Outcome 11

MENTAL HEALTH

Improved mental health and suicide prevention, including through targeted prevention, identification, early intervention and health care services.

Outcome Strategy

Through Outcome 11, the Australian Government aims to improve services and support for people with mental illness, their families and carers. This will be achieved through a broad range of initiatives. These include the following:

Targeting Service Gaps and Improving Quality

Continuing support for a more integrated and responsive primary care system to enable people with common forms of mental illness, such as anxiety, depression and substance use problems, to receive better treatment and care in the community. In 2009-10, the Government aims to better target services to those people who experience barriers to accessing services, and increase the skills and knowledge of mental health providers to support individuals with mental illness through the primary care system.

Strengthening Prevention, Early Intervention and Promotion

The Government will focus mental health care on prevention and early intervention activities, to improve outcomes for individuals at risk. This includes providing support for suicide prevention activities, as well as support to groups including: Aboriginal and Torres Strait Islander people; women at risk of antenatal and postnatal depression; people at risk of, or who have an, eating disorder; and children and young people at risk of developing a mental illness. In 2009-10, the Australian Government will improve services for women experiencing antenatal and postnatal depression by increasing the awareness in the community of perinatal depression and the importance of its management. The Australian Government will also continue to improve access for young people aged 12-25 years to mental health, alcohol and drug services through the National Youth Mental Health Foundation, known as headspace. The Australian Government will also implement the National Eating Disorders Collaboration in 2009-10.

Mental Health Reform

The Australian Government will continue to work in partnership with State and Territory Governments to further reform the mental health system. A key component of the Australian Government’s national leadership role is to support research, monitoring, evaluation and capacity building to underpin continued reform and improvements in mental health services.

Responding to Bushfires, Drought and Rural Service Needs

The Australian Government will continue to support access to services in rural areas, including targeting high need rural areas such as drought and bushfire affected areas. A key focus in 2009-10, is to provide targeted mental health support to individuals and
communities affected by the Victorian bushfires. The Government will also provide support to maintain access to existing mental health services in rural and remote communities.

Through these strategies, the Australian Government will ensure that mental health and suicide prevention services are more effectively targeted and accessible for people with a mental illness, their families and carers. The development and implementation of these strategies will be informed by advice from key stakeholders including: State and Territory Governments, the National Advisory Council on Mental Health, the Australian Suicide Prevention Advisory Council, the Mental Health Council of Australia, Suicide Prevention Australia, service agencies, consumers, carers, professional colleges and key researchers. Monitoring and analysis of program outcomes via national reporting mechanisms will also inform these strategies.

Refer to discussions under Program 11.1: Mental Health for further information on these Government initiatives.

**Council of Australian Governments Federal Financial Framework Reforms**

Following Council of Australian Governments’ (COAG) federal financial framework reforms, the Treasury is responsible for National Specific Purpose payments, National Partnership payments to and through the states and territories, and general revenue assistance. The Treasury holds the appropriation for these items and reports the financial details accordingly. Further information can be found in Table 1.5.1 in Section 1. The non-financial performance of the corresponding programs remains the responsibility of the Department of Health and Ageing.

Outcome 11 is the responsibility of the Mental Health and Chronic Disease Division.
## Outcome 11 Budgeted Expenses and Resources

Table 11.1 provides an overview of the total expenses for Outcome 11 by Program.

### Table 11.1: Budgeted Expenses and Resources for Outcome 11

<table>
<thead>
<tr>
<th></th>
<th>2008-09 Estimated actual expenses</th>
<th>2009-10 Estimated expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$‘000</td>
</tr>
<tr>
<td><strong>Program 11.1: Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administered expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary annual services (Appropriation Bill No. 1)</td>
<td>136,018</td>
<td>145,991</td>
</tr>
<tr>
<td>Special appropriations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Care (Appropriation) Act 1998 - Australian Health Care Agreements - Provision of Designated Health</td>
<td>14,984</td>
<td>-</td>
</tr>
<tr>
<td>Departmental expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary annual services (Appropriation Bill No. 1)</td>
<td>12,490</td>
<td>13,297</td>
</tr>
<tr>
<td>Revenues from other sources (s31)</td>
<td>225</td>
<td>238</td>
</tr>
<tr>
<td>Unfunded expenses*</td>
<td>226</td>
<td>-</td>
</tr>
<tr>
<td><strong>Subtotal for Program 11.1</strong></td>
<td>163,943</td>
<td>159,526</td>
</tr>
<tr>
<td><strong>Outcome 11 totals by appropriation type:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administered expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary annual services (Appropriation Bill No. 1)</td>
<td>136,018</td>
<td>145,991</td>
</tr>
<tr>
<td>Special appropriations</td>
<td></td>
<td>14,984</td>
</tr>
<tr>
<td>Departmental expenses</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>12,490</td>
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<td>Revenues from other sources (s31)</td>
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<td>238</td>
</tr>
<tr>
<td>Unfunded expenses*</td>
<td>226</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total expenses for Outcome 11</strong></td>
<td>163,943</td>
<td>159,526</td>
</tr>
</tbody>
</table>

