insecurity are often contributing factors that prevent effective participation in community life.</p> <p>In June 2008, DOHA provided 21 one-off discretionary grants to a range of not-for profit organisations to assist vulnerable, frail older people living in the community experiencing social isolation. The funds were intended to increase the capacity of the organisation to undertake work aimed towards helping the most vulnerable and frail older people in the community.</p>	<p>\$4.213 million</p>	<p>2008-09</p>	<ul style="list-style-type: none"> • Social get togethers brought frail elderly people together to establish social networks. This included gardening, bingo, BBQs, drama and luncheons groups. The focus of these activities was creating community groups that had common interests and could share discussions and activities. • Development of a “Social Inclusion Support Training Manual” which will provide education on the concepts and research on social inclusion and practical applications for a variety of settings. • Provision of food supply shopping vouchers to address food and clothing shortages. • Provision of shelter or emergency accommodation. • Continuing development of a Homeshare program which supports older people (Householders) to remain in their homes and communities for longer by matching a younger person (Homesharer) to live with them. • Provision of occupational therapists to assess the needs of some destitute clients and to recommend the resources and services they need for better health outcomes, including improved social engagement • Provision of furniture and whitegoods for some clients in emergency situations. • 24/7 crisis telephone support and call in capacity for clients in crisis. <p>Evaluation <i>Evaluation of the one-off discretionary grants is planned to be conducted internally. The evaluation will be completed post 31 July 2010 when all reports have been received from the organisations.</i></p>
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Office of Rural Health – Primary and Ambulatory Care Division

Program Name	Description	Total funding (GST excl.)	Funding Period (fin. yrs)	Social Inclusion/ Suicide prevention Achievements
Regional Health Services (RHS)*	Improves access to broad range of primary and allied health care services, including mental health services, through funding to existing community-based health services.	<p>*These programs are being consolidated in the Rural Primary Health Services program from 1 January 2010. Service provision will continue as under the current arrangements. Communities currently receiving services under MAHS and RHS will continue to be priority communities for the RPHS program. Organisations will work with their communities to ensure priority needs are addressed.</p> <p>Funding of \$311.3 million is being provided for the RPHS program (including its predecessors RHS & MAHS) for the period 2009-2013.</p>		There are 118 RHS of which more than half provided mental health, counselling and/or social work services, where these issues were an identified priority need. This program provides services to over 1000 rural and remote communities with a population of less than 5000 people.
More Allied Health Services (MAHS)*	Improves access to a range of allied health care services, including mental health services, through funding to Divisions of General Practice.			There are 66 MAHS of which 41 received funding for 31 full time equivalent psychologists (in 2006-07). Other services provided included counselling and social work. This program provides services to communities classed as 'small rural centres' to 'other remote areas' (RRMA 4-7).

Program Name	Description	Total funding (GST excl.)	Funding Period (fin. yrs)	Social Inclusion/ Suicide prevention Achievements
Royal Flying Doctor Service Program	Delivery by the Royal Flying Doctor Service of primary aeromedical evacuations and health care clinics in rural and remote Australia	247 million	2007-08 to 2010-11	The following comments relate to both programs as they are administered under the Royal Flying Doctor Service.

Rural Women's GP Service	The Rural Women's GP Service (RWGPS) aims to improve access to primary health care services for women in rural and remote Australia, who currently have little or no access to a female GP, by facilitating the travel of female GPs to these communities. The RWGPS is open to all members of the community, including men and children. This program is administered nationally by the Royal Flying Doctor Service.	12.6 million	2007-08 to 2010-11	<p>RFDS health practitioners who deliver GP Clinics and Community Health Nurse Clinics under the Traditional Services program and the RWGPS program are able to identify and refer as necessary patients to specialist mental health providers.</p> <p>RFDS practitioners have skills identifying and understanding mental illness that it relates to indigenous communities.</p> <p>Evaluation Planned or completed? Internal or external? Timeline of that evaluation?</p>
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Health Workforce Division

