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

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**BRIEF OVERALL STATUS**

The Department of Health and Ageing 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](http://www.mentalhealth.gov.au).

*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. This initiative complements other suicide prevention activities and brings the total amount of funding under the National Suicide Prevention Strategy to \$127 million by 2012.*

**Who Benefits**

- The *National Suicide Prevention Program (NSPP)* promotes suicide prevention activities across the Australian population, as well as for specific at-risk groups.

**Recent Progress**

- The NSPP supports suicide prevention projects at both the national and local level. It also funds a mixture of universal programs as well as targeted programs for individuals and populations at higher risk of suicide.
  - After close consultation with state and territory governments the majority of community based projects funded through the NSPP during 2008-09 have been provided with continued funding to June 2011.
  - Funding levels under the NSPP for each state and territory are being maintained.
  - The Australian Suicide Prevention Advisory Council (ASPAC) has met formally on five occasions since its inception in September 2008. The most recent meeting was held in Canberra on 10 March 2010.
  - The ASPAC has provided advice to the Minister for Health and Ageing on areas of priority and focus for the NSPP Action Framework 2009 to 2011. The NSPP Action Framework encompasses:
    - activity aimed at fostering a coordinated national policy and program approach to suicide prevention through the development of a nationally-agreed suicide prevention framework with jurisdictions;
    - a continued focus on evidence and population-based universal suicide prevention activities;
    - a plan to ensure targeted assistance continues to be provided to groups identified at highest risk of suicide and self-harm; and
    - activities which embed suicide prevention capacity and training into the practices of people, systems and organisations that work with individuals who are at a higher risk of suicide.
  - The Australian Government is currently working with the states and territories to achieve alignment of suicide prevention activities across jurisdictions in line with recommendations in the 4<sup>th</sup> National Mental Health Plan. The National Suicide Prevention Alignment Working Group includes representation from each jurisdiction and aims to progress actions identified in the 4th Plan including:
    - Provide education and training in mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.
    - Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.
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*Mental Health Services in Rural and Remote Areas initiative provides \$60.4 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 organisations have been funded \$29.9 million under Stage One to employ around 48 full time equivalent appropriately trained allied and nursing mental health professionals. In the first 2 and a half years of operation (July 2007 to 31 December 2009) more than 48,000 service contacts were made to over 13,000 clients under Stage One.
- 24 organisations have been funded \$30.5 million under Stage Two to employ around 55 full time equivalent appropriately trained allied and nursing mental health professionals. In the first 18 months of operation (July 2008 to 31 December 2009) more than 32,000 service contacts were made to almost 10,000 clients under Stage Two.
- Organisations funded under the initiative, split by State/Territory and the stage they were funded under are listed below.

NSW	North West Slopes DGP	Stage 1
	Royal Flying Doctor Service	Stage 2
	NSW Outback Division of General Practice	Stage 2
	Barwon Division of General Practice	Stage 2
	New England Division of General Practice	Stage 2
	South East NSW Division of General Practice	Stage 2
	Hunter Rural Division of General Practice	Stage 2
	Dubbo Plains Division of General Practice	Stage 2
NT	General Practice Network NT (Alice Springs)	Stage 1
	General Practice Network NT (Top End)	Stage 1 & 2
	Royal Flying Doctor Service	Stage 2
SA	Nganampa Health Council	Stage 1
	Eyre Peninsula DGP	Stage 1
	Flinders and Far North Division of General Practice	Stage 2
	Yorke Peninsula Division of General Practice	Stage 2
QLD	Frontier Services (one year agreement for 2006-07)	Stage 1
	Royal Flying Doctor Service	Stage 1 & 2
	Wuchopperen Health Service	Stage 1 & 2
	North and West Queensland Primary Health Care	Stage 1
	Far North Queensland Rural Division of General Practice	Stage 2
	Central Queensland Rural Division of General Practice	Stage 2
	Southern Queensland Rural Division of General Practice	Stage 2
TAS	North West Tasmania Division of General Practice	Stage 1 & 2
VIC	Mallee DGP	Stage 1 & 2
	West Victoria Division of General Practice	Stage 2
	Murray Plains Division of General Practice	Stage 2
	North East Victorian Division of General Practice	Stage 2
	Goulburn Valley Division of General Practice	Stage 2
WA	Kimberley DGP	Stage 1
	Eastern Goldfields Medical Division of General Practice	Stage 1 & 2
	General Practice Down South	Stage 1
	Midwest Division of General Practice	Stage 1 & 2
	Pilbara Division of General Practice	Stage 2

- In the 2009/10 Budget, additional funding of \$6.7 million over four years has been allocated to the initiative. The additional funding increases the total funding to almost \$91.63 million (2006/07 to 2012/13).
- This additional funding has allowed the extension of funding to Stage One organisations to 30 June 2011.
- The Department has finalised a tender process to evaluate the initiative. The successful tenderer is PricewaterhouseCoopers. The evaluation has commenced and is expected to be completed in late 2010.