### Average staffing level (number)

<table>
<thead>
<tr>
<th></th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>101</td>
<td>97</td>
</tr>
</tbody>
</table>

Notes: * Loss attributable to the effect of the decreased bond rate on employee entitlements.  
(p) = part.

Amounts in 2009-10 for the National Healthcare Agreement are appropriated to the Treasury as part of the National Healthcare Special Purpose Payments.
Contributions to Outcome 11

Program 11.1: Mental Health

Program Objective

Mental disorders account for 13.1 per cent of Australia’s total burden of disease and injury. Mental disorders represent one of the largest categories for disability-affected life years and are estimated to cost the Australian Government $20 billion annually, including lost productivity and labour participation.

In 2007, 45 per cent of Australians aged 16-85 had, at some point in their lifetime, experienced at least one or a combination of anxiety, mood or substance-abuse disorders, and 20 per cent of Australians had experienced one or a combination of these disorders in the 12 months prior to interview.¹

Through this Program, the Australian Government aims to ensure that Australians have access to targeted, effective and sustainable community-based mental health care. The Government will address this through working to: advance mental health reform; reduce service gaps by improving access to, and the quality of, primary health care services; and strengthen prevention and early intervention activities and the promotion of good mental health. This will be achieved through a number of strategies including: reorienting the primary health care system to have a stronger focus on early intervention; targeted support to individuals at risk; and partnerships with states and territories to further improve the mental health services system. The development and implementation of these strategies will be informed by advice from the National Advisory Council on Mental Health, the Australian Suicide Prevention Advisory Council and key stakeholder groups.

The Government recognises the potential impact of bushfires, floods and other exceptional circumstances on the mental health of Australians and will work closely with states and territories and funded services to monitor and manage any increase in demand for mental health services, so that people can continue to access the services they need. The following discusses the key strategic directions the Australian Government will take through the Department to help achieve this objective.

Key Strategic Directions

This Program aims to:

- ensure access to targeted, effective and sustainable community-based mental health care to support people with a mental illness.
- support access to services in rural areas including those in high-need rural areas such as drought and bushfire affected communities.

¹ National Survey of Mental Health and Wellbeing; Summary of Results, 2007 (ABS cat 4326.0).
Major Activities

Access to Targeted, Effective and Sustainable Community-based Care

Mental Health Reform

The Australian Government is committed to providing national leadership to advance mental health reform. The Government will continue to work in partnership with the State and Territory Governments and across sectors to ensure mental health is integrated, within and between, primary and specialist services and more broadly within the community support sector. The Australian Government is also working with the states and territories through the COAG National Action Plan on Mental Health 2006-2011 to improve the quality of, and access to, services and provide support for at risk individuals.

Ongoing monitoring, evaluation and reporting on expenditure and outcomes of mental health programs will continue through national reporting mechanisms. Monitoring and analysis of program outcomes, including the Department’s evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative, will also inform progress on achieving the Australian Government’s aims for mental health.

During 2009-10, the Department will progress national policy and planning with the states and territories, including implementation of the revised National Mental Health Policy and the fourth National Mental Health Plan. These activities will be within the context of whole-of-government reforms impacting on national health and welfare service delivery, and will be informed by the National Advisory Council on Mental Health.

Targeting Service Gaps

The Australian Government will continue to work with general practitioners (GPs) and allied mental health professionals to improve access to, and the quality of, primary health care services to better support those members of the community who have more common mental disorders such as anxiety and depression.

The Department is reviewing the Access to Allied Psychological Services initiative (scheduled to be completed by July 2009) to better target services to those people who are experiencing barriers to accessing services. In 2009-10, the Department will introduce a range of innovative service models and will target funding to geographic areas experiencing the greatest need. The Department will also improve access to treatment options through services delivered via telephone and/or internet, providing a focus on service gaps in rural and remote areas, and other populations who are unable to access face-to-face services.

Improving Quality

Changes will be made to the Better Access initiative to improve targeting of primary mental health care services to those most in need, provide better quality services and improve patient outcomes.

