

Council of Australian Governments (COAG)

# National Action Plan on Mental Health 2006 – 2011

*14 July 2006*

## Leaders' Foreword

The effects of mental illness are felt across our nation. Recent reports from Parliamentary inquiries and independent reviews have presented strong evidence for change in the way governments respond to mental illness. In February 2006, Australian leaders recognised that mental health is a major problem for the Australian community and committed to reform the mental health system in Australia.

The Council of Australian Governments (COAG) has agreed to a National Action Plan on Mental Health. The Plan provides a strategic framework that emphasises coordination and collaboration between government, private and non-government providers in order to deliver a more seamless and connected care system, so that people with mental illness are able to participate in the community.

All governments have invested significantly in mental health services in recent years, with the National Mental Health Report 2005 finding that Australian governments spent a total of \$3.2 billion in 2002-03. However we all acknowledge that more needs to be done.

This National Action Plan presents a unique opportunity to support people to manage their mental illness and make best use of services that will work for them, their families and carers in a more integrated way. This will require collaboration between Commonwealth, State, and Territory governments, and between the government and non-government sectors. Governments have committed to a new model of community care for people with severe mental illness and complex needs, who are most at risk of falling through the gaps in the system.

COAG recognises that it will take time to strengthen the capacity of our mental health services. This National Action Plan outlines a series of initiatives that will be implemented over the five-year period, comprising a significant investment from all governments. The value of measures covered in the Individual Implementation Plans totals approximately \$4 billion over five years. All governments have agreed to continued investment in the area after this time.

The Plan aims to improve mental health and facilitate recovery from illness through a greater focus on promotion, prevention and early intervention; improved access to mental health services, including in Indigenous and rural communities; more stable accommodation and support; and meaningful participation in recreational, social, employment and other activities in the community. Improving the care system will involve a focus on better coordinated care and building workforce capacity.

The success of the Plan will require continuing effort by all governments. COAG has therefore agreed to new arrangements for the Commonwealth and States and Territories to work together to implement our commitments in the most effective way.

The Plan is an historic step towards governments working together to achieve better outcomes for people with mental illness. Together these reforms will significantly contribute to the wellbeing of people with mental illness, and their families and communities.

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## **Introduction**

Mental illness is a term used to describe a number of diagnosable disorders that significantly interfere with an individual's cognitive, emotional or social abilities. These include depression, bipolar disorder and schizophrenia.

Mental illness can impair a person's development, education and career and diminish quality of life. Nearly one in five, or more than three million Australians are affected by a mental illness in any one year. Severe mental illnesses are less prevalent and affect around two and a half per cent of the population at any one time.

It is estimated that the annual cost of mental illness in Australia is approximately \$20 billion, which includes the costs from loss of productivity and participation in the workforce. It follows that improving mental health can lead to social and economic benefits to the Australian community (Victorian Government, 2006).

### ***Outcomes of this Plan***

The National Action Plan is directed at achieving four outcomes:

1. reducing the prevalence and severity of mental illness in Australia;
2. reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent longer term recovery;
3. increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, with a particular focus on early intervention; and
4. increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation.

Governments are committed to actions that are directed at achieving these outcomes, and have identified indicators of progress against each of these that will be measured and reported on over the life of the Plan.

### ***Roles and Responsibility for Action***

Both the Commonwealth and State and Territory governments, the private sector and non-government organisations provide care and support for people with mental illness. Governments have made significant investments in services over the past years, however from a consumer perspective, the responsibilities for action are not always clear, services can overlap and result in fragmentation and poor connections between them. This has a detrimental impact on individuals who need to access services and is costly and inefficient.

The Plan outlines where Commonwealth, State and Territory governments will significantly expand and improve their mental health services, and access to them. It also defines opportunities where better connections will be made between services provided by different governments, and where greater collaboration and joint action will occur between governments, so that people with a mental illness are better supported to participate in the community.

The Commonwealth Government will significantly expand its funding in key areas of responsibility, such as:

- services delivered by private psychiatrists in the community, general practitioners (GPs), psychologists, mental health nurses and other allied health professionals;
- labour market programmes associated with assisting people with mental illness find and stay in employment; and
- tertiary education including funding training places and scholarships, and enhancements to course content.

States and Territories will be enhancing services in their key areas of responsibility including the provision of emergency and crisis responses; mental health treatment services by public hospitals and community-based teams; mental health services for people in contact with the justice system; and supported accommodation.

In addition, the Commonwealth, States and Territories are investing in areas of common action, along with a strong commitment to work together more closely to ensure that investment is coordinated, efficient and effective. These areas of common action include:

- promotion and prevention programmes including suicide prevention;
- school-based early intervention programmes targeting children and young people;
- community-based mental health treatment services particularly for people with mental illness and drug and alcohol issues;
- mental health services in rural and remote areas;
- support for people with more severe mental illness to gain living skills and work-readiness;
- clinical rehabilitation services;
- telephone counselling and advisory services, including through the National Health Call Centre Network; and
- support for families and carers including respite care.

In light of the range of services for people with mental illness delivered by all governments, COAG has committed to two flagship initiatives to better integrate and connect services on the ground. The first is joint action to coordinate the provision of health and community support services for people with severe mental illness and complex needs across Australia. The second is to establish institutional arrangements to ensure that new investment under this Plan by each level of government is delivered in the most effective way within each State and Territory. These initiatives are outlined in the section titled *Coordinating Care*.

### **Structure of this Plan**

This Plan comprises two major parts. The first part describes the overarching outcomes, indicators, and five areas for action with specific policy directions agreed between governments.

The second part of the Plan contains Individual Implementation Plans that have been prepared by each government. These set out the additional investment that each government will be making to achieve the outcomes and policy directions that are agreed at the national level and set out in the first part of this Plan.

This framework complements the approach being taken by COAG in developing a National Reform Agenda that is aimed at enhancing productivity and participation and the wellbeing of all Australians.

## **Promotion, Prevention and Early Intervention**

COAG agrees that promotion, prevention and early intervention are critical to enabling the community to better recognise the risk factors and early signs of mental illness and to find appropriate treatment. Growing evidence suggests that when identified and treated early, mental illnesses are less severe and of shorter duration, and are less likely to recur. Early intervention is therefore critical to promote recovery and reduce the incidence in the community and chronic disability. In this Plan, recovery means people reach their optimal capacity to live independent and fulfilling lives.

This Plan identifies several specific policy directions necessary to achieve effective promotion, prevention and early intervention, specifically: building resilience and coping skills of children, young people and families; raising community awareness; improving capacity for early identification and referral to appropriate services; improving treatment services to better respond to the early onset of mental illness, particularly for children and young people; and investing in mental health research to better understand the onset and treatment of mental illnesses.

Consistent with these policy directions, governments will be investing extra funds on top of their existing programmes and services to support promotion, prevention and early intervention. Each government is undertaking different actions as part of their Individual Implementation Plan. This diversity reflects the differences in the range and scale of services that are already in place in each State and Territory. Some examples of the types of actions that are included in the Individual Implementation Plans include:

- expanding suicide prevention programmes under the National Suicide Prevention Strategy;
- public information and education activities that improve community awareness of mental health risk factors and promote social inclusion and support;
- investing in support groups for children of parents with mental illness;
- investing in health services for young people that focus on early intervention;
- investing in health services that focus on early intervention, including counselling services, primary care and maternal and child health;
- expanding mental health research through research centres or bodies, universities and various initiatives, including *beyondblue*;
- specialist youth mental health services such as early psychosis programmes and conduct disorder programmes;
- specialist mental health services for older people; and
- statewide 24-hour 7 days a week mental health service access by telephone, which would be linked to the National Health Call Centre Network.

In each of these areas, the needs of Aboriginal and Torres Strait Islander people will be subject to particular attention.

Details on the actions being funded in each jurisdiction are set out in each government's Individual Implementation Plan.

## **Integrating and Improving the Care System**

People with mental illness often require access to a range of human services provided by Commonwealth, State and Territory governments and the private and non-government sector. Better coordination of all these services can help to prevent people who are experiencing acute mental illness from slipping through the care 'net' and reduce their chances of readmission to hospital, homelessness, incarceration or suicide. Better coordinated services will also mean that people can better manage their own recovery.

An effective care system will provide timely and high-quality health and community services to people with a mental illness that assists them to live, work and participate in the community. An effective, integrated care system has several parts working well together:

- psychiatrists in the community and a primary health care sector of GPs, psychologists, mental health nurses, and other allied health workers that provide clinical services to people with mild, moderate and severe mental illness, including early identification, assessment, continuous care and case management;
- emergency, acute and community-based mental health services assisting people who are experiencing acute episodes of mental illness to prevent crisis and promote rehabilitation and recovery;
- community support services such as accommodation, personal support, vocational education and training, and employment services that enable people with mental illness to live stable and productive lives in the community; and
- effective assessment and triage within all parts of the system to ensure care needs are properly identified early, and that people with mental illness are referred to the services from which they will benefit most.

Achieving such an integrated care system requires governments to focus on two specific policy directions: to resource adequately health and community support services to meet the level of need; and to develop ways of coordinating and linking the range of care that is provided across

the continuum of primary, acute and community services by public, non-government and private sector providers.

Each jurisdiction is undertaking different actions to strengthen their mental health services as part of their Individual Implementation Plan. This diversity reflects the differences in the range and scale of services that are already in place in each State and Territory. Some examples of the actions include:

- implementing new Medical Benefits Schedule items for psychology and other allied health providers, psychiatry and GPs;
- improving access to acute and community-based clinical services through enhancing emergency departments, providing additional acute and non-acute beds and expanding community treatment services across the lifespan;
- providing additional step-up and step-down community-based treatment facilities;
- more services in rural and remote areas and providing a more flexible approach to service delivery in these areas;
- providing additional care coordination services through the public, private and non-government sector;
- improving services for people with mental illness in the criminal justice system, including community-based forensic mental health services;
- integrating mental health and drug and alcohol services, including in Indigenous communities; and
- improving mental health clinical information and accountability.

Additional investment is also being made to expand capacity in community support services for people with mental illness, as outlined in the section titled *Participation in the Community and Employment*.

Importantly, as part of the Plan, governments have committed to two flagship initiatives consistent with the specific policy strategic direction of coordinating and linking the range of care that is provided across the continuum of primary, acute and community services by public, non-government and private sector providers. These are described in the section entitled *Coordinating Care*.

## **Participation in the Community and Employment, including Accommodation**

People with mental illness are amongst the most socially disadvantaged and economically marginalised in our communities. Three quarters of the 360,000 people of working age in Australia diagnosed with a severe mental illness are not in the labour force.

COAG recognises the importance of ensuring that people experiencing severe mental illness are better connected with services and supports that will allow them to live independently in the community and lead productive and satisfying lives. For the majority of people with mental illness, effective community-based support will reduce their need for acute hospital services, leading to improved health outcomes and reduced costs of care. Carers also provide a vital role in the recovery process for people with mental illness, and supporting carers is an essential component of this Plan.

