

**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).

**SPECIFIC ACTIONS/PROGRESS ON INITIATIVES**

*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 four occasions since its inception in September 2008. The next meeting is scheduled for February 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 national demonstration project for providing additional Access to Allied Psychological Services (ATAPS) *support for patients at risk of suicide and self-harm* has been extended to enable the continued funding to 18 Divisions of General Practice around Australia until 30 June 2010. This initiative supports GPs in their care of patients who have attempted suicide, have self-harmed or who have suicidal ideation, through a project jointly funded through the Better Outcomes Program and the NSPP.
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***Mental Health Services in Rural and Remote Areas*** initiative provides \$59.73 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 \$20.3 million under Stage One to employ around 48 full time equivalent appropriately trained allied and nursing mental health professionals. In the first 2 years of operation (July 2007 to June 2009) there were around 34,000 service contacts made to over 9,500 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 12 months of operation (July 2008 to June 2009) there were almost 17,000 service contacts made to almost 5,500 clients under Stage Two.
- In the 2009/10 Budget, additional funding of \$6.7 million over four years was allocated to the Program. The additional funding increases the total funding under the Program to almost \$91 million (2006/07 to 2012/13).
- This additional funding will allow the extension of funding to Stage One organisations beyond 31 December 2009. 14 organisations have submitted applications for extension of funding under the Program.
- All Stage One organisations have been advised of the availability of additional funding and the Deeds of Variation will be finalised in February 2010 to reflect this.
- The Department is currently finalising a tender process to evaluate the Program. The evaluation is expected to be completed in March 2010.

***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**

- The Expanded Specialist Training Program (ESTP) currently provides medical specialist trainees, including psychiatry trainees, with training in an expanded range of settings. The 2009 academic year round closed on 30 May 2008 with 109 ESTP psychiatry training applications received nationally. A total of 66 of these applications were approved for funding in 2009, and these posts will continue to be funded under the new arrangements mentioned below in the 2010 academic year.
- For the 2010 academic year a new arrangement (brought in through the 2009-10 Budget Measure: *Workforce program – realising efficiency savings from consolidation*) will bring together the Commonwealth's contribution in excess of \$4.4 million to psychiatry training. Posts currently funded through the ESTP, the Outer Metropolitan Specialist Training Program (OMSTP), Advanced Specialist Training Posts in Rural Areas (ASTPRA) and Up-skilling (Overseas Specialists) will be consolidated into a single Specialist Training Program (STP) from the January 2010 academic year.
- 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. 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 is now preparing to implement a communication strategy around proposed changes to the RANZCP Training Program in consultation with trainees and trainers.

- In the area of allied health, over 580 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 by January 2010. A tender process will take place during the transition from current arrangements

***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.
- In 2008-09, a staged roll out of ClimateGP, an integrated e-therapy program to support face to face psychological services under ATAPS and other Commonwealth programs, commenced. This voluntary program is offered free to Allied Health Professionals and GPs in rural NSW Divisions of General Practice in 2009-10 with the view to rolling out this option in rural and remote Divisions of General Practice nationally by 2010 -11.
- This initiative has supported the training and evaluation of a telephone-based Cognitive Behaviour Therapy (T-CBT) trial under the ATAPS program. This trial is focussed on the use of telephone-based therapy to substitute, or partly substitute, face to face service delivery and has been extended by 6 months, until June 2010, as initial uptake was slower than planned.

***The Mental Health Nurse Incentive Program provides \$68.7 million\* 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 November 2009, there were 579 organisations registered on the Mental Health Nurse Incentive Program, with 358 currently participating in the program. A total of 34,937 patients have been treated since the program's inception.
- Mental health nurses should be accredited with the Australian College of Mental Health Nurses. The deadline to seek credentialing for existing mental health nurses was extended to 31 December 2009.
- A number of 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.
- Under the 2008-09 Federal Budget, program funding was adjusted to reflect lower than anticipated demand. Demand has increased and funding levels are being reviewed.
- An evaluation is planned for the first half of 2009-10.
- Further information (Program Guidelines, Application Forms, and Fact Sheets) is available at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au).

\* Total includes rephasing and additional funds sourced in 08/09.