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***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 postgraduate 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**

- Australians who require access to an effective and accessible mental health workforce will benefit from this initiative.

**Recent Progress**

- Under the 2009-10 Budget Measure: *Workforce program – realising efficiency savings from consolidation* from 1 January 2010, the Specialist Training Program became the single platform for grants support for specialist training initiatives. This includes the Commonwealth's contribution of over \$4.4 million per annum to psychiatry training.
- The Specialist Training Program provides opportunities for medical specialist trainees, including psychiatry trainees, to rotate through an expanded range of settings beyond traditional public teaching hospitals, in pursuit of becoming a specialist.
- In 2009, a total of 56 FTE psychiatry training positions were approved. In 2010, 68 FTE psychiatry training positions will be funded under the Specialist Training Program
- The Department is working with the RANZCP over five years to 2011 in the structural reform of psychiatry training. The Curriculum Improvement Project (CIP) is funded to produce a competency based training system that will increase the flexibility of training for part-time trainees, and trainees who have had training interrupted. It will also improve trainee pass rates, and expand options for lateral entry to psychiatry, particularly of doctors from other medical specialties, and Overseas Trained Doctors (OTDs). A competency-based curriculum model was approved at a General Council meeting held at RANZCP in August 2008 for incremental implementation by 2013. Professor Brian Hodges, Vice-Chair, Education and International Affairs, Department of Psychiatry, University of Toronto was sponsored to conduct a series of seminars and consultations at the RANZCP from 29 June to 3 July 2009. The RANZCP has completed consultations with stakeholders regarding a timeline for the implementation of the new training program and implementation will commence this year (2010) with supervisor training. This will be followed by the new curriculum rollout from 2012.
- In the area of allied health, over 890 postgraduate scholarships in both mental health nursing and clinical psychology have been awarded nationally through the Royal College of Nursing Australia and the Australian Psychological Society. The Mental Health Postgraduate Scholarship Scheme (MHPSS) provides \$10.5 million over five years from 2006-07 with the aim of increasing Australia's mental health workforce in qualified clinical psychologists and mental health nurses.
- This scheme, along with a number of other Commonwealth allied health and nursing scholarships will be consolidated under the Nursing and Allied Health Scholarship and Support Scheme during 2010.

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

**Who Benefits**

- The initiative targets 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**

- Activities being funded under this initiative include enhancement of general psychosocial help lines, online self-help resources and self-directed online treatment modules.

- These services may be particularly helpful for people in rural and remote areas who face barriers in accessing services due to long distances or a lack of allied health providers in their region.
- To date, this initiative has funded online peer support, counselling, cognitive behavioural programs for depression and anxiety disorders and a system that helps people track their wellbeing in areas including mood, appetite, sleep, medication, physical activity, and drug and alcohol use.
- Work is continuing on awareness raising for GPs in New South Wales on the Climate GP Project, now known as CRUfADClinic.
- An online anxiety treatment program run by the SwinPsyche Unit at Swinburne University now has several hundred clients undertaking this program with numbers growing each month.
- Lifeline Telephone counselling helpline continues to show good improvement in answer call rates and the implementation of national standards across all centres.
- The Centre for Mental Health Research at the Australian National University continues to provide support for many thousands of people each month through its suite of online modules.
- An evaluation of this initiative is currently underway and due to report in October 2010.

The **Mental Health Nurse Incentive Program** provides \$79.777 over six years (2006/07 – 2011/12) to engage mental health nurses in private psychiatry practice, general practice and other appropriate organisations.

**Who Benefits**

- The program assists people with serious mental illness to receive better coordinated treatment and care.