Governments have agreed to a number of specific policy directions to achieve positive change in this area, including: enhancing support services for people with mental illness to participate in the community, education and employment; enabling people with mental illness to have stable housing by linking them with other personal support services; improving referral pathways and links between clinical, accommodation, personal and vocational support programmes; and expanding support for families and carers including respite care.

Each jurisdiction is undertaking different actions as part of their Individual Implementation Plan. This diversity reflects the range and scale of services that are already in place in each State and Territory. Some examples of the types of actions within governments' Individual Implementation Plans include:

- increasing the number of places in programmes that assist people with severe mental illness with daily living including additional home-based outreach, day programmes and residential rehabilitation services;
- providing more one-on-one assistance to young people to help them stay in education, such as programmes delivered in partnership with schools;
- additional places in support programmes to help people with a mental illness obtain and stay in employment;
- supporting families and carers of people with mental illness to continue to care for people with a severe mental illness, including peer support, and respite programmes through the non-government sector; and
- increasing housing options and support in accommodation for people with a mental illness.

This Plan also includes an initiative to ensure that people with severe mental illness and complex needs receive community support services that are better connected with their clinical care. This initiative is outlined in the following section.

## **Coordinating Care**

This Plan contains two flagship national initiatives directed at providing more seamless and coordinated health and community services for people with a mental illness.

### ***Coordinating Care***

COAG is committed to ensuring coordinated care for people with severe mental illness and complex needs who are most at risk of falling through the gaps in the system. This will have an initial focus on those people with serious illness who are most likely to benefit. This group of people have persistent symptoms and significant disability, have lost social or family support networks and rely extensively on multiple health and community services for assistance to maintain their lives within the community.

Governments have agreed to introduce a new system of linking care. People within the target group will be offered a clinical provider and a community coordinator from Commonwealth and/or State and Territory government funded services.

The clinical provider, who may be a GP, a mental health nurse, a treating doctor in hospital, or where appropriate an Aboriginal Health Worker, will be responsible for the clinical management of the person.

The community coordinators could be Commonwealth-funded personal helpers and mentors or coordinators from State and Territory government funded services. The community coordinator will be responsible for ensuring the person is connected to the non-clinical services they need, for example accommodation, employment, education, or rehabilitation.

This new way of linking services for people with a mental illness is aimed at giving them the ability to better manage their recovery by giving them clear information on who is providing their care, including information on how to access 24-hour support, and who can help link them into the range of services they need. Regular communication will also empower professionals to work across Commonwealth and State and Territory boundaries, and across clinical and non-clinical services. Clinicians and community coordinators would ensure continuity of care is maintained when they are relinquishing their role to a new clinician or community coordinator.

This new system will build on any existing coordination arrangements. This system will be progressively developed over the next six months in consultation with key stakeholders.

### ***Governments Working Together***

To ensure the full effectiveness of the Plan, COAG has agreed that the Premier or Chief Minister's department in each State and Territory will convene a COAG Mental Health Group. These groups will involve Commonwealth and State and Territory representatives and engage with non-government organisations, the private sector and consumer and carer representatives.

These groups will provide a forum for oversight and collaboration on how the different initiatives from the Commonwealth and State and Territory governments will be coordinated and delivered in a seamless way. The groups represent a commitment to collaborate on improving the responsiveness of the mental health system for the benefit of individuals with a mental illness, their families and carers, and the wider community.

These groups will ensure that all relevant Commonwealth, State or Territory government agencies work with each other at a State and Territory level, and consult with the non-government and private sectors as well as consumer and carer representatives, in order to deliver the best possible system of care. The groups should comprise representatives with responsibility for, and expertise in, mental health policy and service delivery.

The first task of these groups will be to consider how the new community coordinators for severely mentally ill people will be implemented in each jurisdiction. Implementation in each jurisdiction needs to be flexible reflecting local systems and their capacity.

Each of these groups will report back to COAG Senior Officials on their progress after six months and then at regular intervals.

### **Increasing Workforce Capacity**

There are serious workforce shortages across all mental health professional groups, including mental health nurses and psychiatrists. This shortage hinders the ability of government and non-government providers to meet the increasing demand for services. A major focus of the Plan is to build the capacity of the public, private and non-government workforce to deliver services.

The Plan includes the specific policy directions to: increase the mental health workforce; improve its ability to meet patient needs across Australia, particularly in rural and regional areas and for Aboriginal and Torres Strait Islander people; and support the non-government and private sector to provide quality services to people with mental illness.

Each government is undertaking different actions as part of their Individual Implementation Plan. This reflects the differences in the range and scale of services that are already in place in each State and Territory. Some examples of the types of actions include:

- increasing the number of training places for mental health nurses and clinical psychologists;
- improving mental health tertiary training in health-related university courses;
- training front-line workers to better respond to mental illness;
- providing education and employment support programmes that target Aboriginal and Torres Strait Islander workers; and
- workforce development, including education, training and support for new and more experienced staff, recruitment and retention initiatives, and piloting new/expanded roles.

Details on the actions being funded in each jurisdiction are set out in each government's Individual Implementation Plan.

### **Measuring the Progress of the National Action Plan**

All governments are committed to working together to achieve the four defined outcomes over the life of the Plan and beyond. A series of measures have been identified to track progress against the outcomes. Australian Health Ministers will report annually to COAG on implementation of the Plan, and on progress against the agreed outcomes. Governments have also agreed to an independent evaluation and review of the Plan after five years.

Outcome	Progress Measures <sup>1</sup>
Reducing the prevalence and severity of mental illness in Australia	The prevalence of mental illness in the community <sup>2</sup>
	The rate of suicide in the community
Reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent longer term recovery	Rates of use of illicit drugs that contribute to mental illness in young people
	Rates of substance abuse
Increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, with a particular focus on early intervention	Percentage of people with a mental illness who receive mental health care
	Mental health outcomes of people who receive treatment from State and Territory services and the private hospital system
	The rates of community follow up for people within the first seven days of discharge from hospital
	Readmissions to hospital within 28 days of discharge
Increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation	Participation rates by people with mental illness of working age in employment
	Participation rates by young people aged 16-30 with mental illness in education and employment
	Prevalence of mental illness among people who are remanded or newly sentenced to adult and juvenile correctional facilities
	Prevalence of mental illness among homeless populations

<sup>1</sup> These progress measures may be enhanced through work under way in the Australian Health Ministers' Conference, Productivity Commission and other entities.

<sup>2</sup> The prevalence of mental illness in the community may in fact appear to increase at first, if the Plan is successful in helping to identify a greater number of people with mental health issues who should be treated. The increase in people seeking treatment is a positive first step towards reducing the real prevalence throughout society. There should be a similar trend identified in the percentage of people with a mental illness who receive mental health care.

# Individual Implementation Plans

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### COMMONWEALTH

The Prime Minister announced new Commonwealth funding of \$1.9 billion over five years as part of the COAG package on 5 April 2006. These funds were included in the Commonwealth Budget for 2006-07. These new funds are in addition to existing Commonwealth funding and measures previously announced.

#### **Promotion, Prevention and Early Intervention (\$158.3 million)**

##### **Expanding Suicide Prevention Programmes (\$62.4 million)**

Funding will be provided to expand and enhance national and community-based projects under the National Suicide Prevention Strategy. National research and development projects to increase understanding of suicide and how to prevent it will also be funded. *Implementation arrangements:* through the National Suicide Prevention Strategy. *Implementation commencement date:* July 2006

##### **Alerting the Community to Links between Illicit Drugs and Mental Illness (\$21.6 million)**

Funding will be provided to help people better understand the links between drug use and the development of mental illness, and to encourage individuals and families to seek help or treatment. *Implementation arrangements:* through public information and education activities targeting the general population. *Implementation commencement date:* July 2006

##### **New Early Intervention Services for Parents, Children and Young People (\$28.1 million)**

Assistance will be provided to parents and schools to allow them to identify better 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 the availability of new mental health services for children and young people with complex mental health conditions. *Implementation arrangements:* through programmes such as the MindMatters programme, and through funding to education providers and other relevant organisations. *Implementation commencement date:* September 2006

##### **Community Based Programmes to help Families Coping with Mental Illness (\$45.2 million)**

Local, community-based projects will be funded to support families, children and young people affected by mental illness. Projects will target prevention and early intervention, with a particular focus on Indigenous families and those from a culturally and linguistically diverse background. *Implementation arrangements:* through non-government organisations (NGOs) and community-based organisations. *Implementation commencement date:* July 2006

##### **Increased Funding for the Mental Health Council of Australia (\$1.0 million)**

The Mental Health Council of Australia secretariat will receive additional funding to assist the Council to respond to an increased focus on mental health issues in the broader community. *Implementation arrangements:* funding will be provided under the Department of Health and Ageing's Community Sector Support Scheme. *Implementation commencement date:* July 2006

#### **Integrating and Improving the Care System (\$1,196.9 million)**

##### **Better Access to Psychiatrists, Psychologists and General Practitioners (GPs) through the Medical Benefits Schedule (MBS) (\$538.0 million)**

Reforms to the MBS will improve access to, and better teamwork between, psychiatrists, clinical psychologists, GPs and other allied health professionals. Reforms will allow private psychiatrists to refer patients to psychologists and GPs, encourage early assessment and management of people with

a mental illness by GPs, and allow GPs to refer patients to psychologists and allied health professionals. *Implementation arrangements:* through changes to the MBS and training delivered through organisations such as Divisions of General Practice. *Implementation commencement date:* November 2006

### **New Funding for Mental Health Nurses (\$191.6 million)**

New mental health nurses in private psychiatry practice, general practice and other appropriate organisations will assist people with serious mental illness to receive better coordinated treatment and care. They will work closely with the patient's psychiatrist or GP and provide services such as home visiting, medication management, and improving links to other health professionals. *Implementation arrangements:* through a range of payment mechanisms. *Implementation commencement date:* July 2007

### **Mental Health Services in Rural and Remote Areas (\$51.7 million)**

Access to mental health services for people in rural and remote areas will be improved through funding for treatment services provided by appropriately trained allied mental health professionals such as psychologists, social workers, occupational therapists, and mental health nurses. *Implementation arrangements:* through flexible funding to a Division of General Practice or alternative organisations such as an Aboriginal and Torres Strait Islander primary health care service. *Implementation commencement date:* November 2006

### **Improved Services for People with Drug and Alcohol Problems and Mental Illness (\$73.9 million)**

The non-government drug and alcohol sector will be funded to provide treatment for clients who also have a mental health problem. Best-practice models for intervention for clients with substance use and mental health co-morbidities will be identified and training will be provided for the drug and alcohol workforce. *Implementation arrangements:* through Non-Government Organisations (NGOs), and through the National Comorbidity Initiative and National Illicit Drug Strategy. *Implementation commencement date:* July 2006

### **Funding for Telephone Counselling, Self-Help and Web-based Support Programmes (\$56.9 million)**

Non-government organisations currently providing telephone counselling services will be provided with more funding to further enhance the services they currently provide. New web-based counselling services will also be developed. *Implementation arrangements:* through NGOs currently funded to provide similar services. *Implementation commencement date:* July 2006

