

Attachment A: Current Commonwealth investment in mental health

This attachment provides detail about patterns of investment in mental health supports by the Commonwealth Government, including the types of support the Commonwealth funds, and how much money it dedicates to each at present.

A taxonomy of Commonwealth mental health investment

Sixteen Commonwealth Government departments and agencies fund 140 individual programmes which target mental health issues. The majority of these programmes are administered by:

- the Department of Health – 46 programmes (\$3.29 billion in 2012–13)
- the Department of Defence – 26 programmes (\$26.9 million in 2012–13)
- the Department of Social Services – 25 programmes (\$5.86 billion in 2012–13)
- the Department of Veterans' Affairs – nine programmes (\$166.8 million in 2012–13).

To assist in the analysis of mental health programmes administered by the Commonwealth, the Commission grouped programmes under seven *mental health taxonomy* streams:

1. Direct Mental Health Programmes and Services for the population.
2. Direct Primary Mental Health Programmes and Services for individuals.
3. Direct Specialised Clinical Mental Health Programmes and Services for individuals.
4. Direct Specialised Community Support – Family and Carer Support.
5. Mental Health System Capacity, Quality and Support Programmes and Services.
6. Indirect Mental Health Support Programmes and Services.
7. Uncategorized mental health programmes.

1. Direct Mental Health Programmes and Services for the Population

Commonwealth-funded population-level mental health services are numerous and diverse. They include national programs delivered to the entire population, targeted programmes for high-risk groups, such as the National Perinatal Depression Initiative, and community development services designed for very specific geographic areas and/or groups.

Mental Health promotion/community development

There are three departments or agencies (Health, Veterans' Affairs and the Australian National Preventive Health Agency) which delivered nine *Mental Health Promotion/Community Development* programmes at a cost of \$62.8 million in 2012–13. The major programmes funded in this group include *beyondblue*, KidsMatter and an element of the National Suicide Prevention Programme:

- *beyondblue* is a collaborative initiative funded by the Australian, state and territory governments that aims to raise community awareness and reduce stigma related to depression, anxiety and associated disorders in Australia.
- KidsMatter is funded under the COAG Mental Health New Early Intervention Services for Parents, Children and Young People measure. This allocation provides for early intervention services for parents, children and young people, and aims to support early intervention for children and young people who were at risk of developing mental health problems, or who were showing early signs or symptoms of mental health problems.
- The National Suicide Prevention Programme (NSPP) funds suicide prevention activities across the Australian population and for specific at-risk groups including men, Indigenous people, people in rural and remote Australia, people bereaved by suicide, people with a mental illness and young people. The NSPP also provides funding to

other Commonwealth-funded mental health programs, including Access to Allied Psychological Services (ATAPS) and MindMatters, for the inclusion of suicide prevention specific activities under these initiatives.

Mental Illness prevention

The Department of Health delivers five *Mental Illness Prevention* programmes which totalled \$22.4 million in 2012–13. Elements of *beyondblue* are funded under this taxonomy; however, the National Perinatal Depression Initiative is the major programme funded in this group (\$9.9 million in 2012–13). The National Perinatal Depression Initiative (NPDI) aims to improve prevention and early detection of antenatal and postnatal depression and provide better support and treatment for expectant and new mothers experiencing depression. The initiative is cost shared between the Commonwealth and the states. Funding is also provided to *beyondblue* to support the NPDI and via the ATAPS program.

Web-based self-help programmes

The Department of Health delivers two *Web-based Self-help* programmes which totalled \$5.4 million in 2012–13:

- The virtual clinic (MindSpot) provides free real-time, online and telephone-based cognitive behavioural therapy for high prevalence disorders with a trained therapist. Treatment is for those aged 18 years and over.
- The Teleweb measure is an ongoing Council of Australian Governments (COAG) initiative, the COAG Mental Health – Telephone Counselling, Self Help and Web-Based Support Programmes measure, with funding commencing in 2006. The Teleweb measure supports the provision of evidence-based telephone and online mental health programs to supplement or substitute for existing face-to-face services for people with common mental health disorders or those in psychosocial crisis.

