

Attachment B:

Programme Overview

What we found

Commonwealth programmes – the Commission’s overview

Our Approach

In January 2014 the Commission wrote to every Commonwealth and state government department requesting information on the programmes they funded or led over the past five years that had a mental health focus.

We identified four main Commonwealth departments which fund mental health programmes – Health, Social Services, Prime Minister and Cabinet and Veterans’ Affairs.

In 2012–13 the combined expenditure of mental health-related payments and programme funding was \$9.6 billion. We found 140 different types of programmes, payments, grants and mental health partnerships, which were reported by 16 Commonwealth agencies over the past five years.

The landscape of Commonwealth funding is confusing.

A number of projects are funded under some items in our taxonomy, such as within the umbrella of the National Suicide Prevention Programme, while other funding was for a discrete programme (for example, headspace).

The Teleweb measures give grants to a range of agencies to manage a number of helplines to various groups of people, including Adults Surviving Child Abuse and Kids Helpline.

Other grants are for the delivery of a particular programme, such as Partners in Recovery, or services to a particular population.

This was problematic for our analysis. The Department of Defence, for example, reported programme expenditure of \$26.9 million in 2012–13; however, this was not broken down into separate projects or programmes.

In Table 9.2, the Commission has focused its analysis on specific mental health support programmes delivered to people and their families.

Overall the Commission was underwhelmed at the level and currency of programme evaluations, despite, in some circumstances, a significant amount of Commonwealth investment. As a principle, a culture of evaluation of Commonwealth funding needs to be embedded in programme design and funded as a specific element of administration.

Of the top 20 items of Commonwealth expenditure reported in 2012–13, some are not specific mental health programmes delivered to people and families, and could not be assessed in a comparable way.

- Two items were payments to people and families (the mental health proportion of the Disability Support Pension and the Carer Payment and Allowance).
- The Pharmaceutical Benefits Scheme accounted for more than \$750 million of expenditure in 2012–13.
- Two items were payments under the National Agreements to hospitals (share of Commonwealth funding and funding for subacute beds).
- Payments for private health insurance rebates for mental health-related costs were estimated at \$105 million.

These items, along with National Health and Medical Research Council grants, accounted for almost \$8 billion (or 82 per cent) of Commonwealth expenditure in 2012–13.

The remaining programmes which were in the 'Top 20' items of expenditure were MBS items claimed under the Better Access initiative, the Targeted Community Care Programme (PHaMs and Mental Health Respite Carer Support), ATAPS, headspace, the Mental Health Nurse Incentive Programme and the Social and Emotional Wellbeing Programme. Also included in the top 20 were Partners in Recovery, the National Partnership on Mental Health and the National Suicide Prevention Programme.

Commonwealth grants to these programmes accounted for approximately 12 per cent or \$1.2 billion of expenditure.

The Commission has had to rely on existing evaluations and any other related evidence to inform its views on programmes and services. It is acknowledged that some programme streams have a specific focus and target population about which the respective department has expertise, such as the Department of Defence and the Department of Veterans' Affairs.

Should the Government support the recommendations of this Review, it is envisaged that closer consultation with these and other departments will be undertaken in 2015. It is noted that the Department of Veterans' Affairs has recently established a mental health review committee, and the Commission awaits that committee's findings. The Commission supports the continuation of the mental health programmes of these two agencies.

The Department of Health funds a number of small national programmes for discrete services and the Commission confirms its support for these programmes. An example of a small national programme is the service for survivors of torture and trauma.

Other programme elements are provided to support mental health system advancement, such as funding national decision-making, quality and standards, data to inform system outcomes and performance and a national consumer and carer organisation. These programmes should remain in place and be included in any forward considerations of implementing the reform agenda as identified in this Review report.

Table 1 Commonwealth Programmes – The National Mental Health Commission’s View

Programme	Description	Continue?	Change?	The Commission’s view is
Access to Allied Psychological Services (ATAPS) Department of Health	<p>This programme enables GPs to refer patients to mental health professionals for low-cost, evidence-based mental health care delivered in up to 12–18 sessions. Funds are currently held by Medicare Locals. ATAPS mental health professionals include psychologists, social workers, mental health nurses, occupational therapists and Aboriginal and Torres Strait Islander health workers with specific mental health qualifications.</p> <p>2012–13 allocation: \$74.1 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>With the introduction of Primary Health Networks the ATAPS programme will need to be reformed to fit within the new remit of the networks. Given the number of programmes that target psychological and personal supports to people with mental health difficulties, it is appropriate that these population-driven programmes should be rolled up together as pooled funds to meet the needs of local communities. The Commission considers that ATAPS funding should form part of this pooled funding approach.</i></p>
Better Access Department of Health	<p>Under this initiative Medicare rebates are available to patients for selected mental health services provided by GPs, psychiatrists, psychologists and eligible social workers and occupational therapists.</p> <p>2012–13 allocation: \$635 M in benefits paid</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>Better Access has improved access to psychological treatment in the community and has been a positive initiative. More work needs to be done to ensure it is targeted to those most in need and rolled up into regional models to address community needs in an integrated way.</i></p> <p><i>Concern has been raised about the number of sessions available and the efficacy of the GP MH Care Plan. The Commission proposes amending Better Access to enable a simple referral and additional sessions for people with higher or more complex disorders.</i></p>