### **New Personal Helpers and Mentors (\$284.8 million)**

Funding will be provided to the non-government sector to engage 900 personal helpers and mentors to assist people with a mental illness who are living in the community to better manage their daily activities. People with a severe mental illness will be assisted in accessing the range of treatment, income support, employment and accommodation services they need. *Implementation arrangements:* through NGOs. *Implementation commencement date:* July 2006

### **Participation in the Community and Employment, including Accommodation (\$370.0 million)**

#### **Helping People with a Mental Illness enter and remain in Employment (\$39.8 million)**

Funding will provide 2,500 additional places in the Personal Support Programme to help people with a mental illness who are not yet ready to benefit from the Job Network. Funding will also 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. *Implementation arrangements:* through the Department of Employment and Workplace Relations. *Implementation commencement date:* July 2006

### **Support for Day-to-Day living in the Community (\$46.0 million)**

7,000 additional places will be created in programmes that assist people with severe mental illness to provide access to structured activities such as cooking, shopping and social outings, and help improve social participation through independent living skills and social rehabilitation activities. *Implementation arrangements:* through NGOs. *Implementation commencement date:* July 2007

### **Helping Young People stay in Education (\$59.5 million)**

The Youth Pathways programme will be increased 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 (for example, counselling, support to find housing or remain at home). This initiative, in conjunction with the Partnership Outreach Education Model, will assist an estimated 6,000 young people who are experiencing mental health issues. *Implementation arrangements:* through Youth Pathways providers. *Implementation commencement date:* January 2007

### **More Respite Care Places to help Families and Carers (\$224.7 million)**

Funding will be provided for approximately 650 new respite care places to help families and carers of people with a mental illness or an intellectual disability. Overnight respite and day respite services will be provided for up to 15,000 families a year, and priority access will be given to elderly parents who live with, and care for, a son and daughter with a severe mental illness or an intellectual disability. *Implementation arrangements:* through NGOs. *Implementation commencement date:* July 2006

### **Increasing Workforce Capacity (\$129.9 million)**

#### **Additional Education Places, Scholarships and Clinical Training in Mental Health (\$103.5 million)**

Funding will be provided to increase the supply and quality of the mental health workforce. An additional 420 mental health nursing places and 200 post-graduate psychology places each year will be provided, as well as 25 full-time and 50 part-time post-graduate 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. *Implementation arrangements:* universities will provide student places and scholarships. *Implementation commencement date:* components of this initiative will start from November 2006

#### **Mental Health in Tertiary Curricula (\$5.6 million)**

Funding will be provided 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. *Implementation arrangements:* through funding to education service providers, such as universities. *Implementation commencement date:* July 2006

#### **Improving the Capacity of Health Workers in Indigenous Communities (\$20.8 million)**

Five new scholarships will be provided for Indigenous students undertaking studies in a mental health discipline, and 10 additional mental health worker positions will be created in Indigenous communities. A range of mental health training programmes and resources will be provided for the existing Indigenous health workforce to enable them to identify better mental illness and assist people to access appropriate treatment. *Implementation arrangements:* scholarships will be provided through the Puggy Hunter Memorial Scholarship Scheme. *Implementation commencement date:* July 2006

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### NEW SOUTH WALES

The New South Wales Government will deliver a \$938.9 million programme of additional expenditure in mental health services over the next five years, commencing with \$148.8 million in the 2006-07 financial year. This five-year programme comprises:

- \$337.7 million in new additional recurrent funding commencing in the 2006-07 Budget;
- \$263.3 million in additional recurrent funding for the expansion of programmes and services which has been previously announced; and
- \$337.9 million in capital works, including additional funding for new capital works, works-in-progress, and privately-financed projects.

#### **Promotion, Prevention and Early Intervention (\$102.2 million)**

##### **Expanding University Based Research (\$10.0 million)**

Funding of \$6.0 million will be provided to the Brain and Mind Research Institute to conduct research and clinical outreach services and \$4.0 million to the University of New South Wales to further its research into schizophrenia, depression and anxiety disorders. *Implementation arrangements:* through the university sector. *Implementation commencement date:* May 2006

##### **Expanding Early Intervention Services for Youth (\$28.6 million)**

Tertiary mental health treatment services will be expanded for young people 14-24 years of age. These services will focus on intervention at the early stages of their serious mental illness and effective evidence-based treatment, bringing together specialist youth mental health treatment services, general practitioners (GPs), drug and alcohol workers and other relevant services in a one-stop shop. *Implementation arrangements:* through Area Health Services in collaboration with the non-government and primary care sector. *Implementation commencement date:* July 2006

##### **Specialist Assessment of the Needs of Older People (\$37.3 million)**

Funding will be provided to expand specialist community mental health teams to provide assessment and treatment for older people with mental illness and age-related mental health problems. This programme will build on 2005-06 Budget enhancements for older peoples' mental health community teams and community-based programmes. *Implementation arrangements:* through Area Health Services in partnership with aged care services. *Implementation commencement date:* July 2006

##### **Statewide 24-hour Mental Health Access by Telephone (\$26.3 million)**

Funding will be provided for a New South Wales mental health telephone advice, triage and referral service, staffed by mental health clinicians. This will link into the National Health Call Centre agreed to by the COAG. *Implementation arrangements:* through the roll-out of a statewide 1800 number linked to Area Health Services. *Implementation commencement date:* July 2006

#### **Integrating and Improving the Care System (\$699.7 million)**

##### **Enhancing Community Mental Health Emergency Care (\$51.4 million)**

An additional 65 specially-trained professionals will be funded to respond to out of hours emergency and acute community responses across the State by 2007-08, and doubling by 2009-10. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

### **Expansion of Community Forensic Mental Health Services (\$6.5 million)**

Specialist community forensic mental health services will provide assessment, support court diversion, discharge planning from custody and case management of difficult adults and adolescents with a mental illness in contact with the criminal justice system. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

### **Better Integration of Mental Health Services with Drug and Alcohol Services (\$17.6 million)**

This includes specialist support for offenders and young people, and the trial of methamphetamine treatments. In 2006-07, 20 new graduates will be placed with drug and alcohol and mental health services to strengthen the workforce and build relationships across the two areas. Funding will support new positions that provide specialist drug and alcohol advice and assistance to mental health services and emergency departments. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

### **Supporting People with Mental Illness in the Prison System (\$5.0 million)**

Enhancement funding will be provided for programmes to assist people with mental illness in correctional centres who are exhibiting challenging behaviours, including through stronger case management. *Implementation arrangements:* through Department of Corrective Services. *Implementation commencement date:* July 2006

### **Further increasing the Number of Acute and Non-acute Mental Health Beds (\$151.7 million)**

An additional 300 mental health beds in public hospitals have been planned and will be opened over the next three years. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

### **Building and Operating New Forensic Facility at Long Bay Prison (\$171.6 million)**

*Implementation arrangements:* through public/private partnership. *Implementation commencement date:* July 2006

### **Expansion of Community-based Professional Mental Health Services including Child and Adolescent Services (\$14.3 million)**

*Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

### **Specialist Mental Health Services for Older People (\$10.8 million)**

Funding is being provided to reconfigure seven 16-bed units across New South Wales to operate as short-medium stay specialist assessment and treatment facilities for older people with severely and persistently challenging behaviours associated with dementia and/or mental illness. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

### **Improving Mental Health Clinical Information and Accountability (\$7.6 million)**

*Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

### **Building New Facilities to Accommodate New Mental Health Beds including Works at Lismore, Illawarra and Bloomfield Hospital (\$117.0 million)**

*Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

**Redevelop and Integrate Mental Health Services with Drug and Alcohol Services at St Vincent's Hospital (\$23.0 million)**

*Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

**Refurbishing and relocating Mental Health Facilities at Concord, Gosford, Newcastle and Orange hospitals (\$117.4 million)**

*Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

**Establishing Psychiatric Emergency Care Centres (\$5.8 million)**

Funding is to be provided for continuing the roll-out of Psychiatric Emergency Care Centres at Major Metropolitan Hospitals such as Blacktown, Liverpool, Nepean, Campbelltown, Wollongong, Hornsby, Wyong, St. George and St Vincent's. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

**Participation in the Community and Employment, including Accommodation (\$113.8 million)**

**Housing Accommodation and Support Initiative (\$58.8 million)**

This initiative is in partnership with the Department of Housing and the non-government sector. This funding will provide an additional 234 support packages to the 736 already funded. A significant proportion of this funding will be for individualised support packages for people requiring ongoing monitoring after in-patient care. In partnership with the NGO sector, this will help people re-settle in the community and prevent re-admission. In 2006-07, 100 of these support packages will be available. The Department of Housing will spend \$5.0 million of these funds on the leasing of properties to accommodate people participating in the Housing Accommodation and Support Initiative. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

**Community Rehabilitation Services (\$41.5 million)**

This initiative includes extra clinical rehabilitation specialists that will provide assessments and options for people at the earliest stages of their disorder. This includes individualised plans for intervention, transition to community care and specialist psychosocial rehabilitation in the community. This initiative will introduce Vocational Education Training and Employment (VETE) clinicians to provide individual assessments and intervention; preparation and support of VETE plans; linkages and advice on mental health issues for the client as required to Vocational Rehabilitation providers (CRS), employment services and educational providers; and development of local service networks to facilitate referral and management options. It will also include the introduction of Recovery and Resource Services to increase the capacity of NGOs to provide quality social and leisure opportunities for people with a mental illness, based on best practices. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

**Enhance New South Wales Family and Carer Mental Health Programme (\$13.5 million)**

Funding will be made available to provide: specialist clinical advice and a comprehensive range of support services for families and carers education and training for families and carers; information for new carers about their rights and responsibilities; involvement of families and carers in assessment, care planning and discharge planning of a loved one; and better access and referrals for families and carers to other community support services. *Implementation arrangements:* through Area Health Services and NGOs. *Implementation commencement date:* July 2006

**Increasing Workforce Capacity (\$23.2 million)**

**Mental Health Workforce Programme (\$11.0 million)**

This programme comprises a variety of initiatives to improve the capacity of the health workforce to deliver mental health services. These include training of extra doctors in psychiatry, new graduate and transition training programmes for nurses and allied health, 600 undergraduate and postgraduate scholarships for mental health nurses, guaranteed employment for up to 50 New South Wales psychologists while undertaking the Clinical Masters course, and expanding uptake of GPs in the GP Procedural Training Programme in Mental Health. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

**Aboriginal Mental Health Workforce Programme (\$12.2 million)**

This initiative will place local Aboriginal mental health trainees in mainstream community mental health teams to address the high and complex needs of Aboriginal people, and for Aboriginal people to engage better with mental health services. This programme is being expanded following a pilot in the Greater Western Area Health Service, which won the Premier's Public Service Award in 2005. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2006

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### VICTORIA

The Victorian Government will deliver at least \$472.4 million under the five-year COAG Plan, as part of an ongoing comprehensive strategy for significant and sustained growth and reform.