GPs will be encouraged to undertake mental health skills training which will be recognised through adjustments to the Medicare Benefits Schedule fee arrangements. GPs will be required to better document a patient diagnosis in the patient’s plan. These measures will be implemented in consultation with GPs and their associations.

In order to provide Medicare rebateable focussed psychological strategies services, allied mental health providers will be required to undertake mandatory continuing professional
development to maintain their skills. This measure will be implemented in consultation with key stakeholders including the Australian Psychological Society, the Australian Association of Social Workers and occupational therapists through OT Australia.

**Strengthening Prevention, Early Intervention and Promotion**

The Australian Government aims to prevent the onset of mental illness and reduce the impact of mental illness and the incidence of suicide. To achieve this, the Department will work to strengthen prevention and early intervention activities and the promotion of good mental health through further developing existing services to: deliver targeted prevention; provide identification, early intervention and health care services; increase public awareness and acceptance of mental illness.

**Parenting and School-Based Programs**

The Australian Government aims to strengthen mental health promotion, prevention and early intervention services for preschool and school-aged children through a focus on parenting and school-based programs and by reorienting existing programs, such as KidsMatter and MindMatters, to enhance capacity for early intervention for mental health conditions.

During the 2009 and 2010 school years, the Department and KidsMatter partners will test a cluster model of dissemination of KidsMatter in up to 400 schools. This will be undertaken in partnership with government and non-government school systems, working with clusters of interested schools from one or more interested regions in each state and territory. This will inform the long-term roll-out strategy for KidsMatter and contribute to the state and territory education systems. The Department will also adapt this initiative for use in preschools and early childhood settings.

The current phase of MindMatters includes strengthening the early intervention components and the engagement with the state and territory health and education sectors, as well as redeveloping and updating of the MindMatters resources. To ensure that the MindMatters initiative is aligned with best practice in school-based mental health promotion, prevention and early intervention, a review will be undertaken engaging both mental health and educational expertise in this area. This review will be undertaken during 2009 with outcomes to be implemented during 2010.

**National Eating Disorders Collaboration**

The Department, through the National Eating Disorders Collaboration, will facilitate the implementation of a consistent and comprehensive approach to prevention, early intervention and management of eating disorders. This will include the development and promotion of evidence-based messages to schools, groups at risk, and health professionals.

**National Youth Mental Health Foundation**

The Australian Government will continue to improve access for young people 12-25 years of age to mental health, alcohol and drug services through the National Youth Mental Health Foundation, known as headspace. The 30 youth friendly shop-fronts established through headspace provide young people with access to a range of mental health and other social support services. These services are supported by a Centre of Excellence that provides: the best evidence for mental health promotion and early intervention for this age group; a service provider education training program for staff providing these services; and a community awareness campaign aimed at improving help seeking behaviour and mental
health literacy for this age group. In the 2009-10 year, headspace will move to a new governance structure to facilitate better integration of the four key components of the headspace project. One of the key challenges to the success of the program is the effective coordination between the different activities of the program. The new governance structure should address this challenge. A major evaluation of the headspace project will also be completed in 2009-10. The stakeholders involved in this project include young people, medical professionals, alcohol, drug and mental health experts and researchers.

**Improved Services for Women Experiencing Antenatal and Postnatal Depression**

The Australian Government will continue to focus on improving the prevention and early detection of antenatal and postnatal depression, and provide better support and treatment for women experiencing depression during the antenatal and postnatal period through the National Perinatal Depression initiative.

In 2009-10, the Department will improve services for women experiencing antenatal and postnatal depression, by increasing the awareness in the community of perinatal depression and the importance of its management. The Department will work closely with beyondblue to increase community awareness of perinatal depression and promote the benefits of early detection and intervention for women at risk of or experiencing perinatal depression, their partners and families. Community awareness activities will be delivered through a range of methods, including information shared by health care professionals at the point of service and information in brochures, fact sheets and websites including beyondblue’s website. The Department will also work with the non-government sector to increase the availability of peer support to assist women who have or are at risk of experiencing perinatal depression.

**Support for Individuals at Risk of Suicide**

The Australian Government continues to support people who have attempted suicide or self-harm and young men in industries with high suicide rates. The Government also provides support for families and communities affected by suicide. In 2009-10, the Department will fund suicide prevention activities under the National Suicide Prevention Strategy, such as the Access to Allied Psychological Service Suicide Prevention Pilot (which provides intensive psychological support to people who have attempted suicide or self-harm), the OzHelp project (which provides a workplace based social capacity building program to support young men in industries with higher suicide rates) and Standby (which provides bereavement and post intervention assistance for families and communities after suicide).