**Recent Progress**

- At the end of April 2010, there were 607 organisations registered in the Program, with 230 organisations submitting payment claims for the month of April. A total of 42,696 patients have been treated since the program's inception.
- Mental health nurses participating under the program are required to be accredited with the Australian College of Mental Health Nurses. All mental health nurses engaged in the program prior to 1 January 2010 must have submitted their application for credentialing by 31 December 2009.
- A number of program enhancements have been introduced that focus on increasing access to mental health nurses in the community and streamlining payment functions to ease potential financial pressures on participating organisations. Enhancements include:
  - the introduction of shared employment arrangements on 18 April 2008 by the Minister for Health and Ageing, allowing jurisdictions to provide the services of mental health nurses to participating organisations on a fee for service basis; and
  - the transition from quarterly to monthly claiming arrangements for organisations.
- In the 2008-09 Federal Budget, program funding was adjusted to reflect lower than anticipated demand. Demand has increased and funding levels are being reviewed.
- The 2010-11 Budget provided an additional \$5.3 million in 2010-11 and \$7.7 million in 2011-12 to cater for the increased demand for MHNIP.
- An evaluation is planned in 2010-11.
- Further information (Program Guidelines, Application Forms, and Fact Sheets) is available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au).

**Increased funding for the Mental Health Council of Australia initiative provides \$1.0 million (over five years) to the MHCA.**

**Who Benefits**

- This initiative supports 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 five years through funding arrangements under the Community Sector Support Scheme to support the organisation's national secretariat activities.
- The Minister for Health and Ageing approved funding for 2009-10 on 10 June 2009. Funding for 2010-11 has not yet been approved. Ministerial approval is sought on a yearly basis.

*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 benefits 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**

- \$21 million (to June 2009) was provided to 40 non-government organisations at 60 locations in 49 pre-identified regions across Australia to provide places in structured social activity programs for people with severe and persistent mental illness. These 49 pre-identified geographical regions were selected in consultation with 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.
- On 31 March 2009, the Minister for Health and Ageing agreed to extend funding agreements for the initiative for up to two years to June 2011.
- Approximately \$19 million is being provided for the initiative during 2009-2011.
- A preliminary evaluation was undertaken in late 2008/early 2009, with the final report due in June 2010.

*Improved Services for People with Drug and Alcohol Problems and Mental Illness initiative provides \$73.9 million (over five years) 2006-07 to 2011-2012, to fund non-government drug and alcohol treatment organisations to improve services for people with drug and alcohol problems who also experience mental illness. A range of service improvement activities are being 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 benefits people with comorbid mental illness and drug and alcohol problems by building the capacity of non-government alcohol and drug services to better identify and respond to people with coinciding mental illness and substance abuse issues.

**Recent Progress**

*Overview*

- Under this initiative, to increase capacity at a local level, funding of \$44.8 million from 2007-08 to 2010-11 has been provided to 122 alcohol and other drug (AOD) treatment services nationally to build their capacity to manage and treat people with comorbidity. To support the AOD treatment services and develop partnerships locally and nationally, funding of \$5 million has also been provided to the AOD peak bodies (or equivalent) in each State and Territory through the Cross Sectoral Support and Strategic Partnerships (CSSSP) project.

*AOD Treatment Services - Activities*

- The types of activities being undertaken by the AOD treatment services include:
  - Revision and implementation of policies and procedures
  - Identification and introduction of appropriate staff training and development
  - Revision and implementation of professional support / case conferencing
  - Linkages / partnerships with the wider health, social and community service networks such as general practitioners and mental health services, and
  - Data collection and reporting.
- Number of AOD Treatment Services funded by State and Territory:

State/Territory	ACT	NSW	NT	QLD	SA	Tas	Vic	WA	Total
<b>Total AOD Services Funded</b>	5	30	5	11	12	6	27	26	<b>122</b>

- As part of the reporting process for the AOD treatment services, data has been collected by the services so they are able to gauge improvements gained over the funding period. The data collected to date shows there has been an increased capacity to treat and manage people with comorbidity.

