

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

Date updated: 21 February 2011

Commonwealth COAG Mental Health Plan Initiative		Implementing Commonwealth Agency	Evaluation
1	<p>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 to 2012.</p>	DoHA	<p>In recognition of increased Australian Government investment in suicide prevention, the planned evaluation for 2010-11 will now take the form of a broad scope evaluation of the strategy to commence from July 2011.</p> <p>This evaluation will examine how effectively the NSPP (including the projects funded by the COAG initiative) has met its aims and objectives to date and will set a framework for future evaluation including new activity under the Mental Health: <i>Taking Action to Tackle Suicide package</i></p> <p>Background</p> <p>The last independent evaluation of the NSPP was conducted in by Urbis Keys Young over a six month period in 2006 from April to September at a cost of \$351,384 (GST Inclusive).</p> <p>Overall, the evaluation indicated that the NSPP is widely supported and perceived as an appropriate and necessary strategy that addresses an ongoing community need.</p> <p>Key recommendations from the NSPP evaluation were that:</p> <ul style="list-style-type: none"> •the next phase of the NSPP should be more targeted and directive; •the evidence base for suicide and its

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		<p>prevention should be enhanced; and</p> <ul style="list-style-type: none">•more frequent and better communication about NSPP processes, activities, progress and outcomes should be provided to the suicide prevention sector. <p>The Department has responded to the recommendations and activities include:</p> <ul style="list-style-type: none">•The provision of targeted funding to initiatives and activities focusing on those at highest risk of suicide. Such initiatives include the <i>Access to Allied Psychological Services (ATAPS) Support for Patients at Risk of Suicide</i> project that provides intensive community based psychological support to people who have been discharged from hospital following a suicide attempt•The allocation of \$37m over 2009-10 and 2010-11 to provide ongoing funding to community based suicide prevention projects;•the establishment of the National Centre of Excellence in Suicide Prevention to provide advice and evidence of best practice of suicide prevention in Australia and overseas; and•the establishment of the LIFE Communications project to provide stakeholders with access to the LIFE suite of resources, the latest information and resources in suicide
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			prevention and a mechanism to facilitate effective communication with suicide prevention stakeholders in Australia.
2	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.	DoHA	PricewaterhouseCoopers conducted an Evaluation and was finalised in January 2011
3	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.	DoHA / DEEWR	The Structural Reform of the Royal Australian & New Zealand College of Psychiatrists (RANZCP) Program does not need an evaluation as the Australian Medical Council (AMC) accredits the College and monitors the progress of the new competency based RANZCP Training Program entitled: The Competency-Based Fellowship Program (CVFP) for us without cost.
4	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.	DoHA	
5	The Mental Health Nurse Incentive Program provides \$79.8 million over six years (2006/07 – 2011/12) to engage mental health nurses in private psychiatry practice, general practice and other appropriate organisations.	DoHA	
6	Increased funding for the Mental Health Council of Australia initiative provides \$1.0 million (over five years) to the MHCA.	DoHA	Nil
7	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.	DoHA	
8	Improved Services for People with Drug and Alcohol Problems and Mental Illness initiative provides \$73.9 million (over five years) 2006-07 to 2010-11, to fund non-government drug and alcohol treatment organisations to improve services for people with drug and alcohol problems who	DoHA	No Evaluation

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	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..		
9	Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (MBS) initiative provides \$753.8 million for better access to mental health care by general practitioners, psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists. This included \$34.46 million for Education and Training. Medicare data indicates that the Better Access gross MBS expenditure from 1 November 2006 to 31 July 2010 was \$1.45 billion. Better Access is a demand driven program and the gross expenditure of \$1.45 billion to date reflects the high uptake of services under the initiative.	DoHA	A comprehensive evaluation of the Better Access initiative commenced in 2009 and was completed at the end of 2010. The summative evaluation is expected to be finalised in mid February 2011. Final reports from each of the component parts of the evaluation and the final draft summative evaluation report were provided to the Minister for Mental Health and Ageing at the end of 2010 for consideration. To date findings from the evaluation have not been made public. Release of the individual component reports and the summative evaluation report is a matter for the Minister. For further information on the evaluation refer to Better Access HIB 11-1-4 and FAS Brief.
10	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.	DoHA	
11	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. Under the initiative, eleven mental health worker positions have been established.	DoHA	This measure covers a number of national projects which are all currently being progressed. It is currently too early in the life of the projects to evaluate, however an evaluation process will take place in