Programme	Description	Continue?	Change?	The Commission's view is
headspace Youth Early Psychosis Programme (hYEPP—formerly EPPIC) Department of Health	<p>The headspace Youth Early Psychosis Programme (hYEPP—formerly Early Psychosis Prevention and Intervention Centres (EPPIC)) offers an integrated and comprehensive mental health service to meet the needs of people aged 15-24 with a first episode of psychosis.</p> <p>2012–13 allocation: \$11.9 M</p> <p>Evaluation? No. The Department of Health in the process of commissioning an evaluation to be completed by 2016</p>	Y	Y	<p><i>This Review reconfirms the priority for early intervention for young people, especially when mental health problems first appear and when serious mental illness is developing.</i></p> <p><i>hYEPP should continue and be reviewed in the light of the findings of the 2016 evaluation and progress of other reforms arising from this Review regarding regional planning and delivery of services, especially for young people. Introduction of pooled funding within a regional framework should consider the inclusion of hYEPP funding.</i></p>
headspace Department of Health	<p>Funded under the Youth Mental Health Initiative Programme, and managed by the National Youth Mental Health Foundation, headspace offers specific services for people aged 12–25 who need help across some of the areas of mental health, employment, drug and alcohol, relationships and school. Allied health, GP and psychiatry services in this setting are funded through the Better Access Initiative.</p> <p>2012–13 allocation: \$63.7 M</p> <p>Evaluation? Yes (2009); new evaluation currently under way</p>	Y	Y	<p><i>headspace has rapidly expanded and an evaluation is currently being undertaken by the Social Policy Research Centre (UNSW) and is due in 2015. Changes to this programme should take into account the evaluation.</i></p> <p><i>Submissions to the Review highlighted a lack of local planning and duplication of current services in some headspace locations. There is concern that a one-size-fits-all approach does not meet the needs of people from diverse groups. The Commission recommends that this programme continues but local headspace services are transitioned into a regional model to better integrate and complement other services also targeting the same population group and to better meet the needs of local communities.</i></p>

Programme	Description	Continue?	Change?	The Commission's view is
Mental Health Nurse Incentive Programme (MHNIP) Department of Health (funding allocation) Department of Social Services (grant waiting list management)	<p>This programme provides a non-MBS incentive payment to community-based general practice, private psychiatrists and Aboriginal and Torres Strait Islander Primary Health Care Services to engage mental health nurses to provide clinical care for people with severe and complex mental disorders in their practice or service.</p> <p>2012–13 allocation: \$35.4 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>The Mental Health Nurse Incentive Programme has shown positive outcomes for participants, who also increased their social participation. Concerns have been raised about the programme's design – including being capped at current funding levels rather than service levels, the transparency of the waiting list for grant allocations (especially the reallocation of funding where an approved grant holder may be underspending their grant and not providing the level of service for that community and equity of access for marginalised groups.)</i></p> <p><i>The Commission considers redesign options for this programme under Recommendation 21.</i></p>
Mental Health Services in Rural and Remote Australia (MHSRRA) Department of Health	<p>MHSRRA provides funding to nongovernment health organisations such as Medicare Locals, Aboriginal Medical Services and the Royal Flying Doctor Service to deliver mental health services by social workers, psychologists, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers. MHSRRA funds the provision of mental health services in rural and remote communities that would otherwise have little or no access to mental health services, including in areas where access to Medicare-subsidised mental health services is low.</p> <p>2012–13 allocation: \$15.9 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>With the introduction of Primary Health Networks to replace Medicare Locals, this programme will need to be reformed to fit within the new remit of the networks.</i></p> <p><i>The well documented lack of mental health professionals in rural and remote Australia, the undersupply of Aboriginal and Torres Strait Islander trained mental health workers and the comparatively lower access to Medicare-subsidised services (especially GPs and specialist clinicians) provides a strong case for continuation of MHSRRA. This is supported by the evaluation of the programme, where local communities responded that the level of MHSRRA services could be expanded. Organisations reported that they would like to do more community development and health promotion work to target harder to reach groups; for example, Aboriginal and Torres Strait Islander communities, probation and parole groups and farmers. The variation across rural and remote communities was intrinsic to the local design and delivery of the programme.</i></p> <p><i>To ensure that local community needs and context are reflected in the design and delivery of MHSRRA, the Commission considers that transferring MHSRRA funds into a regional pool will enable funds to be more efficiently allocated and programmes more tailored to local circumstance and community characteristics.</i></p>

