

EXECUTIVE SUMMARY

10 May 2011

Government's Mental Health Commitments 2011-12 Budget

The Minister for Mental Health, Mark Butler, announced the following measures in the 2011-12 Federal Budget:

Overall Spending Commitment

\$2.2 billion spending on mental health over 5 years, including \$1.5 billion in completely new spending initiatives.

National Mental Health Commission

The Government will establish a Mental Health Commission as an Executive Agency to sit within Prime Minister and Cabinet. The Commission will report directly to the Prime Minister, although it will not have the powers of a statutory body. Governance arrangements not yet finalised, however the Commission will not usurp the role of the Disability Discrimination Commissioner or other complaints bodies. It will provide a first mental health report card by the end of next year and report annually to Parliament. Most importantly, the Mental Health Commission will oversee development of the Roadmap for Reform in mental health. We understand there will be a role for the Commission in looking at coordinating a national stigma conversation.

10 Year Roadmap for Mental Health Reform

Significantly, the Government has outlined the start of a Roadmap for Reform with an ongoing role in monitoring the reform process. The Government will be going to COAG this year to engage with states and territories on the development of the Roadmap. Oversight and further development of the Roadmap will be undertaken by the new Mental Health Commission.

Better Access Program

\$580 million from the Better Access Program to be re-targeted to ensure greater access to services for people from low socio economic areas, Indigenous Australians and others. GP rebates will be cut to bring spending in to line with the actual time GPs spend developing Mental Health care plans. The number of subsidised psychological services available under Better Access will be cut from 12 to 10, but clients with complex needs will have access to other services. This still leaves Better Access as a growth program, but future growth is slowed somewhat.

Adults with Severe and Persistent Mental Illness

Massive investment in services for adults with severe and persistent mental illness. There will be a 30% increase in spending on PHAMS and \$370 million in intensive services. The program will create a national assessment framework to establish eligibility for intensive care. Regional tenders will be held to determine who will deliver what services in each area. Tendering will be open to Medicare Locals, NGOs and collaborative partnerships. The programs will provide care facilitation and coordination services. These services will include both care facilitation and service brokerage funding to allow flexible access to services as required.

ATAPS

The existing program will be doubled with funding to reach \$206 million. This will include targeting to low SES areas, children and their families and Indigenous Australians.

E Mental Health Portal

On top of existing funding, \$14.4 million to establish a new online clinic and funding to support training of existing health professionals regarding referral and service offering.

headspace

\$197 million to establish 90 *headspace* centres nationally.

EPPIC

\$220 million investment in Early Psychosis Prevention and Intervention Centre (EPPIC), cost shared with the states and territories. 16 centres to be built if costs are shared with the states, otherwise 8 nationally.

Children 0-12

Only a small investment, based on “evidence building”. The Healthy Kids check program will be brought back from 4 years of age to 3 and will include measures of psycho-social health. Also doubling of the number of FAHCSIA Family Mental Health Centres with \$61 million. An expert working group to be established to advise on the content of the 3 year check-up and to map available services across the country.

Consumer Peak

Funding in the “Leadership in Mental Health Reform” package will fund a mental health consumer peak body, however at this stage there does not appear to be funding for a carer peak body. The size and functions of the consumer peak body are yet to be determined. Discussion will continue on advocacy functions for carers.

DEEWR and Centrelink Training

Training in mental health and illness awareness training to be provided to Centrelink and DEEWR staff. This is linked to the Government’s service reform agenda.

NHMRC

\$25 million within the NHMRC pool quarantined for mental health research.

Spending Outcomes

This Budget investment will possibly shift the proportion of health spending devoted to mental health from 7% to 8%. Most of the funding is not contingent on states/territories matching Commonwealth funds. We understand \$200 million will be set aside to encourage states/territories to match federal funding. This funding will focus on the hospital interface (discharge planning and coordination) and accommodation support (“unlocking” some of the accommodation already available).

What is Missing

- Initiatives in ageing, CALD and LGBTI
- Expansion of anti-suicide programs
- Workforce development

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