2. Primary mental health services

Commonwealth-funded primary mental health care services target a range of populations with problems of varying severity and type. For example, mental health-specific Medicare Benefits Schedule (MBS) services are generally intended for people with any mental disorder. Some services target specific sub-groups—for example, the National Perinatal Depression Initiative provides treatment for women with perinatal depression, and the Mental Health Nurse Incentive Programme targets people suffering from severe and persistent disorders. Other services (e.g. Kids Helpline) are delivered to people who are experiencing mental health problems but may not have a formally diagnosed mental disorder.

The Commonwealth funds primary mental health care services through a range of mechanisms, including the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme/Repatriation Pharmaceutical Benefits Scheme and financial contributions to nongovernment organisations.

Primary Care – General Practitioner

The Department of Health and the Department of Veterans' Affairs fund two programmes that fit within this category. The MBS, administered by the Department of Health, is the major programme of this category attracting \$195.5 million in funding in 2012–13. Services are provided to individuals by general practitioners for the assessment and treatment of mental health problems. The majority of general practitioner mental health care activities are funded through the MBS, but this category may also be funded by third parties, including the

Department of Veterans' Affairs, the Department of Defence, injury compensation (such as workers' compensation or compulsory third party insurance) and other insurance funds.

The Department of Veterans' Affairs also directly funds general practitioners, which totalled \$21.8 million in 2012–13.

Primary Care – Private Allied Health

The Department of Health (10) and the Department of Veterans' Affairs (1) deliver eleven *Primary Care – Private Allied Health* programmes, totalling \$510.9 million in 2012–13. The major programmes within this category include: Better Access to Psychiatrists, Psychologists and GPs through the MBS (Better Access programme); ATAPS (Access to Allied Psychological Services); and general access to the MBS.

The purpose of the Better Access initiative is to improve early detection, treatment and management of common mental disorders such as anxiety and depression in the community through access to short-term psychological interventions in the primary care setting through MBS. It also funds access to psychiatrists.

The ATAPS programme provides short-term focused psychological strategies services in the primary care setting, currently through Medicare Locals, for people with a diagnosed mental disorder of mild to moderate severity. ATAPS targets hard-to-reach groups which continue to miss out on Medicare-subsidised services, including people from low socio-economic areas. In addition, funding is provided to several organisations to support Medicare Locals in the delivery of services in areas such as training, resource development and clinical support.

MBS payments for mental health-specific items are delivered by three provider groups:

- **Consultant Psychiatrists:** Expenditure reported refers to benefits paid for all services by consultant psychiatrists. The amounts reported exclude payments by the Department of Veterans' Affairs under the Repatriation Medical Benefits Schedule.
- **General Practitioners:** Expenditure on GP mental health care is based solely on estimated benefits paid against the MBS mental health-specific GP items, which are predominantly the Better Access GP mental health items plus a small number of other items that were created in years preceding the introduction of the Better Access initiative.
- **Psychologists/Allied Health:** Expenditure refers to MBS benefits paid for clinical psychologists, psychologists, social workers and occupational therapists under items introduced through the Better Access to Mental Health Care initiative on 1 November 2006.

The Australian National Audit Office (ANAO) conducted an audit of ATAPS in 2012. The focus of the audit was on the then Department of Health and Ageing's administration of the ATAPS program, including systems and processes the department employs to: guide its administrative efforts; manage day-to-day delivery of the programme through a large number of third party providers; plan and administer programme initiatives; monitor compliance with programme requirements; and report on the extent to which the programme is achieving the objectives set by government. Overall the ANAO audit was favourable.

Primary Care – Web and Telephone-based

The Department of Health funds one e-Mental Health programme which sits within this category, totalling \$7.6 million of funding in 2012–13. Web-based programs provide interventions designed for both educational and therapeutic purposes. Interventions are

structured and similar to web-based self-help programmes, but direct support, guidance and feedback is provided by health/mental health workers on a one-to-one basis (e.g. via email, instant messaging, webcams, Skype). The total amount of human support and feedback provided to the user can vary from a few minutes to several hours.

Telephone-based programs include clinical mental health services and counselling provided by trained mental health professionals. These are designed to deal with a broad range of health problems for someone who may or may not be experiencing a mental illness, and hence are considered to be a primary mental health care intervention.