This five-year programme comprises:

- \$222.7 million in new initiatives announced since February 2006, including \$178.8 million announced in the 2006-07 State budget. Of this, \$20.5 million is to fund capital works at three sites;
- \$161.9 million in additional recurrent funding from 2006-07 to 2010-11 announced as part of the landmark investment in mental health services in April 2005; and
- \$87.8 million to provide for cost growth in existing services over the same period.

Victoria will carry through reforms begun in previous years and make new investments that are aimed at:

- strengthening our prevention and early intervention efforts;
- expanding the available range of community based treatment and support options;
- improving hospital based mental health services and providing alternatives to inpatient care; and
- providing for the wider support needs of people with a serious psychiatric disability, particularly for supported accommodation.

#### **Promotion, Prevention and Early Intervention (\$80.4 million)**

Victoria's commitment to promotion, prevention and early intervention in mental health has been progressed over the past several years. Victoria is a leader in early psychosis programmes, including ORYGEN Youth Health and the Early Psychosis Prevention and Intervention Centre (EPPIC). Victoria has been involved in the establishment of *beyondblue*, including the Victorian Centre for Excellence in Depression.

Other initiatives include Vic Health's Mental Health Promotion Strategy, the employment of Mental Health Promotion Officers in child and adolescent mental health services; and the establishment of Primary Mental Health Teams to support general practitioners (GPs) and other primary care providers across the State.

#### **Expanding Early Psychosis Programmes (\$16.9 million)**

Funding will be provided to expand further early psychosis programmes for young people 16 to 25 years as part of a progressive statewide rollout of these services. Early psychosis programmes target young people who are experiencing a first episode of psychosis, with a view to reducing the impact of the illness and improving engagement with the health and education systems. Two early psychosis programmes were funded in 2005 and three more will be funded in 2006. It is anticipated that by the end of 2006-07 approximately 70 per cent of the State will have access to these services. *Implementation arrangements:* through adult clinical community services. *Implementation commencement date:* progressively from July 2005

#### **Expanding Conduct Disorder Programmes (\$8.4 million)**

Funding will be provided to further expand conduct disorder programmes for primary school children as part of a progressive statewide rollout of these services. Two conduct disorder programmes were funded in 2005 and two more will be funded in 2006. These programmes are delivered in partnership with schools and target children with severe behavioural and emerging conduct disorder problems with a view to improving behaviour and educational engagement. *Implementation arrangements:* through child and adolescent clinical community services. *Implementation commencement date:* progressively from July 2005

### **Support for Children of Parents with a Mental Illness (\$2.4 million)**

Funding will be provided to support families with children where a parent has a mental illness. Family support for children in these circumstances will help improve their educational attainment, and reduces their likelihood of long-term mental illness and contact with the protective and criminal justice systems. This initiative will be coordinated between seven area mental health services to maximise access to the programme. *Implementation arrangements:* through area mental health services. *Implementation commencement date:* July 2006

### **Postnatal Depression Support Services (\$4.9 million)**

Funding will be provided for additional treatment and support for women with mental illness in the post-partum period and their babies, as well as training, advice and support to primary health and adult mental health services. These services will be funded through the three specialist mother/baby units and will promote attachment and bonding known to be associated with better health and wellbeing outcomes for mothers and babies. *Implementation arrangements:* through specialist mother/baby services. *Implementation commencement date:* July 2005

### **New Centre for Women's Mental Health (\$1.1 million)**

New funding will be provided to the Royal Women's Hospital (RWH) in 2006 to strengthen the hospital's capacity to identify better, diagnose and treat mental illness. This funding will also help establish a telephone-based secondary consultation service on women's mental health for specialist and generalist clinicians. *Implementation arrangements:* through the hospital. *Implementation commencement date:* October 2006

### **Expanding Counselling in Community Health Services (\$2.6 million)**

Funding will be provided for up to five additional counselling positions in community health centres to support people with primary mental health problems. *Implementation arrangements:* through community health centres. *Implementation commencement date:* October 2006

### **Expanding Primary Prevention and Promotion Programmes (\$36.0 million)**

Vic Health will provide a focus on mental health primary prevention and promotion through its mental health strategy and research programme. *Implementation arrangements:* through Vic Health. *Implementation commencement date:* from July 2006

### **Mental Health Research (\$8.0 million)**

Funding will be provided to relocate the Mental Health Research Institute (MHRI) to the Australian Centre for Neuroscience and Mental Health Research. This will strengthen Victoria's medical research into the causes and treatment of mental illness. *Implementation arrangements:* through the new Centre. *Implementation commencement date:* from July 2005

### **Integrating and Improving the Care System (\$284.9 million)**

Victoria's early investment in mainstreaming hospital-based services and providing community-based care, has meant that it now provides the highest number of total beds (acute and community) per capita nationally. In recent years, Victoria has built on this reform and diversified through, for example, Prevention and Recovery Care (PARC) services to provide new options for step-up/step-down care.

Victoria has also responded to the needs of key target groups through, for example, Dual Diagnosis Services, the Victorian Centre for Excellence in Eating Disorders and the Victorian Institute for Forensic Mental Health Care.

Additional funding includes \$79.6 million allowed for cost growth in forward estimates over the five years of the Plan.

## **Expand community mental health services**

### **Expanding Child and Adolescent, Adult and Aged Specialist Community Services (\$47.3 million)**

Funding will be provided to expand the intensive community treatment capacity of adult, aged and child and adolescent clinical mental health services. In 2005, 57 additional positions were funded and 24 more positions will be funded in 2006. This funding forms part of an ongoing statewide strategy to strengthen the core capacity of clinical ambulatory services to reduce demand for bed-based services and more assertively manage and treat consumers with complex needs. *Implementation arrangements:* through adult, aged and child and adolescent clinical community services. *Implementation commencement date:* progressively from July 2005

In addition a new specialised eating disorder day programme will be established for young people up to 24 years of age with eating disorders who do not require hospitalisation but require a higher level of care than can be provided in the community by specialist mental health services. *Implementation arrangements:* through an area mental health service in partnership with the Butterfly Foundation. *Implementation commencement date:* October 2006

### **Expanding Dual Diagnosis Services (\$8.9 million)**

Funding will be provided for a range of workforce initiatives that will improve the quality of services provided to people experiencing both mental health and drug and alcohol problems, and encourage greater collaboration between mental health and drug and alcohol treatment services. *Implementation arrangements:* through adult clinical community services in collaboration with alcohol and drug treatment services. *Implementation commencement date:* July 2005

## **Improve hospital care and alternatives**

### **Expansion of Mental Health Teams in Hospital Emergency Departments (\$15.6 million)**

Funding will be provided for an enhanced mental health response at hospital emergency departments (EDs) to assist staff in addressing demand pressures within the ED. Five hospitals received funding in 2005 and nine more hospitals will receive funding in 2006. This initiative is part of an ongoing strategy to reduce waiting times in EDs and improve outcomes for consumers, and builds on existing crisis assessment and treatment capacity to enable 24-hour, seven day a week coverage. *Implementation arrangements:* through hospitals. *Implementation commencement date:* progressively from July 2005

### **Supporting Transition to the Community for Long-term Residents of Extended Care Facilities (\$6.6 million)**

Funding will be provided for a new initiative to support the transition of long stay residents from bed-based extended clinical care services to the community. The 12 intensive psychosocial support packages will be augmented by intensive clinical outreach support. *Implementation arrangements:* through selected Psychiatric Disability Rehabilitation and Support Services (PDRSS), in partnership with adult clinical community services. *Implementation commencement date:* October 2006

### **Expanding Capacity in Bed-based Forensic Mental Health Services (\$21.1 million)**

Funding will be provided for an additional 18 interim forensic mental health beds at Thomas Embling Hospital. This investment will provide the service system with greater capacity in the immediate term to manage the complex mental health problems of the prison and forensic population while the long-term expansion of forensic mental health capacity is planned. *Implementation arrangements:* through Forensicare. *Implementation commencement date:* late 2006

### **Additional Step-up/Step-down PARC Sub-acute Places (\$25.1 million)**

Funding will be provided for additional Prevention and Recovery Care (PARC) places for people who need short-term sub-acute care. In 2005, two new PARC services were funded and in 2006 another full service and one extended service will be funded. These services will avert inpatient admissions for consumers who would otherwise require acute inpatient care and provide post-acute treatment and

support to facilitate discharge from this service setting. *Implementation arrangements:* through PDRSS, in partnership with adult clinical community services. *Implementation commencement date:* progressively from July 2005

### **Hospital Demand Management (\$17.4 million)**

Funding will be provided to support hospitals to manage mental health ED presentations, increase the capacity of community-based services to reduce avoidable admissions by consumers with chronic and complex needs (HARP), and provide additional acute inpatient beds and diversionary services. *Implementation arrangements:* through hospitals and area mental health services. *Implementation commencement date:* July 2005

### **Increasing the Acute Mental Health Bed Capacity (\$39.9 million)**

Funding will be provided to support the expansion of adult acute inpatient capacity. This includes full year funding for 26 new beds and the purchase of private beds on an interim basis, while new/replacement beds are constructed in the future. *Implementation arrangements:* through hospitals. *Implementation commencement date:* July 2005

### **Improve information flow**

#### **Improving Triage Practice (\$2.8 million)**

Funding has been provided to improve service information and effective triage and intake assessment, especially for people in crisis, to improve client flow through the service system. These are linked to broader developments across key service interfaces with acute hospitals, primary care and community health. *Implementation arrangements:* through hospitals and adult clinical community services. *Implementation commencement date:* July 2005

### **Building Better Mental Health Facilities (\$20.5 million)**

Funding will be provided to support the efficient use of acute inpatient beds and provide alternative discharge options and diversion from inpatient services. The initiatives include:

- **Heidelberg Repatriation Hospital Mental Health (\$9.0 million)** Developmental works for a secure extended care beds facility on the Heidelberg Repatriation Hospital site will be advanced. This funding will also enable the construction of the Kokoda gymnasium and pool for the Heidelberg Repatriation Hospital site;
- **Shepparton Mental Health – Ambergmere (\$6.5 million)** Facilities in the former Ambergmere psychiatric hospital will be redeveloped for mental health services that will provide opportunities for both recovery and rehabilitation for 20 patients. This development includes facilities for the Centre for Older Person's Health, which operates from the Ambergmere site; and
- **Brunswick Human Services Precinct: Bouverie Centre Relocation (\$5.0 million)** The Bouverie Centre will be relocated to the new Brunswick Human Services precinct. The move to Brunswick will co-locate the Bouverie Centre with the Victorian Foundation for Survivors of Torture to provide an accessible location for family intervention services.

*Implementation arrangements:* through the hospitals and Bouverie Centre. *Implementation commencement date:* from October 2006

### **Participation in the Community and Employment, including Accommodation (\$102.7 million)**

Over the past several years, Victoria has invested in a comprehensive network of clinical and non-clinical community-based services. This has seen the growth of a robust PDRSS sector to promote recovery, primarily delivered through non-government agencies. These services include housing support, day programmes, residential rehabilitation services, and respite care.