**Responding to Bushfires, Drought, and Rural Service Needs**

**Extension of the Mental Health Support for Drought Affected Communities**

The extension of the Mental Health Support for Drought Affected Communities initiative, until 30 June 2010 will provide continue psychosocial and mental health support to people in areas declared to be drought affected. It will also provide education and training to support health professionals and community leaders.

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1 Accessible at <www.beyondblue.org.au>.
Mental Health Response to the Victorian Bushfires

The Australian Government will continue to work with the Victorian Government to ensure the provision of appropriate, targeted mental health services to individuals and communities affected by the Victorian bushfire disaster. The Access to Allied Psychological Services program will provide a key platform to extending these additional services.

This integrated and expanded support will be provided to individuals with persisting psychological symptoms as a result of trauma and loss. This includes support for mental health activities to assist communities psychologically recover from trauma and loss. Support will be particularly targeted at children and youth. The Government will provide funding to existing telephone counselling services to respond to broader levels of distress within the community, and provide support to professionals providing mental health services.

Mental Health Services in Rural and Remote Areas

The Mental Health Services in Rural and Remote Areas program reflects the Government’s priority for providing access to mental health services. Under this program the Department is working with Divisions of General Practice, Aboriginal Medical Services and Royal Flying Doctor Service to maintain access to mental health services in rural and remote communities.

Program 11.1: Expenses

COAG Federal Financial Framework Reforms

Following COAG’s federal financial framework reforms, the Treasury is appropriated for the National Specific Purpose Payments, National Partnership payment or general revenue assistance payment components that were previously a part of this Program. Further details can be found in Table 1.5.1 in Section 1.

Table 11.2: Program Expenses

<table>
<thead>
<tr>
<th></th>
<th>2008-09 Estimated actual</th>
<th>2009-10 Budget</th>
<th>2010-011 Forward year 1</th>
<th>2011-12 Forward year 2</th>
<th>2012-13 Forward year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual administered expenses:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary annual services*</td>
<td>136,018</td>
<td>145,991</td>
<td>149,744</td>
<td>150,484</td>
<td>153,608</td>
</tr>
<tr>
<td>Special appropriations: Health Care (Appropriation) Act 1998 - Australian Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program support</td>
<td>12,941</td>
<td>13,535</td>
<td>12,645</td>
<td>11,990</td>
<td>11,700</td>
</tr>
<tr>
<td>Total Program expenses</td>
<td>163,943</td>
<td>159,526</td>
<td>162,389</td>
<td>162,474</td>
<td>165,308</td>
</tr>
</tbody>
</table>

Note: * Appropriation Bill (No. 1) 2009-10.

Program 11.1: Deliverables

To improve mental health and suicide prevention for all Australians, Program 11.1 will provide funding to strengthen the primary health care system through advancing mental health reform, better targeting service gaps and strengthening prevention, early intervention and promotion of mental health. The Department has overall responsibility for the ‘deliverables’ that contribute to the Program.
Qualitative Deliverables

Access to Targeted, Effective and Sustainable Community-based Care

- Regular stakeholder consultation and advice to contribute to program development and implementation.

- Provision of advice from the Australian Suicide Prevention Advisory Council and the National Advisory Council on Mental Health to the Minister. This will be measured by reporting the number of briefings from the Council that are provided to the Minister.

- The Department will encourage GPs to undertake mental health training under the Better Access Initiative. This will be measured by the number of GPs who have undertaken training.

- The Department will make adjustments to the Medicare Benefits Schedule fee arrangements in recognition of GPs undertaking mental health training under Better Access Initiative. This will be measured by the number of GPs who access the lower rebate Medicare item.

- The Department will work with key stakeholders to implement Continuing Professional Development training for allied mental health professionals under the Better Access initiative. This will be measured by the number of professionals who access this training.

- Provision of services delivered by telephone and/or internet, as well as on-line self-help programs. Each service funded under this measure will be externally evaluated. This data will feed into the overall measure evaluation which is due in 2010.

- Trial a national dissemination strategy for the KidsMatter Primary School initiative. The trial will be undertaken during the 2009 and 2010 school years.

- The number of services available for women experiencing antenatal and postnatal depression will be monitored on a six monthly basis, through data collected under the Access to Allied Psychological Services initiative.

- Development of an evidence based formula for the promotion, prevention and early intervention of eating disorders and convening of a nation workshop by the end of 2009-10.

- Implementation and evaluation of the National Youth Mental Health Foundation (headspace) governance structure to be completed during 2009-10.

Responding to Bushfires, Drought, and Rural Service Needs

- The Department will work with the Victorian Department of Human Services to develop and implement targeted services to assist in the psychological recovery of individuals and communities recovering from the Victorian bushfire disaster.

