Australian Government initiatives as part of the Council of Australian Governments National Action Plan on Mental Health 2006–2011: a rural and remote focus

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Thank you

I would like to acknowledge the Wiradjuri people on whose land we meet today.

It is now widely understood that building resilience and coping skills of people and families, raising community awareness of mental illness and improving the capacity for early identification and referral to appropriate services are important mental health promotion, prevention and early intervention strategies.

To improve mental health and facilitate recovery from mental illness it is also important to have timely and effective treatment services. Growing evidence suggests that early intervention will help prevent the progression of the early symptoms of mental illness into more serious disorders and better co-ordinated services can enable people to better manage their own recovery.

Today I am pleased to be able to talk to you about strengthening our mental health services to improve people’s mental health and facilitate recovery from illness. I am going to briefly provide you with some information on the Australian Government initiatives contained in the Council of Australian Governments (COAG) National Action Plan on Mental Health and then draw out some of the opportunities the package presents for people living in rural and remote areas.

In the past decade, there has been growing community concern about mental health issues. Nearly one in five people in the population are affected by mental illness in any one year and the effects of this are felt across the nation. All governments have invested in mental health services in recent years and recognised that improving mental health can lead to social and economic benefits to the Australian community.

However mental health continues to be a major problem for the Australian community and further reform is needed.

Both the Mental Health Council of Australia and the Australian Government have in the last few years, undertaken reviews of the mental health needs of the Australian public. These reviews also examined treatment options and care available to people with mental illness and their carers and families.

The reports found that the underlying problems for people with mental illness were:

- low treatment coverage
- quality and effectiveness of services for people with severe mental disorders
- poor service integration.

At a meeting on 14 July 2006, COAG agreed to a five-year National Action Plan on Mental Health which provides a strategic framework that emphasises the co-ordination and collaboration of government, private and non-government providers, in order to deliver a more seamless and connected care system.

Total funding to be provided under the Plan over the five year period from 2006 to 2011 is around $4 billion. This includes a total of $1.9 billion in new funding that represents the Australian Government’s commitment to the COAG National Action Plan on Mental Health. This funding is in addition to existing mental health programs already being delivered by the Australian Government.
Implementation of the 18 new initiatives in this package will be cross-sectoral and spread across four Commonwealth Departments: the Department of Health and Ageing; the Department of Families, Community Services and Indigenous Affairs; the Department of Education, Science and Training; and the Department of Employment and Workplace Relations. The Department of Health and Ageing will administer sixty-five per cent of the funds in the package.

People in rural and remote Australia are no exception to the ‘one in five’ rate of mental illness in the population. Research indicates that people living in these communities have the least access to mental health services and are less than half as likely to receive services from private psychiatrists than people in metropolitan areas. The treatment and management of mental health problems can be complicated by distance, time, cost, transport and the availability of services. Service delivery difficulties may be further compounded by shortages and the uneven distribution of mental health professionals and facilities.

The Australian Government recognises these difficulties and believes all people in need of mental health services should have access to services irrespective of where they live. Accordingly, the Australian Government has allocated $51.7 million to the Mental Health Services in Rural and Remote Areas initiative as part of the Australian Government’s $1.9 billion mental health reform package announced in the 2006–07 Budget.

This initiative is designed to complement the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefit Schedule initiative, which I will talk about later, by increasing access to allied health services in rural and remote areas. The initiative specifically targets rural and remote communities and aims to reduce the inequities of access to MBS funded mental health services experienced in rural and remote communities.

The Mental Health Services in Rural and Remote Areas initiative also builds on existing initiatives, such as the Access to Allied Psychological Services component of the Better Outcomes in Mental Health Care Program and the More Allied Health Services Program.

The Mental Health Services in Rural and Remote Areas initiative is a key initiative to improve access to mental health services through funding for treatment services provided by mental health nurses and allied health professionals such as psychologists, social workers, occupational therapists, mental health nurses, Aboriginal health workers, and Aboriginal mental health workers.