***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.
- Minister Roxon 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 agreed to extend funding agreements for the program for up to two years to June 2011.
- Approximately \$19 million is being provided for the program during 2009-2011.
- A preliminary evaluation of the program 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 approximately \$20 million per annum to 2010-2011, 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**

- A total of 122 non-government alcohol and other drug (AOD) treatment services across Australia are being funded a total of \$44.7 million over three years (2007-08 to 2010-11) under the capacity building grants of this initiative.
- To support the recipients of the capacity building grants the Cross Sectoral Support and Strategic Partnership (CSSSP) project funds the AOD Peak Bodies (or equivalent) in each State and Territory. The CSSSP project assists services to build partnerships with other health sectors, identify workforce development and training opportunities, and to undertake service improvement activities. These organisations were initially funded \$1.5 million for 12 months from January 2008. In March 2009, the Australian Government approved a further \$3.5 million to continue the CSSSP project through to June 2011. This brings the total funding for this component of the initiative to \$5 million.

***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, and appropriately trained social workers and occupational therapists.
- Analysis of Medicare data indicates that, as at 31 December 2009, over 1.9 million people have accessed Medicare subsidised mental health services under the Better Access initiative.

#### **Recent Progress**

- 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).
  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).
- Medicare data indicates that, as at 31 December 2009, a total of over 11.2 million mental health services have been subsidised through Medicare (see [Attachment A](#)). This includes: over 1.7 million rebates for GP Mental Health Treatment Plan items; over 2.2 million Medicare subsidised Psychological Therapy services (provided by clinical psychologists); over 4.4 million Medicare subsidised Focussed Psychological Strategies services (provided by registered psychologists, occupational therapists and social workers); and over 313,000 Medicare rebatable psychiatry services.
- Over 16,400 allied mental health professionals are registered with Medicare Australia to provide Better Access services and around 24,000 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 1,200 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 590 workshops have been held with attendance from nearly 7,500 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. 1,137 GPs completed training by 31 December 2009.
- 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 program 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.
- As at September 2009, final reports indicating the projects were highly successful have been received from the above universities. Some ongoing activities will be completed by March 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 will be developed by January 2010 and are expected to be fully implemented by 2010.
- The universities receiving funding to develop mental health majors in nursing are: The University of New England; Wollongong University; Newcastle University; Charles Sturt University; Edith Cowan University\*; The Australian Catholic University\*; Central Queensland University\*; and Southern Cross University\*. (\* Universities receiving funding for both the mental health major and the mental health curriculum projects.)
- Progress reports from these universities indicate the projects are proceeding well.
- December 2009, invitations to apply for funding universities to develop or initiate multidisciplinary training modules in mental health. Applications closed on 8 January 2010. Four proposals were accepted for funding under this project. The four universities that will receive funding are: Monash University, Curtin University of Technology, Flinders 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) will commence 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 nine Aboriginal Medical Services in South Australia, Queensland, Tasmania, Northern Territory and Western Australia. It is expected that the remaining position will be filled in early 2010.
- In March 2010, the book *Working Together – Aboriginal and Torres Strait Islander Mental Health and Wellbeing, Principles and Practices* will be released. 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 has been undertaken to inform the development of a Mental Health Toolkit/Clearing House (previously the mental health multi-media resource). The Toolkit/Clearing House is being developed for use by Aboriginal Health Workers, counsellors and other clinical staff and may include a range of mental health literacy, health promotion, training resources and mental health assessment tools.
- 25 Puggy Hunter Memorial Scheme scholarships (five scholarships per annum over 5 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**

##### *Overview*

- The *KidsMatter* suite of activities is the centrepiece of the workplan for the initiative, and includes:
  - national roll-out of the KidsMatter Primary School initiative;
  - development and piloting of the KidsMatter Early Childhood initiative;
  - development and implementation of KidsMatter parent initiatives;
  - provision of support for groups at highest risk: children who have experienced significant trauma, loss and grief, children of parents with a mental illness, and children of Aboriginal and Torres Strait Islander background; and
  - expansion of the ResponseAbility Education initiative to pre-service teachers and early childhood workers.

##### *KidsMatter Primary School initiative*

- Planning discussions are occurring with education representatives from Government, Catholic and Independent education sectors in all states/territories regarding a long term dissemination strategy, with 300 additional schools expected to join by the end of 2010. This partnership approach will see staff from the education sectors being trained to deliver professional development and provide ongoing implementation support in participating primary schools.
- The report of the evaluation of the *KidsMatter* Primary School pilot to end 2008, commissioned by *beyondblue*, is expected to be available in early 2010. It has found very positive results in terms of educational and mental health outcomes.