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12	<p>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.</p>	DoHA	<p>the future.</p> <p>Evaluation of the measure by Healthcare Planning and Evaluation Pty Ltd has been completed however has yet to be publically released. Key Findings include:</p> <ul style="list-style-type: none"> • The KidsMatter Primary and KidsMatter Early Childhood initiatives produced resources that were well received and reflected a sound evidence base, and underscore the importance of developing a teacher and early childhood workforce that has an understanding of, and commitment to, mental health promotion, prevention and early intervention across the life span. • The measure facilitated a rapid increase in the range of resources and information available for the promotion of mental health for children and young people and to support prevention and early intervention where children and families were at risk or experiencing problems. • The establishment of the Child Mental Health Stakeholder Forum in July 2009 provided a mechanism for key stakeholders in the
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			<p>field to come together to develop a shared agenda for building capacity related to prevention, promotion and early intervention for children's mental health.</p> <ul style="list-style-type: none"> • Evaluation of the KidsMatter Primary initiative showed positive results with educational and mental health outcomes. The National Assessment Program – Literacy and Numeracy, analysis yet to be published, found up to six months improvement for high implementing schools. The Final report by Flinders University is available on the <i>KidsMatter</i> and <i>beyondblue</i> websites. <p>Evaluation of the KidsMatter Early Childhood initiative, by Flinders University, as funded by <i>beyondblue</i>, is due to be completed by mid 2012.</p>
13	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.	DoHA	
14	Community Based programs to help Families Coping with Mental Illness initiative provides \$45.2 million (over five years) for local community-based projects to support families, children and young people affected by mental illness. Projects target prevention and early intervention, with a particular focus on Indigenous families and those from a culturally and linguistically diverse background. Mental Health Community based Programs (MHCB) assisted around 19,800 family and carers individually and another 43,360 people through community activities in 2009-2010.	FaHCSIA	
15	Personal Helpers and Mentors initiative - provided \$284.8 million (over five years) to fund the non-government sector to engage personal helpers and mentors to assist people whose day to day	FaHCSIA	

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	lives are severely impacted by mental illness. People with mental illness will be assisted in accessing the range of treatment, income support, employment, accommodation and personal services they need. PHaMs assisted around 9,800 people with mental illness in 2009-10.		
16	Increased Access to Respite for Families and Carers initiative - provided \$224.7 million (over five years) to increase access to respite services for families and carers of people with a mental illness or an intellectual disability. Appropriate flexible respite and was provided to over 22,000 carers and family of people with severe mental illness or an intellectual disability in 2009-10.	FaHCSIA	
17	Helping People with a Mental Illness enter and remain in Employment initiative provides \$39.8 million (over five years) for 2,5000 additional places were released in the Personal Support Programme to help people with a mental illness who are not yet ready to benefit from the Job Network. Additional funding was used to support people with a mental illness at risk of losing or leaving their jobs, and help evaluate and disseminate information on effective ways of providing employment assistance for people with mental illness.	DEEWR	
18	Helping Young People stay in Education initiative provides \$59.5 million (over five years) to the Youth Pathways program to help young people who are experiencing a mental health problem and who are at risk of dropping out of school, including the provision of one-on-one assistance to identify services and professional support to help individual young people with their specific needs. As part of the Australian Government's contribution to the National Partnership on Youth Attainment and Transitions, existing youth, transitions, mentoring and career programs (including Youth Pathways and the Helping Young People stay in Education initiative) were consolidated into a new program, Youth Connections, from 1 January 2010. Youth Connections provides an improved safety net for young people who have disengaged from education, or are at risk of disengaging, through the provision of individually tailored case management and support to help young people to re-connect with education or training and build resilience, skills and attributes that promote positive life choices and wellbeing. While there are no specific targets for young people with mental health issues under the Youth Connections program, young people can identify mental health as a barrier. As the program commenced this year we do not have a full range of data available at this time. Data will be available at the beginning of 2011, and will identify the number of young people with mental health issues who have achieved outcomes through Youth Connections. Anecdotal evidence suggests that mental health issues is one of the most common barriers for Youth Connections participants.	DEEWR	