Primary Care – Private Mental Health Nurses

The Department of Health and Department of Veterans' Affairs fund two *Private Mental health Nurse* programmes, totalling \$61.5 million in 2012–13. The larger of the two programmes, the Mental Health Nurse Incentive (MHNI) programme, is administered by the Department of Health.

The MHNI programme provides incentive payments to community based general practices, private psychiatrist practices and other organisations that engage mental health nurses to assist in the providing of coordinated clinical care for people with severe mental disorders. Session caps to the MHNI programme were applied in May 2012¹.

The Department of Veterans' Affairs purchases its mental health services from the mainstream public and private health sector, with the exception of Veterans and Veterans Families Counselling Service (VVCS), which provides free and confidential 24-hour counselling and support to members of the veteran and ex-service community, including veterans' partners and immediate family.

The VVCS provides counselling and group programs to Australian veterans, peacekeepers and their families. It is a specialised, free and confidential Australia-wide service.

VVCS staff are qualified psychologists or social workers with experience in working with veterans, peacekeepers and their families. They can provide a wide range of treatments and programs for war and service-related mental health conditions, including post-traumatic stress disorder (PTSD).

Primary Care – Indigenous

The Department of the Prime Minister and Cabinet funds one *Primary Care – Indigenous* programme, the Social and Emotional Wellbeing Programme, which totalled \$47 million in 2012–13.

The objective of the Social and Emotional Wellbeing Programme is to enhance existing service delivery to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations, through flexible models of service delivery and national coordination and support.

The funding is being provided for:

- counselling, family tracing and reunion services to members of the Stolen Generations through a network of eight Link Up services
- social and emotional wellbeing support and counselling services to Indigenous Australians, prioritising members of the Stolen Generations largely through more than 90 Aboriginal Community Controlled Health Organisations
- workforce, training, and development through nine Workforce Support Units and 11 Indigenous Registered Training Organisations

- Stolen Generations national organisations
- national coordination support to services and staff.

Primary Care – General Practitioner – Medicine Prescribing

The Department of Health is responsible for the Pharmaceutical Benefits Scheme (PBS) and administers the Repatriation Pharmaceutical Benefits Scheme (RPBS). The PBS and RPBS accounted for \$646.6 million funding in 2012–13. Under the PBS, the government subsidises the cost of medicine for most medical conditions. Most of the listed medicines are dispensed by pharmacists, and used by patients at home.

The RPBS provides a wide range of pharmaceuticals and dressings at a concession rate for the treatment of eligible veterans, war widows/widowers and their dependents.

There were 23.74 million PBS and RPBS-subsidised prescriptions for mental health-related medications in 2012–13, accounting for 11.4 per cent of all subsidised prescriptions:

- 85.7 per cent of the mental health-related subsidised prescriptions were provided by GPs, with another 8.1 per cent being prescribed by psychiatrists and 6.1 per cent by non-psychiatrist specialists
- subsidised prescriptions comprised 76.4 per cent of the estimated 31.1 million community dispensed mental health-related prescriptions
- there was an average annual increase of 2.9 per cent in the rate of community dispensed prescriptions for mental health-related medications from 2008–09 to 2012–13.²

3. Direct Specialised Clinical Mental Health Programmes and Services for Individuals

Specialised Clinical Care – Acute inpatient

There are three departments (Health, Veterans' Affairs and Treasury) delivering four *Specialised Clinical Care – Acute inpatient* programmes totalling \$740.7 million in 2012–13. Inpatient services provide assessment, treatment and specialist psychiatric care to individuals with acute episodes of a mental disorder requiring short-term admission (average stay of 13.7 days) to a hospital-based psychiatric unit³. The major programme within this category is in the National Health Care Agreement administered by the Department of Health, and the mental health care component of the agreement comprises \$574.0 million in 2012–13.

Specialised Clinical Care – Subacute inpatient

Subacute mental health care, as defined for the 2010 National Partnership Agreement on Improving Public Hospital Services, is “care in which the primary clinical purpose or treatment goal is improvement in function, behaviour and/or quality of life for a patient with a mental illness”. The Department of Health administers the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS): Schedule E (New Subacute Beds Guarantee Funding), totalling \$71.4 million in 2012–13. The NPA-IPHS Funding provided to states and territories to deliver and operate 1316 new subacute care beds nationally in hospital and community settings. These reforms will improve patient health outcomes, functional capacity and quality of life by increasing access to subacute services including rehabilitation, palliative care, subacute mental health, geriatric evaluation and management and psycho-geriatric services.

