

Health Reform – what's happened to mental health?

AGPN Conference, Melbourne 24 May 2010



Overview

- About NACMH
- The Federal Budget Outcomes
- The COAG Outcomes
- A Brief Critique
- What's required

NACMH - Establishment

- Establishment of NACMH announced by Minister for Health and Ageing, Hon Nicola Roxon MP, 18 April 08.
- Fulfilled a 2007 election campaign commitment.
- \$2.4 million in funding over three years (08/09–10/11)
- Administrative/secretariat support provided by DOHA
- Role:

The objective of the NACMH is to provide timely, expert, balanced and confidential advice to Government on mental health issues as requested by the Minister for Health and Ageing

NACMH Membership

Adjunct Professor John Mendoza

Mr Michael Burge

Associate Professor Neil Cole

Mr David Crosbie

Professor Allan Fels

Professor Ian Hickie

Professor Lyn Littlefield

Professor Helen Milroy

Ms Dawn O'Neil

Dr Rob Walters

Ms Adele Cox

NACMH - Progress to date

- Review of Commonwealth mental health programs – the “Stocktake Reports”.
- National Community mental health consultations and short report.
- Provided advice on broader health reform agendas.
- Advising on priorities in implementation of National Mental Health Policy and Fourth National Mental Health Plan.
- Advice on many specific mental health and broader cross-cutting issues such as homelessness and housing stress
- A Vision Document – *a mentally healthy future for all Australians.*

Mental Health & Federal Budget

- \$181.3m/4 years. Only \$31.4m is new money. Continued funding of \$84.3 & \$65.4m of restored or repositioned
- Represents < 2% of 7.3bn in new funding
- Over 3 budgets, Rudd Govt has cut a total of \$354.6m from MH programs
- Funding in 2010-11 for MH (across all govt's) < 6% of health care funding

More Youth Friendly Services

Originally announced as part of COAG

	2010-11	2011-12	2012-13	2013-14
DOHA	10.8m	19.9m	23.8m	24.3m

- Up to 30 new headspace sites + additional funding to existing sites + expand telephone & web-based mental health service for young people

More Mental Health Nurses

- Expansion of the MH Nurse Incentive Program

	2010-11	2011-12	2012-13	2013-14
DOHA	5.3m	7.7m	-	-

- An extra 136 mental health nurses who will provide an extra 11,700 services.
- Funding is only for two additional years
- At Nov 2009, 579 organisations registered in MHNIP, 34,937 patients treated

Flexible Care Packages

- Originally announced following COAG as \$57m but then \$58.5 over 5 years

	2009-10	2010-11	2011-12	2012-13	2013-14
DOHA	-	-3.0m	5.2m	2.5m	1.4m
Medicare	0.1m	0.1m	-	-0.1m	-0.1m
Total	0.1m	-3.0m	5.1m	2.4m	1.3m

- Services are for up to 25,000 people with severe mental illness. 6,000/year
- To provide personal multi-disciplinary care packages by expanding ATAPS program

Expanding Early Psychosis

- COAG announcement \$24.8m/4 years, later \$25m

	2010-11	2011-12	2012-13	2013-14
DOHA	0.6m	0.5m	0.5m	0.5m
Treasury	5.9m	5.9m	5.9m	5.9m
Total	6.5m	6.3m	6.4m	6.4m

- Funds for est. new centres based on EPPIC model at Parkville, Vic. Partner with states/terr
- EPPIC provides integrated & comprehensive psychiatric services to address needs of young people 15-24 with emerging psychotic disorders

Other Programs

- Continuation of MH support for drought-affected communities - \$5.5m for 2010-11
- Removal of practice accreditation requirements for GP FPS services – saving of \$1.9m over 4 years
- Other 2006 Howard Govt reforms - KidsMatters, Telephone counseling, Day to Day Living, etc **unclear**

Relevant COAG Announcements

- 1,300 New sub-acute hospital beds at a cost of \$1.6bn – aged, mental health, respite, palliative
- *“\$617.5m of MH programs for people with severe mental illness (PHaMs, Respite, CBMH, D2DL) will be linked & coordinated with Medicare Locals...”* Roxon, 12 April 2010

The Good

Headspace and EPPIC

Increase to the MHNIP

Expansion of ATAPS

And that's all !

The Bad ...