Programme	Description	Continue?	Change?	The Commission's view is
National Depression Initiative (beyondblue)	<p>beyondblue is the national initiative to raise awareness of anxiety and depression, providing resources for recovery, management and resilience.</p> <p>2012–13 allocation \$16 M</p> <p>Evaluation? Yes</p>	Y	N	<p><i>National mental health promotion and awareness should remain the responsibility of the Commonwealth. The Commission supports the continuation of beyondblue as a national initiative.</i></p>
National Perinatal Depression Initiative (ATAPS and beyondblue) Department of Health	<p>The National Perinatal Depression Initiative aims to improve prevention and early detection of antenatal and postnatal depression and provide better support and treatment for expectant and new mothers experiencing depression.</p> <p>Australian Government funding under this initiative is being distributed to states and territories as well as ATAPS to build the capacity of divisions of general practice to better support women with perinatal depression and <i>beyondblue</i> to support implementation, including raising community awareness about perinatal depression, and developing information and training materials for health professionals who screen and treat new and expectant mothers for perinatal depression.</p> <p>2012–13 allocation: \$11.1 M</p> <p>Evaluation? Partial</p>	Y	Y	<p><i>The lack of a comprehensive evaluation limits an objective and detailed view of this programme.</i></p> <p><i>This programme has two components:</i></p> <ul style="list-style-type: none"> • <i>a community programme supporting women with perinatal depression</i> • <i>a national component to raise awareness of perinatal depression in the community and to develop information and training materials for health professionals.</i> <p><i>It is proposed that the community component be transferred to a regional funding entity such as the new Primary Health Networks, to better integrate and roll out perinatal initiatives along with other ATAPS and local health services for new parents and infants.</i></p>

Programme	Description	Continue?	Change?	The Commission's view is
National Suicide Prevention Programme (NSPP) Department of Health	<p>Funding for suicide prevention activities across the Australian population and for specific at -risk groups including men, Indigenous people, people in rural and remote Australia, people bereaved by suicide, people with a mental illness, and young people. The NSPP also provides funding to other Commonwealth-funded mental health programmes, including Access to Allied Psychological Services (ATAPS) and MindMatters, for the inclusion of suicide prevention specific activities under these initiatives.</p> <p>2012–13 allocation: \$23.0 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>Funding of a range of suicide prevention programmes is a cluster of separate programmes under the Health Department (National Suicide Prevention Programme and Taking Action to Tackle Suicide, as well as Access to Allied Psychological Services) and the Department of Prime Minister and Cabinet in regard to Aboriginal and Torres Strait Islander interventions under the SEWB programme.</i></p> <p><i>Additionally, the Commonwealth also funds a number of helplines for people who are in distress (Lifeline, MensLine, Kids Helpline). Helplines need to be seen as part of the larger suicide prevention efforts, to also provide evidence-based approaches and streamlined access. The Commission considers that helplines need to be streamlined to ensure people in distress and crisis get one-on-one support when they call, and can be linked in to local services for additional in-person support.</i></p> <p><i>It is evident from available data that suicide rates are no longer decreasing. We need to accelerate efforts in a coordinated and targeted way, and to reconsider how to best to roll out evidence-based interventions. It is agreed by stakeholders that we also need a more robust and timely collection of attempted suicide and completed suicide figures, so funds are better used and better outcomes are achieved – more lives are saved. The Commission considers that clear targets are required to set a system goal and recommends a 50 per cent reduction in suicide attempts and suicides over the next ten years.</i></p> <p><i>Given the different programme streams that fund suicide prevention and postvention supports, and the imperative that approaches need to be better designed and targeted to the specific needs and vulnerabilities of communities, it is recommended that these programmes be rolled up into a regional model.</i></p>
Partners In Recovery (PIR) Department of Health	<p>Coordinated support and flexible funding for people with severe and persistent mental illness with complex needs.</p> <p>2012–13 allocation: \$65.8 M</p> <p>Evaluation? Currently under way</p>	Y	Y	<p><i>PIR has shown promise in some areas where it has been rolled out and submissions to the Review highlighted the value and positive impact of the programme. It is currently being formally evaluated, and the Commission understands that early findings have identified variability in quality across sites.</i></p> <p><i>The issue of the transfer of PIR to the NDIS is considered to erode the existing benefits to individuals in receipt of quality services. The Commission is concerned that new inefficiencies will arise when current eligible clients will not be covered by the NDIS and so will lose their supports and the advances they have made will be compromised. A more efficient approach for the person and the system would be to re-engineer the programme so that funding is integrated into a regional pool, with improved coordination and service delivery efficiencies and better targeting of local population and individual needs.</i></p>