- On 5 October 2009, the Minister announced further funding of \$12.2 million (GST incl.) over three years to 2012 for the KidsMatter Primary school initiative, to fund a long term national roll-out. *beyondblue* will also contribute \$600,000 in 2010.

#### *KidsMatter* Early Childhood initiative

- Work is underway to expand the *KidsMatter* concept into early childhood settings such as preschools and long day care.
- On 5 October 2009, the Minister announced funding of \$6.5 million (GST incl.) over three years to develop and pilot the KidsMatter Early Childhood initiative. *beyondblue* has also agreed to contribute \$2.6 million.
- This initiative will be piloted in up to 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.
- A National Briefing for preschools and long day care centres participating in the pilot was held in November 2009 in Melbourne.
- Following a tender process, *beyondblue* has appointed Flinders University as the external evaluator for the initiative

#### *KidsMatter* Parent initiative

- In December 2009, the Australian Psychological Society were appointed a selection process to develop an evidence-based, integrated *KidsMatter Parent Initiative* to assist parents in helping their children transition from preschool to primary school.

#### Support for high risk groups

- Projects are underway targeting three identified high risk groups:
  - The Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA) has been funded to provide support, information and resources to workers and families under a Children of Parents with a Mental Illness (COPMI) project.
  - The Australian Child and Adolescent Trauma, Loss and Grief Network is an expert network which makes accessible best available resources through its website. The Network is hosted through the Australian National University. Resources are being added to the website as they are developed ([www.earlytraumagrief.anu.edu.au](http://www.earlytraumagrief.anu.edu.au)).
  - 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.

#### Response Ability Education initiative

- Hunter Institute of Mental Health is being funded for the Response Ability Education initiative, which targets pre-service teachers and now pre-service children's services workers. The project has developed multi-media resources, including five new films and a hard-copy guide which will be distributed to VET educators and students Australia-wide in 2009 and early in 2010. Hunter Institute of Mental Health are continuing to work with Universities offering teacher education.

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 in implementing the initiative.
- Funding agreements are in place with all states and territories for the development and initial implementation phases of the initiative.
- ⊕ 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 initiative.

*The Mental Health Support for Drought Affected Communities initiative provides funding of \$15.3 million over three years (2007-2010) 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 42 eligible rural and remote Divisions of General Practice to provide community outreach and crisis counselling for distressed individuals, families and communities.
  - 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.
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*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 December 2009										
Item No.	Item description	Nationally # claims	NSW # claims	Vic # claims	Qld # claims	SA # claims	WA # claims	Tas # claims	ACT # claims	NT # claims
2710	GP Mental Health Treatment Plan	1,728,801	590,968	494,627	315,722	111,454	148,260	35,573	247,89	7,408
2712	GP Mental Health Care Review	540,769	185,580	164,124	93,391	31,321	48,618	9,833	6,458	1,444
2713	GP Mental Health Care Consultation	1,868,069	626,527	512,323	348,295	146,502	171,103	33,807	20,233	9,279
80000 – 80020*	Clinical psychologist items	2,278,875	737,190	593,320	268,932	185,993	379,243	71,914	37,457	4,826
80100 – 80120*	Psychologist items	4,130,373	1,353,711	1,454,150	825,384	158,900	193,964	67,897	63,459	12,908
80125 – 80145*	Occupational Therapists	60,447	21,906	16,782	7,810	6,836	5,048	1,635	413	17
80150 – 80170*	Social Workers	293,202	100,849	100,245	43,956	19,364	20,973	6,053	1,365	397
291 and 293	Assessment & Management Plan, Psychiatrist	38,916	14,718	9,969	6,297	5,288	970	973	376	325
296 - 299	Initial Consult, Psychiatrist	274,854	93,113	74,131	52,064	22,771	22,864	5,097	3,786	1,028
	<b>Total</b>	11,214,306	3,724,562	3,419,671	1,961,851	688,429	991,043	232,782	158,336	37,632

Source: Costing and Information Analysis Section, 9 November 2009

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 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.