*CSSSP Program - Activities*

- The types of activities being undertaken by the AOD Peaks include:
  - Building sustainable linkages between the AOD NGO sector and other health and community support sectors to support their identification and treatment of comorbidity

- Assisting AOD services to undertake service improvement activities
  - Identifying and facilitating training opportunities for the AOD treatment services, and
  - Providing targeted and relevant information and resources.
- List of AOD Peaks (or equivalent) funding under the CSSSP project:

Organisation	State/Territory
Youth Coalition ACT	ACT
Network of Alcohol and other Drug Agencies (NADA)	NSW
NT Council of Social Services (NTCOSS)	NT
Queensland Network of Alcohol and other Drug Agencies (QNADA)	Qld
South Australian Network of Drug and Alcohol Services (SANDAS)	SA
Alcohol, Tobacco and Drugs Council of Tasmania (ATDC)	Tasmania
Victorian Association of Alcohol and other Drug Agencies (VAADA)	Victoria
West Australian Network of Alcohol and other Drug Agencies (WANADA)	WA

#### **Evaluation**

- No evaluation is planned for the initiative at this stage.

*Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) initiative provides \$753.8 million net (over five years) for better access to mental health care by general practitioners, psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists.*

#### **Who Benefits**

- The initiative benefits people with an assessed mental disorder who have been referred by a general practitioner managing a patient under a GP Mental Health Treatment Plan or by a psychiatrist or paediatrician.
- Mental health services that can be provided include Psychological Therapy services provided by Medicare-eligible clinical psychologists, and Focused Psychological Strategies services provided by registered psychologists.
- Analysis of Medicare data indicates that, as at 30 April 2010, over 2.1 million people have accessed Medicare subsidised mental health services under the Better Access initiative.

#### **Recent Progress**

##### **2010-11 Budget Measure**

- The 2010-11 Budget included two measures in relation to the Better Access initiative:
  1. The removal of the requirement for GPs to work from an accredited practice; and
  2. Removal of social workers and occupational therapists as eligible providers.
- In light of the post-implementation review of the Better Access initiative recommendations, the requirement that GPs who are providing Better Access Focussed Psychological Strategies (FPS) services can only work from practices that are accredited by the Royal Australian College of General Practitioners will be removed. The removal of the requirement for GPs to work from an accredited practice from 1 July 2010 will also improve access to psychological services for an additional 11,000 Australians diagnosed with a mental illness.
- From 1 July 2010, the minimum number of patients required for group therapy sessions under the Better Access initiative will also be reduced from 6 to 4.
- The 2010-11 Budget also included measures to deliver new flexible care packages for people with severe mental illness to be delivered through Access to Allied Psychological Services (ATAPS) arrangements.
- Funding arrangements under the Better Access initiative will be refocussed to contribute to the new packages. This will generate a more flexible funding pool under ATAPS to enable support to be tailored to the needs of individuals with severe mental illness being supported in primary care. Funding of \$58.5 million will deliver care packages for up to 25,000 people with severe mental illness.

##### **Update on implementation of 2009-10 Budget Measures**

- There were two Better Access initiative measures announced as part of the 2009-10 Federal Budget that will improve targeting of primary care mental health services to those most in need.
  1. *Modernising the Medicare Benefits Schedule - Better Access initiative - Improved targeting for those most in need and better quality of services.* This measure consists of three elements:
    - changing the name of the “GP Mental Health Care Plan” to “GP Mental Health Treatment Plan” to better reflect what it is intended to do (from 1 July 2009);
    - requiring that GPs document a diagnosis of a mental disorder in the Plan (from 1 July 2009); and

- introducing a new Medicare item for GPs who have not completed accredited Mental Health Skills Training (from 1 January 2010).
  - A new Medicare item (2702) was introduced on 1 January 2010 with a lower schedule fee (\$125.95) for GPs who have not undertaken accredited Mental Health Skills Training. GPs who have completed Mental Health Skills Training as accredited by the General Practice Mental Health Standards Collaboration (GPMHSC) are able to access to the Medicare item (2710) for developing a Mental Health Treatment Plan (\$160.45).
  - As at 13 May 2010, around 14,600 GPs are registered with Medicare Australia as being eligible to access the higher schedule fee of \$160.45.
  - Completion of Mental Health Skills Training assists GPs to better diagnose and develop robust Plans for people who have a mental disorder, and identify those who may need general counselling to help them deal with situational distress such as grief or relationship counselling and refer them appropriately.
2. *COAG Mental Health – Better Access to Psychiatrists, Psychologists and GPs through the MBS – Mandatory Continuing Professional Development.*
- This measure will introduce mandatory continuing professional development requirements for registered psychologists and appropriately trained social workers and occupational therapists providing Focussed Psychological Strategies services under the Better Access initiative (from 1 July 2011).
  - Implementation of the 2009-10 Budget measure which requires allied mental health professionals to undertake mandatory continuing professional development (CPD) from 1 July 2011, will be reviewed in light of the 2010-11 Budget measure in relation to social workers and occupational therapists.
  - CPD remains important for professional bodies to ensure that all registered health professionals maintain and extend their clinical skills, regardless of the program under which they deliver services.
  - The Department will work closely with social worker and occupational therapy peak bodies to ensure that we build on the work to date in relation to CPD.