Victoria's investment in clinical and non-clinical mental health services has increased the capacity to provide a range of supported accommodation options for people with a mental illness and their carers

living in the community. In addition, the Victorian Homelessness Strategy has provided new pathways out of homelessness for people with mental illness.

Additional funding includes \$8.2 million allowed for cost growth in forward estimates over the five years of the Plan.

### **Growing Psychiatric Disability Rehabilitation Support Services (\$38.6 million)**

Funding will be provided for the progressive statewide expansion of PDRSS living support services for people with a psychiatric disability, and to improve service sustainability by addressing cost pressures. In 2005 services received a nine per cent increase in funding with further growth funding provided in 2006. This funding will also improve links between homelessness support services and the mental health system. *Implementation arrangements:* through the PDRSS sector. *Implementation commencement date:* progressively from July 2005

### **Expanding Community Care Units (\$7.5 million)**

Funding will be provided to expand community care unit capacity for people who need extended clinical care by the equivalent of 14 additional beds. *Implementation arrangements:* through metropolitan and rural health services. *Implementation commencement date:* October 2006

### **Supported Accommodation for Vulnerable People (\$40.4 million)**

Funding will be provided to assist pension-level Supported Residential Services to improve accommodation and personal support for residents with psychiatric and other disabilities. *Implementation arrangements:* through pension-level Supported Residential Services. *Implementation commencement date:* July 2006

### **Homelessness and Mental Health Initiatives (\$8.0 million)**

Funding will be provided to create stable and affordable housing pathways for people with a mental illness post their discharge from adult acute inpatient and extended care facilities through the provision of proactive tenancy support. *Implementation arrangements:* through homelessness support agencies. *Implementation commencement date:* July 2006

### **Increasing Workforce Capacity (\$4.4 million)**

Victoria's commitment to delivering high-quality services has been paralleled by a focus on workforce development.

Victoria will continue to invest in clinical training and a range of graduate and postgraduate supports for students, as well as ongoing education and training for mental health professionals. This will be complemented by additional training for frontline workers in health and non-health sectors to improve early recognition and intervention of mental health problems, and facilitate integrated service responses.

Victoria will continue to fund Consumer and Carer Consultants within mental health services who provide a range of peer support services and contribute to service development.

As part of a broader health workforce strategy, Victoria will pilot new or expanded roles and service/workforce models to improve the quality and safety of care.

### **Enhancing Workforce Capacity (\$4.4 million)**

Funding is being provided for specialist graduate nurse positions and post graduate nursing scholarships. In 2005, 81 post graduate scholarships and 10 graduate positions were funded. In 2006, another 37 post graduate scholarships and six graduate positions will be funded. These initiatives form part of a strategy to provide new starters and early career staff with a structured package of peer supports and professional opportunities, and to support the implementation of education and training initiatives to improve workforce quality in the specialist mental health sector. *Implementation arrangements:* through area mental health services. *Implementation commencement date:* progressively from July 2005

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### QUEENSLAND

From 2006-07 the Queensland Government is committing new funding of \$366.2 million over five years to improve the quality of, and access to, mental health services. This includes:

- \$189.0 million announced in the October 2005 Special Fiscal and Economic Statement, with the first full year of funding to commence in 2006-07;
- \$109.6 million additional recurrent funding for the expansion of initiatives previously announced;
- \$35.7 million in new additional recurrent funding commencing in the 2006-07 State Budget; and
- \$32.0 million for capital works, including additional funding for new capital works and works-in-progress.

In addition to the above initiatives, more than \$250.0 million has been provided to address wages growth over the next three years to attract and retain skilled mental health staff. Initiatives have been split between the four below areas, where appropriate.

#### **Promotion, Prevention and Early Intervention (\$6.9 million)**

To complement existing investment targeting depression, suicide, resilience in school children and wellness in rural and remote communities, Queensland has funded the following initiatives.

#### **Early Years Service Centres (\$4.9 million)**

Queensland is establishing four early years service centres to improve services and support for families with children from 0–8 years of age. The services will integrate universal child care and family support with early childhood education and health services and provide targeted support to vulnerable families in a non-stigmatising way. Mental health-related prevention and early intervention strategies will include parenting resources and programmes, emotional well-being and developmental programmes, a range of play therapy and counselling initiatives, health screening and assessment and mental health promotion. Specialist early childhood teams will provide home visits for high need families, outreach services to early childhood settings and broker specialist support as required.

*Implementation arrangements:* through the Department of Communities. *Implementation commencement date:* the centres will be phased in from 2006 to 2009

#### **Prevention Strategies in Schools**

New strategies are also being developed to assist schools in supporting students with a mental illness. Strategies will include: regional contact officers; a statewide senior guidance officer; on-line materials; and staff professional development. *Implementation arrangements:* through the Department of Education and the Arts. *Implementation commencement date:* Queensland is reprioritising its existing budget commitments to allow for these to be developed as soon as possible.

#### **Dual Diagnosis Positions (\$0.8 million)**

Thirteen new dual diagnosis positions will be created across Queensland to respond to people showing early symptoms of mental health and/or drug and alcohol problems. The positions will enhance service capacity in both the mental health and drug and alcohol sectors by: integrating assessment, intervention and care processes; implementing workforce development and training initiatives; and formalising collaboration and leadership development. The positions will have a strong early intervention focus. Part of the funding package is to improve the care system and is represented in that section. *Implementation arrangements:* through District Mental Health Services.

*Implementation commencement date:* from 1 July 2006

### **Transcultural Mental Health Workforce (\$1.2 million)**

Eleven transcultural mental health workers will be employed across thirteen District Health Services to support mental health services working with people from culturally and linguistically diverse backgrounds. Staff will dedicate a proportion of their time to work with local multicultural groups to initiate mental health promotion, illness prevention and early intervention strategies. The Queensland Transcultural Mental Health Centre will engage a range of bilingual mental health promoters, who will implement community activities that promote mental wellness. Part of the funding package is to improve the care system and is represented in that section. *Implementation arrangements:* through District Mental Health Services. *Implementation commencement date:* from 1 July 2006

### **Integrating and Improving the Care System (\$289.0 million)**

Queensland will enhance mental health service delivery across a range of sectors. It will target both the general population and specific population sub-groups, including children and young people in care; Indigenous people; people from culturally and linguistically diverse backgrounds; the homeless; people who come into contact with police and the criminal justice system; and those in correctional facilities. Queensland will supplement its existing investment through the following initiatives.

### **Blueprint for the Bush Service Delivery Hubs (\$1.8 million)**

Under the auspices of Blueprint for the Bush, Queensland will establish three multi-tenant service hubs in rural and remote areas. The hubs will co-locate a range of services including family support workers; support services to vulnerable families with children from 10 to 14 years of age; and suicide prevention initiatives for older men at risk of suicide and self-harming behaviour and to promote social inclusion for isolated older people. *Implementation arrangements:* through the non-government sector. *Implementation commencement date:* from July 2007

### **Indigenous Domestic and Family Violence Counselling (\$1.2 million)**

Domestic and family violence counselling services will be piloted in three rural communities (the Torres Strait, Cooktown and Cherbourg) to provide support to Indigenous victims and child witnesses of domestic and family violence. The services will also provide outreach support to surrounding Indigenous communities. These counselling services can assist clients to overcome anxiety and depression, often associated with being a victim of violence, and reduce the likelihood of more serious mental illness developing. *Implementation arrangements:* through the non-government sector. *Implementation commencement date:* from March 2007

### **Child Safety Therapeutic and Behaviour Support Services (\$17.6 million)**

Queensland will provide capital and operational funding to establish two new therapeutic residential facilities in South East Queensland. The facilities will each provide placement options for four to six children and young people with complex to extreme needs at any point in time. It is part of a statewide roll-out of therapeutic services established to provide professional treatment for complex emotional, mental and behavioural problems in children. *Implementation arrangements:* to be operated under service agreements by the non-government sector. *Implementation commencement date:* July 2007

### **Health Action Plan - Existing Service Pressures (\$58.1 million)**

The pressure on acute mental health inpatient services and emergency departments has increased over the years as a result of approximately twice the national average population growth and increases in the level of acuity in people presenting with mental health problems. Additional funding will be targeted specifically at these services components to deal with high levels of bed occupancy and the high volume of mental health presentations in Emergency Departments. *Implementation arrangements:* through District Health Services. *Implementation commencement date:* from January 2006

### **Community Mental Health Services – Enhancement (\$114.5 million)**

Queensland will improve specialist community mental health services to provide acute care, crisis assessment, mobile intensive treatment, continuing care and intake and assessment services in

community settings. More people with mental illness will be able to access services and receive treatment in the community and in settings closer to their natural support networks. *Implementation arrangements:* through District Community Mental Health Services. *Implementation commencement date:* from 1 July 2006

#### **Dual Diagnosis Positions (\$4.7 million)**

Thirteen new dual diagnosis positions will be created across Queensland to respond to people showing early symptoms of mental health and/or drug and alcohol problems. The positions will enhance service capacity in both the mental health and drug and alcohol sectors by: integrating assessment, intervention and care processes; implementing workforce development and training initiatives; and formalising collaboration and leadership development. Part of the funding package is for promotion and prevention activities and is represented in that section. *Implementation arrangements:* through District Mental Health Services. *Implementation commencement date:* from 1 July 2006

#### **Mental Health Intervention Teams (\$4.1 million)**

Funding will be provided to improve responses to mental health incidents that require police or ambulance officers. This initiative aims to prevent and resolve mental health crisis situations by establishing collaborative responses between Queensland Health, the Queensland Police Service and the Queensland Ambulance Service. *Implementation arrangements:* through District Mental Health Services. *Implementation commencement date:* 1 January 2006

#### **Forensic Mental Health Services (\$14.8 million)**

Additional funding will be provided to enhance service responses to high-risk forensic patients in Queensland. This will include the provision of support services to people with mental illness transitioning through the criminal justice system and the provision of support, advice and education to district mental health staff to manage high-risk patients. *Implementation arrangements:* through Community Forensic Mental Health Services. *Implementation commencement date:* from 1 July 2006

#### **Transcultural Mental Health Positions (\$6.8 million)**

Eleven transcultural mental health workers will be employed across 13 District Health Services to support mental health services working with people from culturally and linguistically diverse backgrounds. Staff will dedicate a proportion of their time to work with local multicultural groups to initiate mental health promotion, illness prevention and early intervention strategies. At the statewide level, the Queensland Transcultural Mental Health Centre will engage a range of bilingual mental health promoters who will implement community activities that promote mental wellness. Part of the funding package is for promotion and prevention activities and is represented in that section. *Implementation arrangements:* through District Mental Health Services. *Implementation commencement date:* from 1 July 2006

#### **Area Clinical Mental Health Networks (\$7.7 million)**

In recognition of ongoing pressures on mental health services, Queensland will allocate funding to Area Mental Health Clinical Networks to address priority service capacity issues and to initiate innovative responses to area-wide service delivery issues. *Implementation arrangements:* through Area Mental Health Clinical Networks. *Implementation commencement date:* from 1 July 2006