- **Headspace** funding seriously inadequate – 60 sites will require recurrent expenditure of \$60m
- **EPPIC** – about 10% of what required to develop 20 centres providing for 30,000 young people
- **MHNIP** – again underfunded and only 2 year commitment (just 35% of original)
- **ATAPS increase** – pathetic. Failure to reform Better Access
- Failure to clearly commit to refunding of all **COAG 2006 initiatives**

The (really) mad

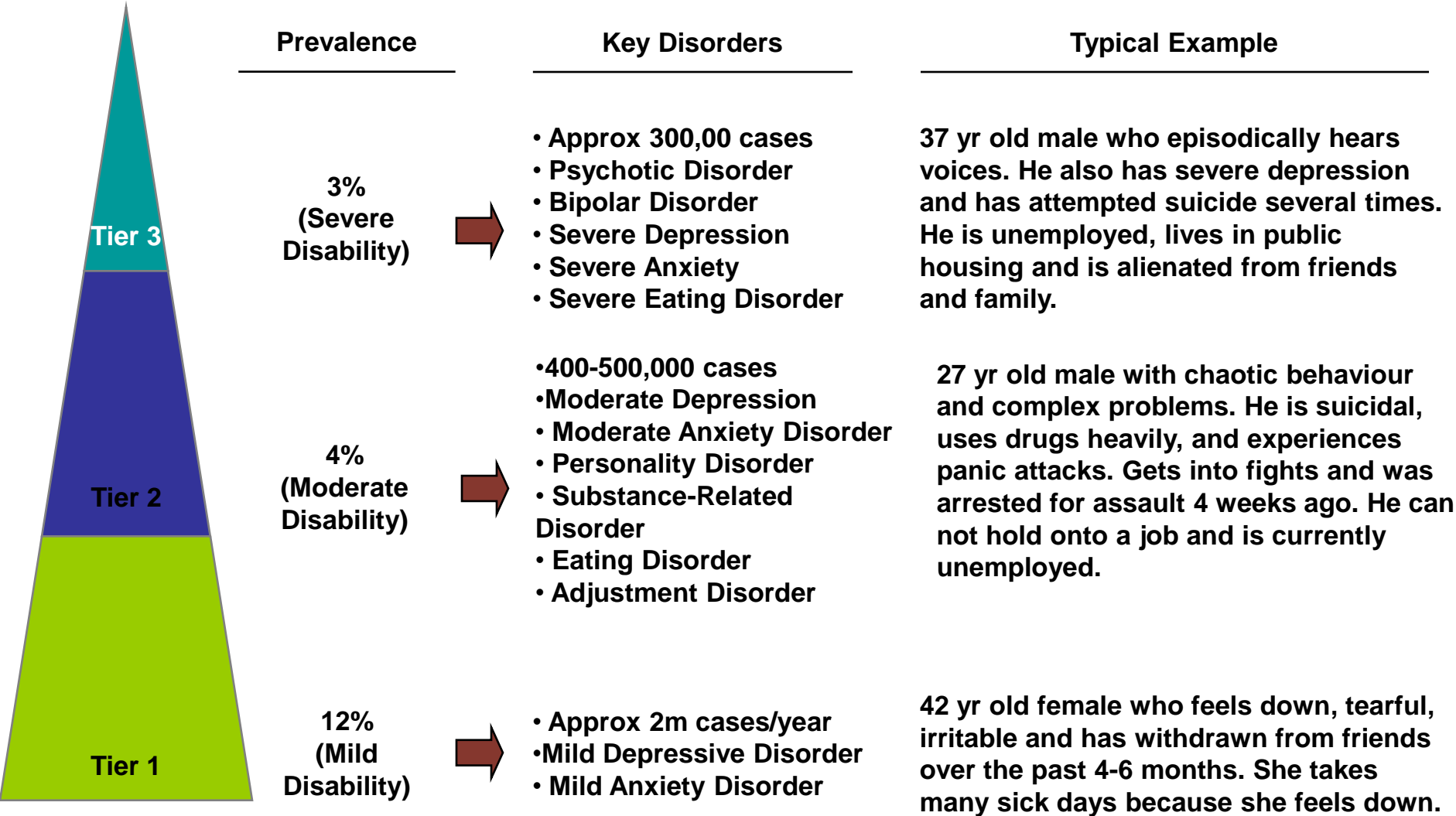
- Ceasing access to OTs & Social Workers under Better Access
- Packages of care for \$2,280/person
- ‘Common disorders such as anxiety and depression’ to primary care.
- Little or nothing on mental, dental, AOD, indigenous, preventive, community health – just doctors and hospitals
- Creation of additional bureaucracy – LHNs, Medicare Locals (potentially additional)

Evidence-based or is it Evidence-based?