#### **Uptake and background**

- Medicare data indicates that, as at 30 April 2010, a total of over 12.8 million mental health services have been subsidised through Medicare (see [Attachment A](#)). This includes: over 1.9 million rebates for GP Mental Health Treatment Plan items; over 2.6 million Medicare subsidised Psychological Therapy services (provided by clinical psychologists); almost 5 million Medicare subsidised Focussed Psychological Strategies services (provided by registered psychologists, occupational therapists and social workers); and over 345,000 Medicare rebatable psychiatry services.
- Over 17,200 allied mental health professionals are registered with Medicare Australia to provide Better Access services and over 24,400 GPs are using the Medicare items.
- To support the health professionals involved in the delivery of primary mental health care services, a range of professional education and training activities are being funded. These activities are designed to ensure 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.
- The Mental Health Professionals Network Ltd (MHPN) has been established to implement a multidisciplinary education and training package developed by the Mental Health Professionals' Association in Phase 1 of the Mental Health Interdisciplinary Networks (MHIN) Project. The aim of the project is to support the provision of multidisciplinary training to promote shared and collaborative referral and treatment strategies to communities across Australia. Under Phase 2, the MHPN will conduct workshops nationally for mental health professionals and encourage them to participate in ongoing sustainable multi-disciplinary networks. The workshops provide an opportunity for multi-disciplinary training and networking at the local level. A website has also been developed to further encourage networking and access to the education and training materials ([www.mhpn.org.au](http://www.mhpn.org.au)). To date, more than 920 workshops have been held with attendance from over 11,500 mental health professionals.
- The Australian College of Rural and Remote Medicine (ACRRM) has developed a web-based Mental Disorders Training Package for Rural Practice. The project has piloted new technology in the provision of online/distance education for rural and remote medical practitioners, and will include an evaluation of the outcomes achieved with this innovative learning model. The package will help prepare rural and remote GPs to attain the full scope of knowledge, skills and attitudes required to provide quality mental health care to rural and remote communities. The training has been accredited by the General Practice Mental Health Standards Collaboration.
- All GPs are able to access accredited Mental Health Skills Training and FPS skills training online through ACRRM.
- The Department also has provided funding for six one hour level 1 mental health training modules online via the Thinkgp website. Workshop materials have been developed for regional co-delivery by local GPs and mental health team members. 1,500 GPs have completed training to date and another 1,000 are in the process of completing.

- The Department will also continue to provide support to the General Practice Mental Health Standards Collaboration (GPMHSC) - a multidisciplinary body operating under the auspices of the Royal Australian College of General Practitioners and responsible for establishing and promoting the development and uptake of quality professional development in mental health for GPs. The GPMHSC established the standards for Mental Health Skills training for GPs and accredits courses provided against these standards.
- A full evaluation of Better Access commenced in January 2009 and will be completed in late 2010.

***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 patients), and will provide students with clinical training in multi-disciplinary teams that include allied health, medical and nursing students.*

#### **Who Benefits**

- The initiative enables graduates from health courses to gain further skills and knowledge in the assessment, management and referral of people with a mental illness.
- The principal objective is to improve current training programs for health professionals by expanding the mental health components of the undergraduate health training curriculum.