Programme	Description	Continue?	Change?	The Commission's view is
Social and Emotional Wellbeing Programmes Department of the Prime Minister and Cabinet	<p>The objective of the Social and Emotional Wellbeing Programme is to enhance existing service delivery to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations, through flexible models of service delivery and national coordination and support.</p> <p>2012–13 allocation: \$47.78 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>There is no longer a discrete mental health/social and emotional wellbeing programme. All funding has been rolled into the new flexible outcome-based structure. This includes a safety and wellbeing stream. The grant round for 2014–15 is currently under way with applications closed but decisions yet to be made. The Commission's view is that an additional target should be added to the COAG Closing the Gap programme to reduce early deaths and improve wellbeing.</i></p>
Support for Day to Day Living in the Community Department of Health	<p>A structured activity programme providing funding to improve the quality of life of individuals with severe and persistent mental illness by offering structured and socially based activities. This initiative recognises that meaningful activity and social connectedness are important factors that can contribute to recovery.</p> <p>2012–13 allocation: \$13.9 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>This programme has been found to be highly effective for those interviewed in the evaluation as it provides a wide range of activities which improved the quality of life of participants. This was also reflected in the small number of submissions to the Review that the Commission received on this programme. The Commission considers that this programme should stay at its current funding levels and be transferred to be administered by a regional body, where pooled funding for programmes can be planned and allocated on local needs in an integrated delivery service framework.</i></p>
Taking Action to Tackle Suicide (TaTs) Department of Health	<p>The TaTs package provides further support for suicide prevention through universal and population-wide approaches and through community-led responses, including infrastructure for suicide hotspots and prevention activities and helplines.</p> <p>2012–13 allocation: \$19.2 M</p> <p>Evaluation? Partial (as part of NSPP)</p>	Y	Y	<p><i>Programmes need to continue under this initiative for target groups and special populations. All programmes run under this initiative should be evaluated rigorously and there is a need for a central point of planning with the NSPP. Funding for hotspots needs to be flexible and allocated to communities for local-specific solutions, administered by a regional model.</i></p>

Programme	Description	Continue?	Change?	The Commission's view is
Targeted Community Care Programme – Personal Helpers and Mentors (PHaMs), Mental Health Respite: Carer Support (MHRCS) & Family Mental Health Support Services (FMHSS) Department of Social Services	<p>Three separate programmes are funded under the umbrella of the TCC programme, to assist people and their families in the community by providing day-to-day support to manage the impact of living with a mental illness through PHaMs, Mental Health Respite and Family Mental Health Support Services.</p> <p>2012–13 allocation: \$180.8 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>The evaluation of this programme identified positive outcomes for people, their families and carers by improving access to daily support, increasing options for respite for carers and families.</i></p> <p><i>The Commission is concerned at the proposal to roll these programmes up into the NDIS, as this will leave some people without the services they are currently entitled to and affect the sustainability of some smaller organisations. As the largest single programme of supports for people with a mental illness and their families (other than income support), changing access will have the greatest impact upon current recipients. As such, given that components of the NDIS as they apply to people living with a mental health-related disability have not been clarified, now is the time to reconsider the rolling up of this programme into the NDIS. We should identify ways to ameliorate the episodic and longer-term impacts of disability arising from mental illness.</i></p>
Department of Veterans' Affairs Mental Health Programmes Department of Veterans' Affairs	<p>These programmes provide education, advice and assistance for veterans and their families to recognise the signs of mental health problems and to act to improve and maintain mental health.</p> <p>2012– 13 allocation: \$167 M</p> <p>Evaluation? Yes</p>	Y	Y	<p><i>In recent years there has been a shift in the types of people being supported by DVA to an emerging cohort of younger members of the ADF and ex- service personnel from recent conflicts. The Commission recognises that serving and former members of the ADF and their families and supporters should have access to timely and efficient mental health care, and that access is not prevented by levels of red tape and bureaucratic processes.</i></p> <p><i>The Commission looks forward to the findings and advice from the Prime Ministerial Advisory Council on Veterans' Mental Health to support real change in this area.</i></p>