Stage one of the initiative is in progress and focuses on areas of high need with some existing infrastructure. The Australian Government in consultation with States and Territories has identified areas of need where there are suitable auspice bodies in place. Negotiations are currently under way with these auspice bodies concerning their possible participation in the measure. A range of organisations such as Divisions of General Practice, Aboriginal Medical Services, and the Royal Flying Doctor Service will act as auspice bodies.

In Stage two of the initiative it is anticipated we will look to service capacity building in areas where there is little existing infrastructure.

I will now talk briefly about some of the other initiatives that may be of interest to you.

The Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefit Schedule (MBS) is a key measure of $538 million that commenced in November 2006. Better Access introduced new items on the MBS to improve access to, and allow for, better teamwork between GPs, psychiatrists, clinical psychologists, and other allied health professionals.

Under the Better Access initiative GPs are supported to co-ordinate the treatment needs of patients with mental disorders in the primary care setting through new GP Mental Health Care Plan, Consultation and Review items. In addition, 20 new MBS items are now available for allied health services to patients on referral from a GP, psychiatrist or paediatrician. These new Medicare items build on the existing Better Outcomes in Mental Health Care Program.
• 93,731 claims against the GP Mental Health Care Plan item
• 51,628 claims against the GP Mental Health Care Consultation item (an extended consultation with a patient where the primary treating problem is related to a mental disorder)
• 2,962 claims against the GP Mental Health Care Review item
• 19,870 claims against the Psychological Therapy services (provided by clinical psychologists)
• 58,613 claims against the Focussed Psychological Strategies services (provided by registered psychologists, occupational therapists or social workers).

As at 31 January 2007, Medicare Australia had registered 1,196 clinical psychologists as eligible to provide the Psychological Therapy items. In addition, 6,672 psychologists, 303 social workers and 55 occupational therapists are registered to provide focused Psychological Strategies services.

Another initiative to mention is the New Funding for Mental Health Nurses initiative which will commence on 1 July 2007. The Australian Government acknowledges the vital role of the specialist mental health nursing sector in the treatment and care of people with severe mental disorders in both rural and metropolitan areas.

To support this work, the Australian Government will invest $191.6 million over 5 years for the New Funding for Mental Health Nurses initiative. This initiative will provide a non-MBS incentive payment to community based general practices, private psychiatrist services and other appropriate organisations that engage mental health nurses to assist in the provision of co-ordinated clinical care for people with severe mental disorders.

These services will be provided at little or no cost to the patient.

Mental health nurses will work in collaboration with psychiatrists and general practitioners to provide services such as:

• periodic reviews of patients’ mental states
• medication monitoring and management
• provision of information on physical health care to patients
• integration of services from GPs, psychiatrists and allied health workers (such as psychologists) including arranging access to interventions from other health professionals when these are required
• home visits (including family interventions if needed).

For services in rural and remote areas of Australia, a loading of twenty-five per cent will be applied to the incentive payment to take into account factors such as the difficulty of engaging mental health nurses and the increased travelling distances for mental health nurses to attend and support patients in rural and remote locations.

This initiative will help ensure that patients with severe mental disorders receive the treatment they need when they need it, reducing unnecessary hospital admissions and alleviating pressure on general practitioners and private psychiatrists to allow them more time for areas of complex care.

This initiative will also provide specialist mental health nurses with an alternative career pathway in the community, providing greater flexibility in working conditions within the voluntary patient sector, and an expansion in the roles and responsibilities for mental health nurses within the community sector.
It is acknowledged that organisations may have difficulty in recruiting suitably qualified nurses to provide these services. For this reason, the Department is working with the Australian College of Mental Health Nurses to have a database of eligible nurses available on their website.

In order for initiatives such as these to achieve their maximum effect, we also need to address the shortage in the wider mental health workforce.

The Australian Government has a number of initiatives as part of its Mental Health Reform Package that are designed to grow the mental health workforce.

$103.5 million has been committed to create 431 new mental health nursing places consisting of 235 undergraduate and 196 postgraduate places and 210 postgraduate clinical psychology places each year for five years. The Australian Government originally committed to 200 clinical psychology and 420 mental health nursing places but has been able to fund all the applications received. It will also fund 75 annual scholarships for post graduate studies in these fields—the first scholarships being awarded for this academic year (2007). $5.6 million over five years will be used to increase the mental health content in undergraduate training courses.

