

The Hon Mark Butler, Minister for Mental Health and Ageing
Primary mental health care in Australia: 2011 and beyond

Thank you for inviting me to be a part of the 2011 Australian General Practice Network Primary Mental Health Care Conference. I'm sorry I can't be there in person – luckily, our modern technology allows me to still participate.

As I am sure you would be aware, the Prime Minister has identified mental health reform as a major priority for this term of government.

And she appointed me as the first ever Commonwealth Minister for Mental Health.

You will also be aware that at the recent Council of Australian Government's meeting (COAG) a national agreement was struck on health reform.

This will deliver a better deal for all Australians and secure the long-term sustainability of Australia's health system.

I believe it will deliver lasting benefits to mental health consumers and will seek to build on the work done in our first term to make lasting improvements to mental health care.

I have recently undertaken a range of consultations with consumers and carers, and with other key stakeholders about what needs to change in the mental health system, and what needs to be strengthened in relation to the mental health reform effort.

From these consultations, five key areas of focus for future mental health reform have emerged. These are:

- strengthened focus on the mental health needs of children and youth;
- improving outcomes for people with severe mental illness through better coordination of services;
- strengthening primary mental health care services;
- increasing economic and social participation for people with mental illness; and
- ensuring quality, accountability and innovation in mental health services.

Strengthening primary mental health care services is a really important plank for our health reform plans. COAG this year acknowledged the Commonwealth's lead role in delivering primary health care reform to enable patients to receive the care they need when and where they need it – and in doing so, taking pressure off public hospitals.

Under the new Heads of Agreement on National Health Reform, the Commonwealth will pursue reforms in primary health care focusing on: the establishment of Medicare Locals; the establishment of 64 GP Super Clinics and provision of primary care infrastructure grants for approximately 425 upgrades to existing practices; continued investment in training of up to 1,200 GPs per year, more allied health professionals, and supporting up to 4,600 practice nurses; and bringing forward after-hours GP care reform.

For people with mental illness, particularly those with more severe symptoms, multiple comorbidities and complex needs, general practice is central to ensuring their broader health as well as mental health issues are looked after.

Medicare Locals

As part of the Australian Government's National Health Reform program, a total of \$477 million over four years will be provided to establish a national network of Medicare Locals across Australia.

Medicare Locals will be locally based organisations, formed by a single or group of organisations, partnership, joint venture or consortium. They will be responsible for ensuring local primary care services work as a coordinated system to meet the health needs of their local community.

The first 15 Medicare Locals will commence in July 2011 with a further 15 Medicare Locals to commence in January 2012. The remainder will commence in July 2012.

The Government expects that the first group of Medicare Locals will be drawn from high performing Divisions of General Practice.

The Government expects that the subsequent two groups of Medicare Locals will build on the expertise and capacity of existing primary care organisations, particularly where there are partnerships involving existing Divisions of General Practice and other primary health care organisations and services.

Medicare Locals will be expected to engage with the full range of primary health care providers in their community and build on the current activities and functions of the Divisions of General Practice network, while expanding the focus of these activities to cover the full range of primary health care services and providers.

The role and function of Medicare locals is to:

- Improve the patient journey through developing integrated and coordinated services;
- Provide support to clinicians and service providers to improve care;
- Identify and monitor the needs of the local population, especially high need and underserved groups, and develop locally focused and responsive services;
- Facilitate the implementation and successful performance of primary health care initiatives and programs; and
- Ensure efficiency and accountability with strong governance arrangements and effective management.

Medicare Locals will become the fundholders for programs such as the Access to Allied Psychological Services (ATAPS) program and the new Flexible Care Packages. They will forge important links between Commonwealth and State funded services through local hospital and health networks, and links between clinical and non-clinical services for people with mental disorders.

The transition to Medicare Locals will bring many opportunities. I also acknowledge that it brings significant change and some uncertainty for Divisions of General Practice.

Divisions have played an important and significant role in ATAPS, headspace and primary mental health care more generally. I also acknowledge the role of the Australian General Practice Network in supporting the growing network of services.

With Minister Roxon, I intend to continue to work closely with the Australian General Practice Network on the transition of mental health services to Medicare Locals to ensure that the momentum that has been generated is not lost and that service delivery remains unaffected.

Medicare Locals are going to play a key role in integrating mental health services at a local level.

Taking Action to Tackle Suicide package

The ATAPS program has been a key platform for primary mental health care services funded by the Commonwealth.

With new funding of \$274 million committed through the *Mental Health: Taking Action to Tackle Suicide* package, a number of additional services will start rolling out through the ATAPS initiative from 1 July 2011.

These will be rolled out through Medicare Locals as they come on board.

More Psychological Services for People Who have Attempted or who are at Risk of Suicide

An additional \$23.5 million over three years will provide more psychological services for people who have attempted or are at risk of suicide.

This measure builds on the learnings of the Additional Support for People at Risk of Suicide or Self Harm demonstration projects, funded in 18 Divisions of General Practice since June 2008.

The evaluation of the demonstration projects has found that positive outcomes are being achieved for consumers, and this funding will build on those positive outcomes.