Program Name	Description	Total funding (GST excl.)	Funding Period (fin. yrs)	Social Inclusion/ Suicide prevention Achievements
Mental Health Postgraduate Scholarship Scheme and the Mental Health Nurses and Psychologists Scholarship Subsidy	The Mental Health Nurses and Psychologists Scholarship Subsidy provides scholarships to mental health nurses and psychologists who are undertaking postgraduate study in mental health nursing and clinical psychology. The Government announced the program as part of the 2008-09 Federal Budget, expanding and developing the existing Mental Health Postgraduate Scholarship Scheme component of the	45 Million	2006-2007 to 2011-12 Please note that from 2009-10, funding for this scheme has been consolidated into the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS).	<p>The Australian Government committed \$35 million over four years (from 2008-09) to enhance access to postgraduate and masters level scholarships in mental health nursing and clinical psychology to encourage the training of appropriately qualified mental health professionals. Part of this initiative focuses on regional, rural and remote Australia, where access to mental health professionals is more limited.</p> <p>This measure built on the existing Mental Health Postgraduate Scholarship Scheme (\$10 million from 2006-2011) and increased the value of scholarships from \$10,000 to \$15,000 per full-time year of study.</p> <p>The \$35 million in additional funding will support:</p>

	<p>Additional Education Places, Scholarships and Clinical Training in Mental Health Initiative.</p>			<ul style="list-style-type: none"> – up to 1070 new postgraduate and Masters degree scholarships for mental health nursing, of which 105 will be designated for rural and remote areas; and – up to 222 new rural and regional scholarships for postgraduate and masters studies in clinical psychology. <p>During 2009-10, this scheme, along with a number of other nursing and allied health scholarship and support programs will be consolidated into the new NAHSSS in line with the 2009-10 Budget decision.</p> <p>Evaluation <i>There was no evaluation under MHPSS. An evaluation is being considered as part of the NAHSS in 2014.</i></p>
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Medical Benefits Division

Program Name	Description	Funding Amount (2008-09 GST excl.) Demand driven	Social Inclusion/ Suicide prevention Achievements
Medicare Benefits Schedule (MBS) Indigenous Health Assessments (MBS items 704, 706, 708, 710)	GP health assessments for Indigenous people (children under the age of 15, adults to the age of 54 and older people 55+)	\$7,211,585 paid in MBS rebates for MBS Indigenous health assessment items	<p>These MBS health assessment items help to ensure that Aboriginal and Torres Strait Islander people receive appropriate health care by encouraging early detection, diagnosis and treatment of common and treatable conditions, and includes a social and emotional assessment. They also help to improve Indigenous people's access to mainstream primary medical care and help reduce or prevent serious illnesses.</p> <p>Since the introduction of the first Medicare Indigenous health assessment item in 1999 (the older persons assessment), 132,172 services have been provided. In 2004-05, 9,957 health assessment services were provided to Indigenous people. This rose to 37,783 services by 2008-09 (an increase of 379%). In the first three months of 2009-10, 11,573 services were provided, and it is anticipated that the increase in service provision will continue to climb.</p>

Follow up service provided by a practice nurse or registered Aboriginal Health Worker, on behalf of a Medical Practitioner, for an Indigenous person who has received a health assessment (MBS item 10987)	Follow-up services provided by a practice nurse or registered Aboriginal Health Worker to an Indigenous person who requires further treatment following a health assessment	\$12,343 paid in MBS rebates for the Indigenous health assessment follow-up item	The Indigenous health assessment follow-up item was introduced on 1 November 2008, and the available data is limited. In 2008-09, 556 services were provided. To September 30 2009, 418 services have been provided.
MBS services to rural and remote areas	MBS Non-Referred general practitioner attendances	The MBS Special Appropriation, which is demand driven.	In the period between 2004-05 and 2007-08, total non-referred GP attendances in both urban and rural and remote areas increased by almost 2.6%. In rural and remote areas, the number of Full-Time Workforce Equivalent (FWE) GPs increased from 77.3 FWE GPs per 100,000 people in 2004-05, to 79.9 FWE GPs per 100,000 people in 2007-08. This is an increase of almost 3.4 %.
MBS services to Indigenous people	MBS Non-Referred general practitioner attendances	The MBS Special Appropriation, which is demand driven.	In the period between 2005-06 and 2007-08, the number of non-referred GP services provided to Indigenous people increased by 23%.