#### **Alternatives to Admission (\$17.5 million)**

Nine District Health Services have been funded to develop and implement a range of alternatives to acute admission, in collaboration with the non-government sector, consumers and carers. *Implementation arrangements:* through District Mental Health Services. *Implementation commencement date:* from 1 July 2007

### **Responding to Homelessness (\$19.7 million)**

As part of the Responding to Homelessness Strategy 2005-2009, Queensland will establish homeless outreach teams in Brisbane, the Gold Coast, Townsville, Cairns, and Mount Isa as part of a commitment to address homelessness and public intoxication. In addition, 36 transitional housing places will be established in Brisbane and Townsville. This will assertively tackle the high prevalence of mental illness amongst homeless people in high-need areas and reduce the number of people with mental illness being discharged into homelessness. *Implementation arrangements:* through District Mental Health Services; Department of Housing and the non-government sector. *Implementation commencement date:* this project has been underway since 1 July 2005

### **Mental Health Services in Prisons (\$8.6 million)**

Queensland will enhance clinical mental health services to people in correctional facilities across the state, including in-reach assessment and treatment services. *Implementation arrangements:* through Community Forensic Mental Health Services and District Mental Health Services. *Implementation commencement date:* from 1 July 2006

### **Mental Health Capital (\$12.0 million)**

Queensland has committed capital funding of \$5.8 million over five years for the construction and redevelopment of designated mental health facilities to support enhanced access to services. In 2006-07, the Cairns Mental Health Community Rehabilitation and Recovery Service and the Rockhampton Child and Youth Mental Health community clinic will be completed. An investment of \$41.0 million over five years in a number of community health and primary health care centres including Gladstone, Nundah, and Yarrabah will also result in enhanced access to community-based health and mental health services. This \$41.0 million investment includes \$6.1 million which will be specifically for access to community mental health services. *Implementation arrangements:* through District Health Services. *Implementation commencement date:* from 1 July 2006

### **Participation in the Community and Employment, including Accommodation** **(\$64.3 million)**

Queensland will supplement its existing investment through the following initiatives.

#### **Housing Capital (\$20.0 million)**

A mix of accommodation to best meet the needs of individual clients will be procured for adults with a mental illness and moderate to high support needs (clinical and non-clinical) who are currently housed inappropriately, and who are assessed as being able to live independently in the community, with appropriate support. Housing for about 80 people will be provided in 2006-07 in accordance with social housing eligibility guidelines. Planning is currently under way with Queensland Health and Disability Services Queensland to link identified clients with support arrangements who are ready to live independently with suitable accommodation arrangements. *Implementation arrangements:* through the Department of Housing. *Implementation commencement date:* from 1 July 2006

#### **Health Action Plan Non-Government Organisation Funding (\$25.0 million)**

Funding will be provided to Queensland non-government organisations to support people with a mental illness living in the community, including people living in housing provided by the \$20.0 million capital investment identified above. This will ensure that people living in the community have access to adequate clinical and non-clinical support to assist them in their recovery process. *Implementation arrangements:* through the non-government sector. *Implementation commencement date:* 1 July 2006

To further complement the \$20.0 million housing capital, the Queensland Government will support clients through the Special Fiscal and Economic Statement funding announced in October 2005, specifically the Mental Health Community Organisation Funding Programme; and growth funding to Disability Services Queensland for accommodation support services. The housing capital investment will also enable some acceleration of Project 300 clients to access appropriate accommodation.

### **Disability Services Respite and Sector Capacity Building (\$12.0 million)**

Additional funding will be provided for the establishment of new, and enhancement of existing, respite and day services. Additional services under the Resident Support Programme will be funded to assist people living in private residential facilities, while people inappropriately housed in hostels and boarding houses will be supported to relocate to alternative accommodation through Hostels Response funding. Funding through both the Family Support and Adult Lifestyle Support Programmes will enable people with a psychiatric disability to maintain their community living either independently or with their families. *Implementation arrangements:* mostly through the non-government sector. *Implementation commencement date:* from August 2006

### **Employment and Training (\$5.0 million)**

Financial assistance will be provided to the non-government sector as part of the 'Breaking the Unemployment Cycle' initiative, to provide job and training opportunities to people with a mental illness who experience disadvantage in the labour market. Funding will initially be provided under the Community Jobs Programme to community and public sector organisations to provide job search assistance and training to people with a mental illness and/or employment for three to six months on projects that will enhance skills development and future employment prospects. It is proposed that approximately \$1.0 million will be directed towards projects during 2006-07 to assist 130 people with a mental illness. From 2007-08 onwards, it is proposed that about 100 people with a mental illness will be assisted each year for the following four years. *Implementation arrangements:* predominantly through the non-government sector. *Implementation commencement date:* from August 2006

### **Mental Health Services in Prisons (\$2.3 million)**

Funding will be provided to the non-government sector to support the enhanced prison mental health services, particularly to provide post-release support to people with mental illness returning to the community. *Implementation arrangements:* through the non-government sector. *Implementation commencement date:* 1 July 2006

### **Increasing Workforce Capacity (\$6.1 million)**

Queensland is the most decentralised state in Australia, and as such, needs a workforce for the large, urban specialist inpatient and community mental health services, and a workforce for its small rural and remote communities. This requires a range of different skill sets to meet differing needs and appropriate remuneration and conditions of employment to ensure that Queenslanders have access to high-quality health care. Queensland will supplement its existing investment through the initiatives outlined below.

### **Increased Workforce Remuneration (\$5.8 million)**

As a result of this overall increased investment in mental health, remuneration and conditions of employment have improved for all mental health staff which will assist in attracting and retaining the required workforce. This will particularly assist in the areas of community mental health services (\$3.6 million), community forensic mental health services (\$1.0 million), services to correctional facilities (\$1.0 million) and services designed to assist situations where the first response is by police or ambulance officers (\$0.2 million). *Implementation arrangements:* through District Mental Health Services. *Implementation commencement date:* from 1 July 2006

### **Mental Health Transition to Practice Nurse Education Programme (\$0.3 million)**

Queensland Health will establish a Mental Health Transition to Practice Nurse Educator Programme to provide adequate practical clinical experience for inexperienced nurses before they enter the mental health sector. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* 1 July 2006

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### WESTERN AUSTRALIA

In September 2004 the Western Australian Government announced the *Mental Health Strategy 2004-07*. The strategy is targeted to:

- expand statewide mental health emergency services within emergency departments;
- increase access to adult in-patient beds for people with severe mental illness;
- promote recovery for people with mental illness through provision of accessible community services, which encourage early identification, intervention and rehabilitation, and to enhance service coverage and accountability and provide a whole of service/government approach to promote mental health and recovery from mental illness for young people; and
- expand the range and amount of community supported accommodation services for people with severe and persistent mental illness.

The strategy contains increases in both capital and operating funding and covers expenditures within the Department of Health and other agencies, including the Department of Housing and Works.

The table below provides summary information on the budgeted increases in funding for mental health initiatives provided since the commencement of the strategy.

	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	
	Actual \$'000	Estimated Actual \$'000	Budget \$'000	Budget \$'000	Budget \$'000	Budget \$'000	Total \$'000
<b>Operating</b>	11,000	32,484	47,268	30,000	30,000	30,000	<b>180,752</b>
<b>Capital</b>	516	4,200	20,584	19,000	15,500	12,000	<b>71,800</b>
<b>Total</b>	11,516	36,684	67,852	49,000	45,500	42,000	<b>252,552</b>

Western Australia's contribution to the National Action Plan is therefore not a one-off effort, but rather a continuation of the State's deliberate *Mental Health Strategy* of growth and reform. In total, this lifts overall spending on mental health funding by the Western Australian Government to more than \$300 million a year. Further information on the additional funding allocated under the *Mental Health Strategy* is provided below.

#### **Promotion, Prevention and Early Intervention (\$60.7 million over six years)**

##### **Multi-systemic Therapy for Adolescents (\$10.5 million)**

This initiative will provide two Multi-systemic Therapy (MST) Teams for young people aged 12 - 16 years at risk of developing mental illness in the south and north metropolitan areas.  
*Implementation arrangements:* establishment of clinical teams through Area Mental Health Services.  
*Implementation commencement date:* September 2005

##### **Post-natal Depression Services (\$2.0 million)**

Statewide Post-natal Depression (PND) Service for mothers with babies will be expanded through non-government community services, including areas with a high growth of young families. Research will be undertaken to develop PND services for culturally and linguistically diverse and Aboriginal groups.  
*Implementation arrangements:* statewide service provision through a non-government service.  
*Implementation commencement date:* July 2006

**Assertive Case Management Systems (including Increased Access to In-patient Care) (\$45.2 million)**

Based on national benchmarks to meet the increase in population, community mental health team staffing levels will be increased to introduce the Assertive Community Care (ACC) model. This model will be embedded within existing community mental health services to provide intensive intervention to people with severe and persistent mental illness. *Implementation arrangements:* through Area Mental Health Services to existing community mental health services. *Implementation commencement date:* July 2006

**Homeless Clinical Services (\$1.0 million)**

This service will provide transitional supported accommodation services in the metropolitan area for homeless adults and young people with a mental illness, including 24-hour on site supported residential accommodation, access on site to specialist mental health, substance abuse and psychosocial support services and access on site to employment, income support and educational services. *Implementation arrangements:* through non-government services. *Implementation commencement date:* May 2008

**Intensive Community Youth Services (\$2.0 million)**

This service will provide intensive counselling, access to stable accommodation, education and employment access for homeless youth at risk of mental illness, with little family or guardian support, in the south metropolitan area. *Implementation arrangements:* establishment of a clinical community service through the South Metropolitan Area Mental Health Service. *Implementation commencement date:* services operational with permanent offices to be completed by November 2007

**Integrating and Improving the Care System (\$53.6 million over six years)**

**Emergency Department Mental Health Liaison Nurses and On-duty Registrars (\$24.5 million)**

Additional mental health nurses will provide 24-hour 7-day a week specialised mental health triaging and clinical support within Emergency Departments across the metropolitan area. The number of On-Duty Psychiatric Registrars for after hours cover across the metropolitan area will also be increased to provide psychiatric assessment, treatment and support for mental health patients in the Emergency Department. *Implementation arrangements:* through Area Mental Health Services. *Implementation commencement date:* July 2006

**Acute Observation Emergency Department Beds (\$20.1 million)**

Observation mental health beds will be established three main metropolitan hospitals (Joondalup, Fremantle Hospital and Royal Perth Hospital) and a four-bed admissions unit will be established at the main psychiatric hospital, Graylands. These units will provide a safe and secure environment for both patients and staff during assessment and triage. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* March 2007

**Rural and Remote Medical Cover (\$9.0 million)**

Additional psychiatrist and medical officer cover in rural and regional Western Australia. *Implementation arrangements:* recruitment through Area Health Services. *Implementation commencement date:* September 2006