Universities in Australia allocated mental health nursing and clinical psychology places include those in rural areas such as the University of New England (20 mental health nursing places and 12 clinical psychology places); Charles Sturt University (10 clinical psychology places); University of Newcastle (60 mental health nursing places and 12 clinical psychology places); University of Wollongong (10 mental health nursing places); University of Ballarat (5 clinical psychology places); James Cook University (10 mental health nursing places); and University of Southern Queensland (10 clinical psychology places).

In further recognition of the need to address workforce issues, $20.8 million over 5 years will be spent on improving the capacity of workers in Indigenous communities. This initiative will provide training for around 1200 Aboriginal Health Workers, counsellors and clinicians to identify and address mental illness and associated substance abuse issues in Indigenous communities that will help to ensure that people receive early help and treatment before their illness worsens and becomes more difficult to treat.

This measure commenced on 1 July 2006, with the announcement of the Puggy Hunter Memorial Scholarships for Indigenous mental health workers. The five scholarships for the 2007 academic year were awarded late last year.

Round the clock telephone counselling services are very important for helping people in a mental health crisis and especially when they are having difficulties accessing face to face services. The Australian Government has provided an additional $56.9 million over five years to boost the capacity of telephone counselling, self-help and web-based support programs such as Lifeline and Kids Help Line.

Under the Telephone Counselling, Self Help and Web-Based Support Programmes measure, the Australian Government is providing $18 million to Lifeline Australia over five years to expand its support services. This will enable more people experiencing depression as a result of the drought to get help. Additional funding has also been provided to BoysTown to expand the Kids Help Line telephone counselling and web-based support services and self help resources targeting young people with low to moderate mental health disorders. This will assist children in rural areas to get help if they are worried about their farm, the drought and other related issues.

Also supporting our young people is the new National Youth Mental Health Foundation initiative ‘headspace’, which was talked about by the previous speaker. A major component of ‘headspace’ will be to implement the grants program for Youth Services Development, to enable organisations that already deliver youth mental health services to restructure so that they can deliver their current activities in a more targeted and co-ordinated way.

The Australian Government is providing $39.6 million over five years to beyondblue: the national depression initiative, which is helping to raise awareness about depression, particularly in rural areas.
In July 2006 beyondblue began a rural advertising campaign to tackle depression in men in conjunction with a new information line that can be accessed for the cost of a local call. beyondblue is helping to get the message out that depression is an illness, not a weakness, and people shouldn’t be ashamed to ask for help.

beyondblue is also providing information to support the Australian Government’s ‘Drought Buses’ which are travelling around the worst affected areas to let rural communities know about the services the Australian Government is providing. Mental health information in the form of “What Is?” brochures, developed by the Department of Health and Ageing are also being distributed by the Australian Government’s ‘Drought Buses’.

$62.4 million has been allocated over five years to enhance current suicide prevention efforts by expanding national and community-based projects under the National Suicide Prevention Strategy (NSPS). This initiative commenced in July 2006.

The NSPS grants program has provided more than $8 million in funding over the next three years for 17 projects that specifically target suicide prevention in rural and remote communities. The 17 projects include $710 000 for Lifeline Australia ACT to provide additional support for implementation of Bereavement Support Groups in rural and remote areas of Australia and $21 000 for the Bethany Fellowship Association, Victoria to support local communities by providing suicide prevention training for rural and remote parts of Swan Hill, Northern Buroke and Ganawarra.

The Australian Government is working collaboratively across jurisdictions and with health professionals and non-government sectors in implementing these initiatives. These co-ordination efforts will facilitate better integration of services, resulting in a more seamless and connected care system.

The COAG National Action Plan on Mental Health 2006–2011 is an important step towards governments working together to achieve better outcomes for people with a mental illness. This continuing reform of the mental health system in Australia will contribute to the wellbeing of people with mental illness, and their families and communities.


Thank you.