This funding will provide more psychological services for up to 37,500 people who have attempted or are at risk of suicide, to help reduce repeated attempts of suicide.

Services for Children with Mental Health or Developmental Issues

An additional \$21.6 million over four years will provide more services to children and their families through ATAPS.

Around 26,000 children with mental health or developmental issues and their families will benefit from these specific services which will be designed specifically to benefit children and families.

These services will be supported with training and resources for professionals delivering services.

Funding will also support the development of linkages between local community mental health providers, GPs, child and maternal health clinics, schools and other social services. This will encourage and support community workers to identify and appropriately refer children who may be in need of psychological services.

Flexible Care Packages

In the 2010-11 Budget the Government committed \$58.5 million to provide funding for flexible care packages of clinical and care coordination services to better support up to 25,000 people with severe mental illness in the community.

An additional \$60 million was committed under the *Mental Health: Taking Action to Tackle Suicide* package for non-clinical support services such as structured social activities, personal helpers and respite services for carers to enhance the flexible care packages and to enable wrap around care to be tailored to the needs of the individual.

The Department of Health and Ageing has recently completed national stakeholder consultations in relation to the design and implementation of the flexible care packages.

Feedback from the consultations has indicated strong support for the packages and for the integrated wrap around health and non-health services including care coordination for people with severe mental illness who are relying on primary care.

Feedback has also indicated that stakeholders support the role of Medicare Locals in implementing the packages.

Based on advice provided by stakeholders and given the complexity of the measure, I have decided to build in a six month establishment period during the introduction of the packages to allow service providers to establish the service arrangements and put in place the various supports that they will need.

The Department will work with the sector to put in place foundation building blocks to support the service providers and people with severe mental illness. These will include: a Quality Assurance Framework, including clinical governance arrangements to ensure quality of care and clinical support for the range of clinical, non-clinical, government and non-government service providers; support infrastructure for Medicare Locals to guide the provision of services for people with severe mental illness, including business models, demand management strategies and relationship building with the non-government service providers; education and training for general practitioners and allied health providers to ensure appropriate referral and treatment of clients; and data collection to inform the monitoring and evaluation of the measure including client outcomes.

Given the capacity of Medicare Locals to integrate mental health services and establish support structures, the flexible care packages will be implemented in a staged approach coinciding with the establishment of Medicare Locals.

This approach, which is in response to feedback from the sector, will allow time to establish sound arrangements to ensure quality of care and appropriate clinical support for the range of service providers. This approach will also ensure that the flexible care packages will provide the best possible care to people with severe mental illness.

Queensland Floods and Ex Tropical Cyclone Yasi

Recent natural disasters have had a profound effect on the Australian community. All Australians have been saddened by the tragic loss of life and widespread devastation experienced in many communities.

The recent Commonwealth response has again demonstrated the important role that Divisions play, particularly as a platform for seamless and targeted service delivery and built on the experience gained through the mental health response to the Victorian bushfires in 2009.

In regard to the 2009 Victorian bushfires, the nine Divisions of General Practice who receive funding through ATAPS have reported over 1,900 bushfire specific referrals and over 10,000 sessions since commencement of funding in February 2009. This demonstrated very clearly the important role of ATAPS in providing a primary care response to complement state emergency and specialised mental health services

On 13 January 2011, I announced the Government's commitment of \$1.3 million to increase services in flood and cyclone affected regions of Queensland, to be delivered through ATAPS. The additional funding of \$1.3 million is available in 2010-11 and can be directed up until 30 June 2011.

The additional funding will provide support to Divisions of General Practice experiencing increased demand for services as a result of the Queensland Floods and ex tropical cyclone Yasi. The Australian Government has committed to collaborating with Queensland Health in taking forward a mental health response through the recovery period.

The role of the Australian Government will include;

- Provision of expanded psychological services for people impacted by the floods or cyclone on referral from GPs or from state mental health services;
- Education and training for primary mental health care workers providing services to people who have been impacted by the floods or cyclone, including ATAPS allied health workers and GPs, drawing upon Queensland Health expertise and experience with the Victorian bushfires; and
- Continued support for ‘whole community’ activities including telephone based services through Commonwealth services including Kids Helpline and Lifeline.

The Department of Health and Ageing has also been involved with the Queensland Mental Health Natural Disaster Recovery Plan 2011-13, and is currently discussing with General Practice Queensland delivering a Skills in Psychological Recovery training package in line with the Recovery Plan.

Last week, the Prime Minister and Queensland Premier Anna Bligh announced a \$39 million package to support the recovery and wellbeing of people in Queensland, including up to \$10 million for a Mental Health Disaster Recovery Package to support mental health services in disaster-affected communities in Queensland. This comes on top of funding announced earlier this year.

So, we are working together with the sector, with health professionals, providers, carers, consumers and their families, to bring about sustainable and structured genuine mental health reform. I look forward to continuing to work with you toward this goal.

Concluding Comment

Thank you for giving me the opportunity to address you all. I wish you well for the 2011 Australian General Practice Network Primary Mental Health Care Conference.