**Participation in the Community and Employment, including Accommodation (\$129.4 million over six years)**

**Intermediate Care Units (\$25.0 million)**

These units will be established in the metropolitan and regional areas to provide a central role in the progressive move towards more community based rehabilitation and recovery services. The units will be available for consumers who are no longer in the most acute phase of their illness, but who are not

yet ready for discharge to supported accommodation or independent living. Consumers will be engaged in a multi-disciplinary therapeutic programme, tailored to their individual needs and strengths, to prepare them for entry into either independent living or supported community accommodation. *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* July 2008

### **Day Treatment Programme (\$29.0 million)**

This initiative will establish Day Therapy services in metropolitan locations. Art Therapy Services will also be established in Joondalup and Northbridge and an adult transition unit at Sir Charles Gairdner Hospital. Day Therapy Units will be intermediate level services based on a recovery model, using multi-disciplinary teams, and including a range of rehabilitative interventions following inpatient care, intensive therapy for individuals with long-term severe mental disorders following a relapse and ensure rehabilitation and maintenance, early intensive treatment options for those severely affected by the high prevalence disorders (anxiety, panic disorder and depression) and for some services, low prevalence disorders (eating disorders, and obsessive compulsive disorders). *Implementation arrangements:* through Area Health Services. *Implementation commencement date:* November 2006

### **Supported Community Residential Units (\$27.2 million)**

Community Supported Residential Units will be established in key metropolitan and rural locations. This cluster style accommodation will provide 24-hour non-clinical support in permanent, home-like accommodation to support community integration and participation including access to generic mainstream services, facilities and recreational pursuits, along with access to a mix of services including clinical, case management, GP and non-clinical community support. *Implementation arrangements:* through non-government services, in collaboration with Area Mental Health Services. *Implementation commencement date:* August 2007

### **Licensed Psychiatric Support Expansion (\$10.0 million)**

Psychosocial support services to people with severe and persistent mental illness living in psychiatric hostels will be expanded, including an increase in the Personal Care Subsidy payment. *Implementation arrangements:* increased service delivery through psychiatric hostels. *Implementation commencement date:* July 2006

### **NGO Psychosocial Support Expansion (\$10.0 million)**

This initiative will expand non-clinical psychosocial support services to assist people to live in their own homes, including purchasing personal care services to provide assistance for each resident with activities for daily living and communal living. It will also establish 60 housing units for the Independent Living Programme per year. *Implementation arrangements:* increased service delivery through non-government services. *Implementation commencement date:* July 2006

### **Clinical Rehabilitation Teams (\$28.2 million)**

This service will establish two Mobile Clinical Rehabilitation Teams (CRT) to maintain people with chronic mental illness and disability, who have been long-term inpatients, in supported community-based residential environments. These multidisciplinary teams will provide ongoing clinical and rehabilitation services to residents. The model will be one of intensive and assertive case management where each team is responsible for all aspects of clinical mental health care and rehabilitation. The CRTs will develop strong partnerships and will collaborate with the non-government accommodation provider on the best way to relocate individuals and provide the ongoing clinical, rehabilitation and disability support. *Implementation arrangements:* through Area Mental Health Services in collaboration with a non-government service provider. *Implementation commencement date:* December 2008

## **Increasing Workforce Capacity (\$8.8 million over six years)**

### **Workforce and Safety Initiatives (\$2.3 million)**

A statewide mental health safety group has been convened to provide a sector-wide response to major safety issues for staff and patients in mental health services. The safety group will produce guidelines on areas such as design of mental health facilities, training and safe transportation of patients, the use and availability of duress alarms, communication (including mobile telephones) and safe flexible working environments. In addition to the work of this group, guidelines on the management of inpatient violence are also being developed, in collaboration with clinicians and consumers. *Implementation arrangements:* statewide in collaboration with Area Mental Health Services. *Implementation commencement date:* October 2006

### **Workforce Development and Expansion (\$5.5 million)**

The Department of Health will embark on a major recruitment drive in Australia and overseas to recruit and retain staff. The Department will also work in collaboration with Western Australian universities to attract graduates and post-graduates to mental health nursing. *Implementation arrangements:* through Area Mental Health Services and in collaboration with universities. *Implementation commencement date:* July 2006

### **Standards and Implementation Monitoring (\$1.0 million)**

The following programmes will be delivered to implement the National Practice Standards:

- a statewide orientation programme for all staff new to Western Australia;
- the development and implementation of a framework and training package for clinical supervision, along with a supervision database;
- the facilitation of a Mental Health Management and Leadership programme for senior mental health staff;
- the development of a cultural competency training package that includes cultural competency standards and a self-assessment audit tool for mental health services;
- the transfer of \$2.0 million to Health Services to procure duress systems across the State;
- the progressive implementation of the Mental Health Clinical Information System (PSOLIS);
- a project to develop a policy and clinical practice framework in Clinical Risk Assessment and Management, including the implementation of these standards in Health Services, through training; and
- development of training programmes for nursing professions and NGO sector development.

*Implementation arrangements:* through the Office of Mental Health, in collaboration with Area Mental Health Services. *Implementation commencement date:* January 2006

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### SOUTH AUSTRALIA

Over the past four years South Australia has increased spending on mental health service programmes by 24 per cent, from a base of \$145.8 million in 2001-02 to \$181.0 million in 2005-06. In addition, a one off allocation of \$25.0 million was made for the provision of non-government mental health services in 2005-2006 and 2006-07. Additionally, the South Australian Government has made new commitments with relevance to this Plan. Over four years South Australia will deliver a \$116.2 million programme of additional expenditure in mental health services:

- \$50.1 million in new additional recurrent funding commencing in the 2006-07;
- \$53.1 million in recurrent funding for programmes and services which have been previously announced; and
- \$13.0 million in one off funding for programmes and services which have been previously announced.

The 2006-07 South Australian Budget will be brought down on 21 September 2006. Further information on the programmes below concerning implementation arrangements, implementation dates and final funding commitments and their impact over five years will be available after the 2006 Budget.

#### **Promotion, Prevention and Early Intervention (\$39.5 million over four years)**

##### **Promoting Mental Health (\$1.1 million)**

A new five year agreement with *beyondblue* commences on 1 July 2006. Funding will be provided to *beyondblue* to develop promotion and prevention strategies, enhance professional training, commission and support research and promote partnerships across health and other sectors.  
*Implementation commencement date:* 1 July 2006

##### **Preventing Mental Illness by Building Resilience (\$29.6 million)**

The *Every Chance Every Child* home visiting programme will be expanded with an additional \$6.5 million over four years to provide families in need with up to 34 visits in the first two years of their baby's life. South Australia's network of Early Childhood Development Centres will be expanded to 20 with the establishment of a further 10 centres. They will provide education services for children and their parents, and will help children in the transition from the early years to junior primary school. Health services will include: immunisation and health checks; child and youth health; parenting networks; child and adolescent mental health; speech pathology; and health promotion (\$13.0 million capital funding and \$10.0 million recurrent over four years). These initiatives give increased capacity to programmes focusing on building resilience and coping skills of children, young people and families.

##### **Early Intervention with Young People (\$8.8 million)**

The *Healthy Young Minds* programme will provide 20 additional community outreach workers in Child and Adolescent Mental Health Services, plus three psychiatrists to improve and expand services in areas where there is high demand for therapy.

#### **Integrating and Improving Care Systems (\$75.7 million over four years)**

##### **Shared Care with General Practitioners (GPs) (\$10.0 million)**

This initiative will provide 30 allied health professionals such as psychologists, occupational therapists, nurse practitioners and social workers to work with GPs in private practice. GPs are at the frontline in the delivery of primary health care services. This shared care initiative will increase their capacity to provide appropriate services to people with mental illness who have complex needs.

### **Improving Services to People with Mental Illness and Drug and Alcohol Issues (\$3.5 million)**

Through the *Healthy Young Minds* funding, two specialist mental health workers and a consulting psychiatrist will provide an outreach service for adolescents with both mental illness and substance abuse problems (\$1.2 million over four years). This builds on the 2005 allocation of \$578,000 per year for coordinated care between mental health and drug and alcohol services.

### **24-hour Mental Health Access by Telephone (\$8.0 million)**

A 1800 number service will provide South Australia with a mental health telephone advice, triage and referral service, staffed by mental health clinicians. This will link into the National Health Call Centre agreed to by COAG.

### **Enhancing Emergency Department Responses (\$6.7 million)**

Mental health cover in the Emergency Department of the Women's and Children's Hospital will be extended to provide 24-hour seven day a week help for children and adolescents in crisis (\$480,000) through *Healthy Young Minds* funding. This builds on the annual allocation of \$1.4 million for 15.4 additional, full-time mental health liaison nurses in metropolitan emergency departments to enhance patient services and the \$156,000 per year to expand the Mental Health Emergency Response Service for Children and Young People, based at the Women's and Children's Hospital, announced in 2005.

### **Improving Access to Acute and Community-based Clinical Services (\$22.7 million)**

Acute and community-based mental health services have been given increased capacity to assist people who are experiencing acute episodes of mental illness to prevent crisis and promote rehabilitation and recovery. Ten new nurse practitioners will be placed in metropolitan and country regions, working in areas such as Glenside Hospital, emergency departments, aged care, and the child and adolescent sector (\$1.1 million per year). The programme includes: 20 extra nurses or allied health professionals to enhance assertive care of those with severe and complex illnesses (\$1.0 million per year); increasing mental health 'hospital at home' services (\$1.2 million per year); more social workers to provide and evaluate discharge follow-up for each patient leaving hospital (\$740,000 per year); the Central Northern Adelaide's Peer Support Programme will employ mental health consumers to provide support, education and advocacy for fellow consumers in our mental health system (\$500,000 per year); a youth mobile outreach service focused on reducing the rate of relapse in young people through timely emergency intervention (\$265,000 per year); and community support and expansion of Assessment and Crisis Intervention team capacity to improve emergency mobile response (\$830,000 per year).

### **Increased Services for People in Country Areas (\$7.6 million)**

More services are being provided in rural and remote areas and a more flexible approach to service delivery in these areas. This has been made possible through: six additional workers in country-based Child and Adolescent Mental Health Services (\$475,000 per year); enhanced treatment and support of people experiencing acute mental illness in country areas (\$600,000 per year); additional psychosocial rehabilitation programmes (\$496,000 per year); and expanded emergency triage and liaison services for country South Australians (\$330,000 per year).

### **Extra Support for Aboriginal and Torres Strait Islander People (\$5.1 million)**

This is being done by enhancing the Northern Assessment and Crisis Intervention Team's emergency response for Aboriginal and Torres Strait Islanders (\$180,000 per year) and development of a peer-support programme for Aboriginal and Torres Strait Islanders run by Central Northern Adelaide Health Service (\$100,000 per year). A substance abuse treatment centre and outreach programme will provide assessment, referral to hospital if intensive medical support is required for detoxification, and residential rehabilitation programmes for up to three months on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands (\$1.0 million per year).

**Community Support (\$12.0 million one-off)**

Community based psycho-social support services to enable consumers with mental illness to reside safely in the community with packages of support delivered through community organisations. Support packages include home-based support, social skill development, assistance with medication management, support to engage with recreation, training education and employment. Funding is also included for building capacity with General Practice to work with primary care networks and provide shared care mental health specialist services.