#### **Recent Progress**

- Funding agreements have been, or are in place with allied health profession accreditation bodies to review their professional accreditation standards and to develop teaching and other resources in relation to mental health.
- The professional bodies are: The Australian Association of Occupational Therapists Incorporated (OT Australia); The Council on Chiropractic Education Australasia Incorporated (CCEA); The Australian Dental Council (ADC); The Dieticians Association of Australia Pty Ltd (DAA); The Australian Nursing and Midwifery Council Inc (ANMC); The Osteopaths Registration Board as part of the NSW Health Professionals Registration Boards; The Australian Pharmacy Council Inc (APC); and The Australian Association of Social Workers (AASW).
- In June 2008, 13 university schools of nursing and midwifery were funded to review their undergraduate pre-registration nursing curricula with respect to the mental health content of their nursing degrees.
- The universities receiving funding are: Edith Cowan University; University of Technology Sydney; Charles Darwin University; The University of Adelaide; Ballarat University; The Australian Catholic University; Central Queensland University; Curtin University of Technology; LaTrobe University; Monash University; Southern Cross University; The University of Queensland; and University of the Sunshine Coast.
- Final reports indicating the projects were highly successful have been received from the above universities. Some ongoing activities will be completed by June 2010.
- In December 2008, eight university schools of nursing and midwifery were funded to develop and implement mental health majors in their undergraduate pre-registration nursing degrees. The majors are expected to be fully implemented during 2010. Currently, five of the eight universities (Edith Cowan, Australian Catholic University, University of Newcastle, Charles Sturt University and Southern Cross University) have completed development of mental health majors for their undergraduate nursing curricula. The remaining three universities will be finalised by June 2010.
- In January 2010, five universities were funded to develop multidisciplinary training modules in mental health. The universities are: Monash University; Curtin University of Technology; Flinders University; La Trobe University and University of New England.

***Improving the Capacity of Workers in Indigenous Communities*** initiative provides **\$20.8 million** (over five years) 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 and Torres Strait Islander Health Services nationally, through increased access to trained professionals and better referral and treatment options.

#### **Recent Progress**

- In semester one 2010, Registered Training Organisations (RTOs) commenced delivering the two mental health training programs developed under this initiative (14 hour Aboriginal Mental Health First Aid course and 5 day Mental Health Training for Workers in Aboriginal and/or Torres Strait Islander Communities) to Aboriginal Health Workers, counsellors, substance use workers and other clinic staff.
- New mental health worker positions have been established and filled in all ten Aboriginal Medical Services in South Australia, Queensland, Tasmania, Northern Territory and Western Australia.
- The book *‘Working Together – Aboriginal and Torres Strait Islander Mental Health and Wellbeing, Principles and Practices’* will be released in Semester 2, 2010. The Australian Council for Educational Research has been working with a range of experts in Aboriginal and Torres Strait Islander mental health to develop this resource to help prepare students and health practitioners to meet Indigenous mental health needs when working in mainstream and Aboriginal and Torres Strait Islander health services.
- A scoping study to inform the development of a Mental Health Toolkit has been finalised. The Toolkit is being developed for use by Aboriginal Health Workers, counsellors and other clinical staff and may include a range of mental health assessment screening tools and resources.
- 25 Puggy Hunter Memorial Scheme scholarships (five scholarships per annum over five years) are provided under this initiative for Aboriginal and Torres Strait Islander students undertaking studies in a mental health discipline across the fields of medicine, nursing, allied health, and Aboriginal and Torres Strait Islander Health Worker courses. Scholarships for 2006 through to 2010 have been filled.

***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 mental health and the availability of new mental health services for children and young people with complex mental health conditions.

#### **Who Benefits**

- This initiative supports mental health promotion, prevention and early intervention:
  - for all children through universal evidence-based school and early childhood programs; and
  - for children who are at highest risk of developing mental health problems, or who have early signs, symptoms or diagnosis of mental health problems through targeted programs.

#### **Recent Progress**

The *KidsMatter* suite of activities is the centrepiece of the workplan for the initiative, and includes:

- *KidsMatter* Primary School initiative:
  - *KidsMatter* Primary has been developed as a partnership between the Department of Health and Ageing, *beyondblue*, the Australian Psychological Society and Principals Australia. It was piloted in 101 primary schools in 2007 and 2008.
  - *KidsMatter* Primary has moved from pilot phase to national implementation, with 300 additional schools expected to join by end 2010.
  - On 5 October 2009, the Minister for Health and Ageing announced further funding of \$12.2 million (GST incl.) over three years to 2012 for *KidsMatter* Primary, to fund the long term national roll-out. *beyondblue* will also contribute \$600,000 in 2010.
  - The current approach to *KidsMatter* Primary implementation is a staged regional approach in conjunction with education representatives from government and non-government school education sectors and health representatives in all states and territories. Education systems have nominated key personnel to be trained to work directly with interested schools over an 18-24 month period to fully implement *KidsMatter* Primary across the school.
  - The *KidsMatter* Primary evaluation was funded by *beyondblue* and conducted by Flinders University. The *KidsMatter* Primary Evaluation Final Report was released on the *KidsMatter* and *beyondblue* websites in February 2010. It has found very positive results in terms of educational and mental health

outcomes. The Flinders University evaluation team found there was evidence of improvement in performance across all four components of the *KidsMatter* framework in the pilot schools. It was associated with significant improvements in students' mental health – both reduced mental health difficulties and increased mental health strengths. The impact of *KidsMatter* was more apparent for students who were rated as having higher levels of mental health difficulties at the start of the trial. Key findings include:

- Improved student mental health and wellbeing such as optimism and coping skills
  - Reduced mental health difficulties such as emotional symptoms, hyperactivity, conduct and peer problems
  - Improvements in students' school-work
  - Improved teacher capacity to identify students experiencing mental health difficulties
  - Improved teacher knowledge on how to improve students' social and emotional skills
  - Increased parent capacity to help children with social and emotional issues
  - Facilitated the placement of mental health as an issue on schools' agenda and provided a common language to address mental health and well-being issues
  - Briefings around Australia on the evaluation results are occurring for pilot schools, new schools and other stakeholders.
  - *KidsMatter* Early Childhood initiative:
    - Work is continuing to expand the *KidsMatter* concept into early childhood settings such as preschools and long day care.
    - *KidsMatter* Early Childhood has been developed as a partnership between the Department of Health and Ageing, *beyondblue*, the Australian Psychological Society and Early Childhood Australia.
    - On 5 October 2009, the Minister for Health and Ageing announced funding of \$6.5 million (GST incl.) over three years to 2012 to develop and conduct an Australia-wide pilot of the *KidsMatter* Early Childhood initiative. *beyondblue* has also agreed to contribute \$2.6 million.
    - This initiative is being piloted in 110 preschools and long day care centres across Australia over the 2010 and 2011 calendar years, with an evaluation of the pilot to be completed by mid 2012. Flinders University in South Australia has also been contracted by *beyondblue* to undertake the evaluation of the *KidsMatter* Early Childhood pilot.
    - Active participation of pilot sites commenced in January 2010.
    - *KidsMatter* Early Childhood includes the development of mental health resource packs and professional development resources appropriate for the early childhood sector – both preschools and long day care (birth to 5 years old).
  - *KidsMatter* Parent initiative:
    - The Australian Psychological Society is being funded to develop an evidence-based, integrated *KidsMatter Parent Initiative* to assist parents in helping their children transition from preschool to primary school.
  - Provision of support for groups at highest risk:
    - children who have experienced significant trauma, loss and grief – funding is being provided to the Australian National University for the Australian Child and Adolescent Trauma, Loss and Grief Network, an expert network which makes accessible best available resources through its website ([www.earlytraumagrief.anu.edu.au](http://www.earlytraumagrief.anu.edu.au));
    - children of parents with a mental illness (COPMI) – funding is being provided to the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) to provide support, information and resources to workers and families;
    - children of Aboriginal and Torres Strait Islander background – BoysTown is being funded to maintain and enhance the Indigenous Kids Help Line and to trial measures aimed at improving indigenous children's access to telephone counselling and online support.
  - The ResponseAbility Education initiative for pre-service teachers is being expanded to pre-service early childhood workers – through the Hunter Institute of Mental Health.
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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 \$26.7 million of Australian Government funding over three years (commencing 2008-09) to improve prevention and early detection of antenatal and postnatal depression (PND) and provide better support and treatment for expectant and new mothers experiencing depression.*

**Who Benefits**

- This initiative benefits 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**

- Funding has been provided to all Divisions of General Practice under the Access to Allied Psychological Services (ATAPS) initiative for the provision of psychosocial therapy to women experiencing perinatal depression and their families to 30 June 2010.
- Funding has been provided to *beyondblue* to 30 June 2010 to undertake community awareness activities around PND and to assist all governments implement the Plan.
- Funding agreements are in place with all states and territories for the development and initial implementation phases of the Plan.
- The National Perinatal Depression Initiative Framework 2008/09-2012/13 was endorsed by AHMC at its 13 November 2009 meeting. The Framework was developed collaboratively by the Australian Government with states and territories, *beyondblue* and consumer and carer representatives and provides a policy basis for the Plan.