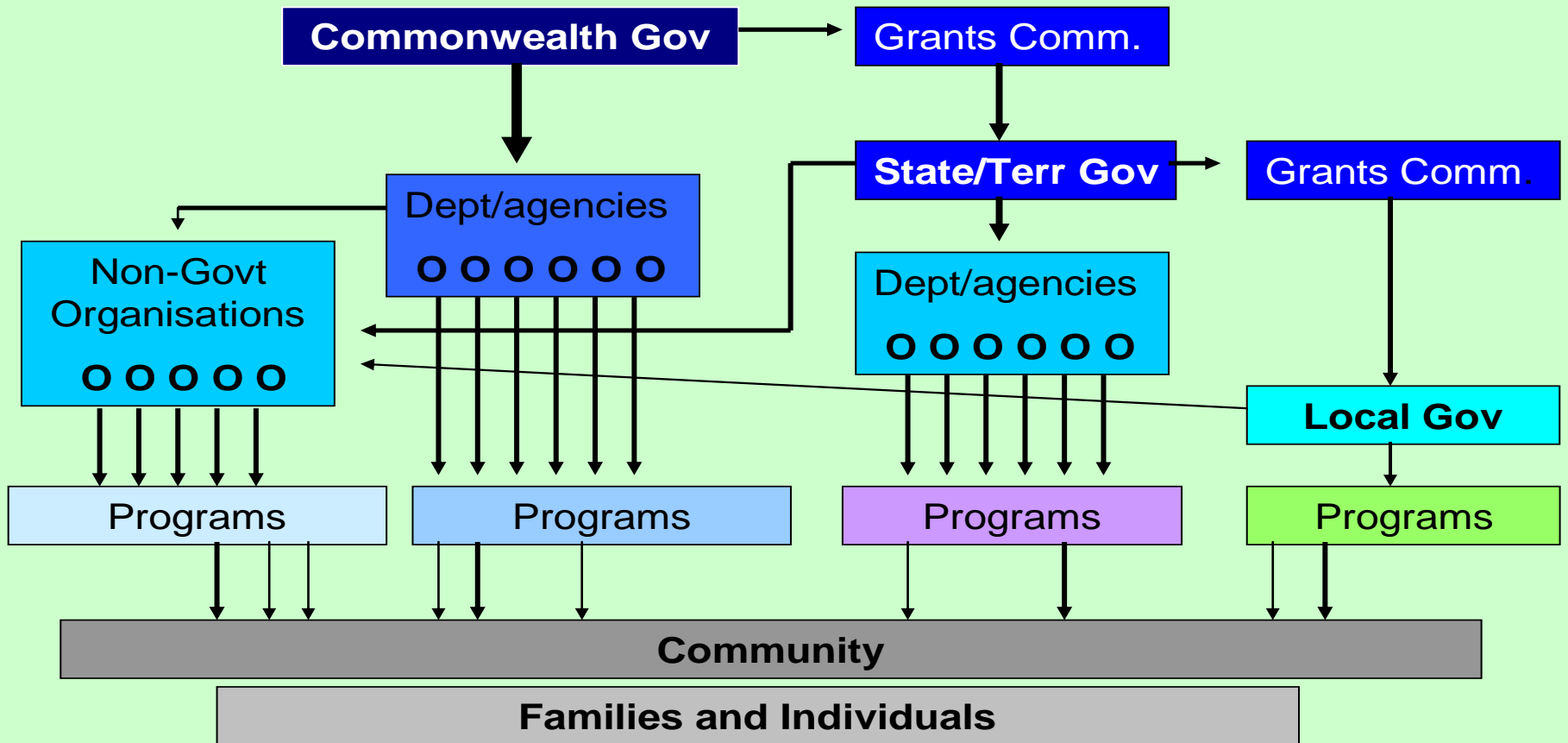
- PM Rudd has called evidence-based policy making the key element in his government's agenda
- We have had more expert advice available
- 'building the foundations for better mental health care'

BUT claims ring very hollow

THERE ARE 3 TIERS OF MENTAL ILLNESS



“The Shower Head Effect”



Adapted from Barrett, 2003

National MH Strategy NACMH's view

- A failed strategy – COAG involvement in 2006 a sign of this
- Most investment into non-evidence based services (i.e. acute care in general hosp.; MBS) as opposed to evidence based responses
- Scale and distribution of evidence based programs too small to make an impact at population level – e.g. MHNIP 15,000 clients; HASI 1000; HASP 240 etc
- Lack of accountability – flying blind
- Lack of investment in hard and soft infrastructure
- Stigma remains
- Crisis will turn to national emergency in a decade if no change