**Increasing Workforce Capacity (\$1.0 million one-off)**

**Peer Support Workers (\$1.0 million)**

Training and employment of peer support workers to work alongside mental health workers has been provided with one-off funding. These peer workers will provide support, education, and advocacy for fellow consumers of the mental health system.

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### TASMANIA

The Tasmanian Government committed to significant reform and investment in service delivery for mental health services following the 2004 *Bridging the Gap* review. This was in recognition that Tasmanians suffering mental illness are entitled to expect high quality, professional mental health care in a safe environment.

The approach to reform will see the Mental Health Services budget increase from \$55.5 million in 2003-04 to \$92.5 million in 2006-07. The reforms and growth to Tasmania's mental health system will be based on the *Tasmanian Mental Health Services Strategic Plan 2006-2011*. The Strategic Plan aligns closely with the directions of the COAG Plan.

The Tasmanian Government understands that improvement of mental health services is not static and requires consistent and constant attention to ensure best practice, transparency and accountability. Following implementation of the *Bridging the Gap* reforms an evaluation of this strategy will result in recommendations for future effort for the period 2008-2011.

#### **Promotion, Prevention and Early Intervention (\$2.0 million)**

##### **Kids in Mind Tasmania (\$2.0 million)**

The Kids in Mind Tasmania (KIMT) initiative focuses on the needs of and support for children and young people in families where a parent has a mental illness. Services are delivered by non-government organisations (NGOs) funded to conduct specific interventions (Taz Kidz Clubs, Champs Camps) and by staff employed within Mental Health Services. The programme commenced as a two-year trial in 2004. This allocation of at least \$400,000 per annum will build upon and extend the KIMT trial as part of ongoing mental health services.

#### **Improving and Integration the Care System (\$21.1 million)**

##### **Improved Alcohol and Drugs Programmes (\$2.0 million)**

Funding will be provided to Tasmania's Alcohol and Drug Services, including NGOs, to provide better support and further development for people with drug and alcohol problems, especially through the shared care model for pharmacotherapy.

##### **Secure Mental Health Unit (\$12.5 million)**

The Wilfred Lopes Centre is a secure hospital, primarily for patients from the criminal justice system who are in need of psychiatric assessment and/or care and treatment. The hospital has been purpose-designed and built to further the delivery of advanced clinical programmes. An allocation of \$2.5 million per year (\$12.5 million over five years) has been made. Patients will be provided with modern, professional and highly specialised psychiatric care and treatment. Treatment will be based on individually tailored programmes designed to support independence and dignity, and minimise the ill effects of long-term care.

##### **Improved Access to Acute Psychiatric Care, including Emergency, Crisis, Acute Inpatient and Community Services (\$1.5 million)**

Additional clinical positions to assist people experiencing serious mental illness to receive better coordinated treatment and care will be allocated following a review of existing positions, and the needs of the Tasmanian population. Implementation of the Tasmanian model of care will result in a statewide triage process, commencing in September 2006, to provide a standardised user-friendly access point for all consumers, carers, and supporting organisations to refer people experiencing mental illness to Mental Health Services.

**Improved Youth Health Services - Child and Adolescent Mental Health Services (CAMHS) (\$5.1 million)**

Additional clinical positions will be added to CAMHS to provide assistance to young people experiencing serious mental illness, and act as a resource to services that also work with young people.

**Participation in the Community and Employment, including Accommodation (\$11.3 million)**

**Additional Accommodation for People with Mental Illness (\$6.3 million)**

A total of \$5.3 million will be invested in a Launceston facility and accommodation clusters in the North West and South to provide supported accommodation for people experiencing serious mental illness. Further funding has also been allocated to provide an expansion of level one and two packages of care.

**Support to the Non-Government Sector to Provide Quality Services to People with Mental Illness (\$5.0 million)**

Additional support to the non-government sector will be provided for recovery services for people experiencing serious mental illness (\$2.2 million), more packages of care (\$2.9 million) and the upgrading of services (\$500,000).

**Increasing Workforce Capacity (\$8.6 million)**

**Improve the Working Conditions and Remuneration for Doctors and Allied Health Professionals (\$8.6 million)**

In an environment of serious workforce shortages across all disciplines within mental health services there is strong demand for professionals. Funding to improve the working conditions and remuneration for doctors and allied health professionals will assist Tasmania to successfully fill additional places in its expanded mental health workforce.

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### AUSTRALIAN CAPITAL TERRITORY

Mental health service delivery and prevention activity in the Australian Capital Territory (ACT) is guided by the population mental health framework of the *ACT Mental Health Strategy and Action Plan*. The strategy describes the local service picture and priorities for the Territory. The prioritising of mental health by COAG has enabled a number of ACT priorities to be brought forward. The actions described in this Individual Implementation Plan emerge from the alignment of local priorities with the areas identified for action in the COAG Plan.

The ACT will work collaboratively with the Commonwealth and other jurisdictions to achieve the best outcome from the national reform of mental health, including effective interaction of government and newly-funded community services.

The ACT Government has allocated a total of \$20.6 million over five years for new mental health initiatives. The specific initiatives are outlined below, with funding amounts over five years unless otherwise stated.

#### **Promotion, Prevention and Early Intervention (\$3.2 million)**

Funding will be provided to begin implementation of the ACT Action Plan for Mental Health Promotion, Prevention and Early Intervention 2006 – 2008 as outlined below.

#### **Perinatal and Infant Mental Health Services (\$0.9 million)**

This initiative will enhance mental health services capacity to participate in an integrated model of early childhood health care, and provide an early intervention approach to service delivery. This model will build on the successful *beyondblue* perinatal project previously undertaken in the ACT as part of the national project.

#### **Community Education (\$0.4 million)**

This initiative will increase the capacity of community agencies to provide mental illness education to the ACT community through schools and other agencies. Services will be based on a 'consumers and carers as educators' model.

#### **Children of Parents with a Mental Illness (\$0.3 million)**

This initiative will provide for the development and delivery of a training programme for professionals and community workers across sectors to enhance skills in working with children of parents with a mental illness (COPMI).

#### **Workplace Mental Health Promotion (\$0.7 million)**

This initiative will facilitate the ACT working in partnership with *beyondblue* and other agencies to support the development of mental health promotion in workplaces throughout the ACT. This programme will not only help to raise awareness of mental illness but will also provide training and education about how to maintain a mentally health workplace and reduce the risk of mental illness.

#### **Early Recovery Support (\$1.0 million)**

Additional funding will provide intensive early recovery support for people who have experienced an episode of mental illness and hospitalisation, to overcome the barriers to re-engagement with the community and rehabilitation programmes.

**Integrating and Improving the Care System (\$11.5 million)**

**Improving the General Health of People with a Mental Illness (\$0.8 million)**

This funding will embed and expand the ACT Better General Health for People with Mental Illness pilot programme. This programme improves the physical health outcomes for persons with serious mental illness through improved referral and access for clients of Mental Health ACT to GP practices. There may be future capacity to utilise this programme as a model for collaborative service delivery between specialist mental health services and GPs.

**Increase Capacity for Carer and Consumer Participation in Service Planning (\$0.4 million)**

The ACT Government will allocate additional funding to provide additional part-time carer and consumer consultant positions to improve the level of consumer and carer contribution to the development of mental health services that better meet their needs.

**Mental Health Legislation Review (\$0.2 million over two years)**

The ACT Government is funding a full review of the *ACT Mental Health (Treatment and Care) Act* to ensure compatibility with the *ACT Human Rights Act* and consistency with current best practice for mental health. The review will be conducted in full consultation with consumers, carers and all other key stakeholders.

**Mental Health Services Plan (\$0.08 million in 2006-07)**

Funding has been allocated to develop a comprehensive Mental Health Services Plan for the ACT to guide the future development and operation of government and community agency mental health services, including redevelopment of inpatient services to meet the special needs of groups such as women and adolescents and culturally and linguistically diverse communities. The Plan will be developed in consultation with the ACT community and will consider the range of services required for good mental health including specialist clinical services, primary care, step-up/step-down services, rehabilitation, employment and accommodation. This Plan will guide future funding decisions for mental health based on those service needs identified in the Plan.

**Intensive Treatment and Support Programme for People with a Dual Disability (\$10.0 million)**

Funding has been allocated for the ACT Department of Disability, Housing and Community Services to establish the Intensive Treatment and Support Initiative for People with Dual Disabilities. The service is expected to commence in July 2006 and will provide a comprehensive additional service for an identified group of clients aged 17 and over who have an intellectual disability and a mental disorder with complex behavioural problems and who are at significant risk of entering the criminal justice system. The programme includes a step-up short-term purpose-built accommodation to be used for some within this client group requiring intense support.

**Participation in the Community and Employment, including Accommodation (\$2.8 million)**

**Youth Supported Accommodation (\$2.8 million)**

This initiative will increase capacity to provide 24-hour supported accommodation and outreach services to youth with mental illnesses, which is an identified area of need in the ACT. This service will be developed in collaboration with the community sector and will provide a safe, supportive environment to facilitate early intervention and access to education and employment opportunities for this client group.

**Increasing Workforce Capacity (\$3.1 million)**

**Additional Medical Workforce Positions (\$3.1 million)**

This funding has been allocated to provide medical officer positions for the ACT public mental health system. These additional positions will help to improve access to specialist mental health services in the ACT.

## INDIVIDUAL IMPLEMENTATION PLAN ON MENTAL HEALTH

### NORTHERN TERRITORY

The following is a summary of the Northern Territory initiatives that commenced in 2006 or that are planned to commence in 2007. Funding for these initiatives is committed for the full five years of the Plan.

#### **Promotion, Prevention and Early Intervention (\$1.0 million)**

##### **Suicide Prevention and Response (\$1.0 million)**

Increased suicide prevention and response activities including creation of a Suicide Prevention Coordinator position. *Implementation commencement date: 2006*

#### **Integrating and Improving the Care System (\$13.0 million)**

##### **Sub-acute Beds (\$5.5 million)**

24-hour supported community based services as an alternative to hospital admission or to facilitate intensive support following discharge from hospital. *Implementation commencement date: facilities planning underway, service expected to commence January 2007*

##### **Rural and Remote Services (\$4.0 million)**

Increased services to rural and remote communities, including additional child and adolescent clinical positions for rural and remote areas, increased funding to Aboriginal Mental Health Worker Programmes and Visiting Psychiatrist Services (in addition to Medical Specialist Outreach Assistance Program funding). *Implementation commencement date: 2006*

##### **Prison In-reach Services (\$3.5 million)**

Increased forensic mental health clinical, behavioural and Aboriginal Mental Health Worker positions to provide in-reach services to people in Alice Springs and Darwin prisons who have a mental illness, intellectual disability or acquired brain injury. *Implementation commencement date: 2006*

#### **Participation in the Community and Employment, including Accommodation (\$0.5 million)**

##### **Rehabilitation and Recovery Services (\$0.5 million)**

Increased funding for rehabilitation and recovery and carer support services provided by the non-government sector. *Implementation commencement date: 2006*