*The Mental Health Support for Drought Affected Communities initiative provides funding of \$20.8 million over four years (2007-2011) to improve the capacity of communities to respond to the psychological impact of drought.*

**Who Benefits**

- Individuals, families and communities who are in distress due to drought will benefit from this initiative.

**Recent Progress**

- The majority of the funding has been allocated to 41 eligible rural and remote Divisions of General Practice to provide community outreach and crisis counselling for distressed individuals, families and communities. One Division withdrew from the program due substantial duplication with other programs in their region.
- The 2009-10 Budget announced funding of \$5.2 million to extend the initiative until 30 June 2010, bringing total funding under the initiative to \$15.3 million over three years (2007-2010). Funding for community awareness activities and national coordination through *beyondblue* and the Australian General Practice Network respectively has also been extended until 30 June 2010.
- The 2010-11 Budget announced \$5.5 million in 2010-11 to continue the *Mental Health Support for Drought Affected Communities Initiative* announced in the 2007-08 Budget, bringing the total funding to \$20.8 million over four years (2007-08 to 2010-11).
- This extension allows the continued provision of community based mental health services to improve the capacity of communities to respond to the psychological impact of extreme climatic events, such as drought and provide national coordination and community awareness of mental health disorders.

*NGO Capacity Building Grants Program provided \$6 million to the Mental Health Council of Australia (MHCA) 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**

- The NGO Capacity Building Grants Program is in the process of being finalised, and the final report including an independent evaluation has been provided by the MHCA.
- The feedback from participating organisations has been largely positive and the final report provides an indication of the sector's needs.
- Under the Program, 332 grants valued at \$5.2 million (GST exclusive) were awarded to 207 organisations to undertake organisational development projects in the following ten areas: governance; human resource management; financial management; information technology; business planning; joint service planning;

linking to other (clinical services) agencies; consumer participation; community awareness; and research (needs/service planning).

- Organisations surveyed for the evaluation of the Program noted the benefits of networking through opportunities such as workshops, and that contract management and resource management through engaging consultants contributed to freeing staff up to deliver services to clients.
  - Acquisition of information technology equipment, assistance with the formulation of strategic documents, and staff training were reported by NGOs as the most notable achievements enabled by the grants Program.
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1 November 2006 – 31 April 2010										
Item No.	Item description	Nationally # claims	NSW # claims	Vic # claims	Qld # claims	SA # claims	WA # claims	Tas # claims	ACT # claims	NT # claims
2702**	GP Mental Health Treatment Plan	87,061	28,001	23,823	20,168	5,437	6,616	1,570	1,066	380
2710	GP Mental Health Treatment Plan	1,869,641	638,844	534,432	340,017	121,321	161,439	38,580	26,906	8,102
2712	GP Mental Health Care Review	628,892	214,341	191,538	109,843	36,384	56,117	11,509	7,464	1,696
2713	GP Mental Health Care Consultation	2,139,559	714,968	586,473	402,387	167,937	195,830	38,431	23,072	10,461
80000 – 80020*	Clinical psychologist items	2,628,316	846,588	658,515	305,699	209,776	418,775	79,660	41,510	5,419
80100 – 80120*	Psychologist items	4,719,850	1,548,386	1,650,911	952,913	181,196	222,993	76,448	72,257	14,746
80125 – 80145*	Occupational Therapists	71,003	25,914	19,608	9,098	8,086	5,762	2,027	490	18
80150 – 80170*	Social Workers	345,460	117,447	118,428	52,269	23,219	24,496	7,355	1,722	524
291 and 293^	Assessment & Management Plan, Psychiatrist	44,095	16,567	11,451	7,135	5,972	1,081	1,084	437	368
296 - 299	Initial Consult, Psychiatrist	305,951	104,237	82,175	57,954	25,021	25,517	5,685	4,211	1,151
	<b>Total</b>	12,839,828	4,255,293	3,900,706	2,270,341	791,921	1,132,622	265,230	180,594	43,121

Source: Costing and Information Analysis Section, 25 May 2010

\*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 Treatment Plan (item 2710) and/or a psychiatrist assessment and management plan (item 291); or
- a psychiatrist; or
- a paediatrician.

\*\*Note: MBS item 2702 was introduced from 1 January 2010 with a lower schedule fee for GPs who have not undertaken accredited Mental Health Skills Training.

^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.