- Continuation of established services to deliver community outreach activities and crisis support to drought affected individuals, families and communities, through eligible rural and remote divisions of General Practice, and continued provision of mental health activities and education and training through beyondblue and the Australian General Practice Network.
The Department will work with organisations funded under the Mental Health Services in Rural and Remote Areas program to ensure that they are maintaining access to mental health services in rural and remote communities. The maintenance of access to mental health services in rural and remote communities will be measured by six monthly Progress Reports from the organisations funded under the Program.

Table 11.3: Quantitative Deliverables for Program 11.1

<table>
<thead>
<tr>
<th>Quantitative Deliverables</th>
<th>2008-09 Revised Budget</th>
<th>2009-10 Revised Budget</th>
<th>2010-11 Forward Year 1</th>
<th>2011-12 Forward Year 2</th>
<th>2012-13 Forward Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of variance between actual and budgeted expenses.</td>
<td>≤0.5%</td>
<td>≤0.5%</td>
<td>≤0.5%</td>
<td>≤0.5%</td>
<td>≤0.5%</td>
</tr>
</tbody>
</table>

Access to Targeted, Effective and Sustainable Community-based Care

<table>
<thead>
<tr>
<th>Number of patient sessions to be delivered under the Access to the Allied Psychological Services initiative (the figure for 2008-09 covers period 1 July 2008 to 31 December 2008 – further data for the 2008-09 year to be received by December 2009).</th>
<th>58,500*</th>
<th>70,000</th>
<th>75,000</th>
<th>80,000</th>
<th>85,000</th>
</tr>
</thead>
</table>

| Number of funded initiatives focusing on suicide prevention in identified high risk groups.                                               | 50      | ✓      | 55     | 60     | 63     |

Program 11.1: Key Performance Indicators

The following ‘key performance indicators’ measure the impact of the Program.

Qualitative Indicators

Access to Targeted, Effective and Sustainable Community-based Care

• The National Mental Health Report series is produced annually. It is anticipated that the 11th report in the series will be released early 2009-10.

• The second Progress Report for the COAG National Action Plan on Mental Health (2006–2011) is expected to be submitted to the Health Ministers in June 2009 for endorsement.

• The National Mental Health Policy 2008 to be completed by May 2009.
• The Fourth National Mental Health Plan will be presented to Health Ministers for consideration in 2009.

• A review of the Access to the Allied Psychological Services initiative to be completed by July 2009.

• Preliminary findings from the Better Access Evaluation will inform the 2010-11 Budget.

• Improved peer support and community awareness of antenatal and postnatal depression, measured through the range of activities available to the community, including mothers, families, health professionals and the broader community. This includes telephone based peer support.

• Promote mental health prevention and early intervention in schools through the KidsMatters initiative. Measured through the number of state and territory based personnel trained to deliver KidsMatter and the level of support from government, catholic and independent education systems.

• Access to telephone and/or internet services, as well as on-line self-help programs, measured through the availability of services.

• Improved access to evidence-based, consistent information about eating disorders trough avenues such as schools, the media and health service providers.

• Availability of suicide prevention programs that target population groups identified as being at higher risk of suicide, and which are evaluated as being effective in engaging these higher risk groups.

Responding to Bushfires, Drought, and Rural Service Needs

• An evaluation of the Mental Health in Rural and Remote Areas measure will commence in 2009-10.

• Continued funding to up to 42 eligible rural and remote Divisions of General Practice.

Table 11.4: Quantitative Key Performance Indicators for Program 11.1

<table>
<thead>
<tr>
<th>Quantitative Indicators</th>
<th>2008-09 Revised Budget</th>
<th>2009-10 Target</th>
<th>2010-11 Forward Year 1</th>
<th>2011-12 Forward Year 2</th>
<th>2012-13 Forward Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Targeted, Effective and Sustainable Community-based Care</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Number of National Mental Health Advisory Council meetings per year and associated secretariat support for work plan implementation (funding ceases in 2010-11).</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Quantitative Indicators</td>
<td>2008-09 Revised Budget</td>
<td>2009-10 Budget Target</td>
<td>2010-11 Forward Year 1</td>
<td>2011-12 Forward Year 2</td>
<td>2012-13 Forward Year 3</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------</td>
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<td>------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>Percentage of Divisions of General Practice with the capacity to provide perinatal depression services through the Access to Allied Psychological Services initiative.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of funded initiatives focusing on suicide prevention in identified high risk groups.</td>
<td>50</td>
<td>55</td>
<td>60</td>
<td>63</td>
<td>65</td>
</tr>
</tbody>
</table>