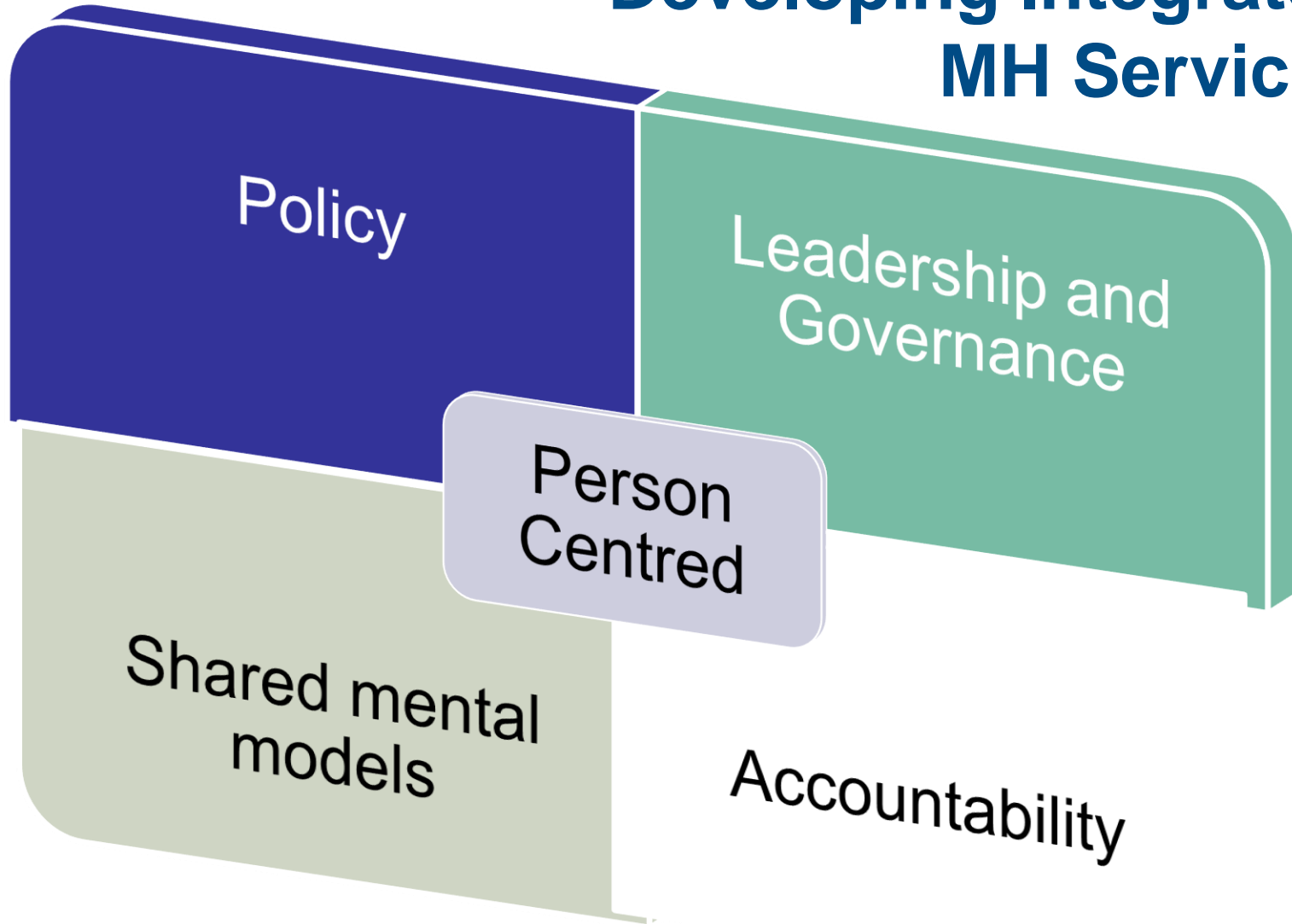
NACMH view on what's needed

- Investment in youth health & early psychosis programs (\$250m per annum)
- Investment in e-mental health (\$20m)
- Investment in prevention & early intervention inc. Suicide prevention (\$100m)
- Integrated supportive housing (\$100m)
- Step up/step down beds, 24/7 care (\$100m)
- Expansion of programs eg PHaMs (\$250m)

NACMH view on what's needed

- Nationally coordinated and consistent community-based program that links health, housing, employment and support for those with persistent mental illness
- Set up new models for flexible, intensive local/regional service integration
- Multidisciplinary, cross sector collaboration-based person centred and directed approaches
- Concrete and clear outcome measures, systematic data collection and rigorous and independent reporting inc new metrics on the experience of service/care

Developing Integrated MH Services



A Mentally Healthy Future for all Australians

- Mental health is everybody's business
- Investing in our communities
- Investing in our workplaces
- Investing in our children, youth and families
- Investing in our health system
- Investing in our mental health system
- Investing in research and measuring progress

Contacting NACMH

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