Specialised Clinical Care – Ambulatory

Three departments (Health, Immigration and Border Protection and Veterans' Affairs) deliver ten *Specialised Clinical Care – Ambulatory* programmes, totalling \$820.8 million in 2012–13. Ambulatory services are distinguished from bed-based services because they are delivered in community outpatient settings. Specialised assessment, treatment and ongoing management/rehabilitation services for mental disorders are often delivered in ambulatory settings. Elements of the National Health Care Agreement and National Partnership on Mental Health, both administered by the Department of Health, are included under this category.

Specialised Clinical Care – Psychiatrist/other specialist – Medicine Prescribing

The Department of Health delivers one *Specialised Clinical Care – Psychiatrist/other specialist – Medicine Prescribing* programme, through the PBS, which totalled \$153.6 million in 2012–13. Mental health-related medications are prescribed by psychiatrists or other medical specialists (such as psychiatric registrars or other medical officers). These medications generally include antipsychotics, anxiolytics, hypnotics and sedatives, antidepressants, psychostimulants and nootropics.

4. Direct Specialised Non-Clinical Mental Health Programme and Support Services for Individuals

The Commonwealth funds a range of programmes targeting populations whose lives are severely affected by mental illness. Examples include Partners in Recovery, Personal Helpers and Mentors (PHaMs), and the Support for Day-to-Day Living in the Community Program. It also funds services that primarily deliver crisis support (e.g. Lifeline), but whose clients may or may not have a mental disorder. The majority of these services are funded via financial contributions to nongovernment organisations.

Specialised Community Support – Family and Carer Support

The Department of Social Services delivers two *Specialised Community Support – Family and Carer Support* programmes, totalling \$80.4 million in 2012–13. Two programmes within the Targeted Community Care (Mental Health) Programme fit within this category: *Family Mental Health Support Services* and *Mental Health Respite: Carer Support*. The Targeted Community Care (TCC) Programme commenced in 2006 following a Council of Australian Governments (COAG) agreement to a whole-of-government approach to mental health. The TCC programme aims to assist people with mental illness and their families and carers.

The Family Mental Health Support Services (FMHSS) provide flexible and responsive services for children and young people who are affected by, or at risk of mental illness, and their families. Services identify risk factors or issues which may lead to poor mental health outcomes for children and young people.

The aim of the Mental Health Respite: Carer Support (MHR:CS) programme is to assist carers of people with mental illness to sustain their caring roles and maintain connection with their communities, by increasing access to flexible, innovative carer support services. MHR:CS services are in scope to transition to the National Disability Insurance Scheme.

Specialised Community Support – Personalised Support

Two departments (Health and Social Services) deliver four *Specialised Community Support – Personalised Support* programmes totalling \$139.5 million in 2012–13. The Personal Helpers and Mentors (PHaMs) initiative of the Targeted Community Care (Mental Health) programme

is the major programme within this category. PHaMs provides one-to-one practical support for people over 16 years of age whose lives are impacted by mental illness. PHaMs has more than 220 sites nationally. PHaMs services are in scope to transition to the National Disability Insurance Scheme.

The PHaMs Employment initiative is a new stream of PHaMs, implemented as part of the 2011–12 mental health budget measures. Services have progressively become operational since June 2013. Services provide support for people with a mental illness receiving the Disability Support Pension or other government income support payments. They provide specialist support and work with employment services, such as Disability Employment Services, Job Services Australia, state-funded services and social enterprises, to assist PHaMs participants to address non-vocational issues that are barriers to finding and maintaining employment, training or education.

Specialised Community Support – Mutual Support and self-help groups

Elements of the National Suicide Prevention Programme delivered by the Department of Health are funded within this category, totalling \$0.4 million in 2012–13.

Specialised Community Support – Group Support Services

The Department of Health delivers four *Specialised Community Support - Group Support Services* programmes totalling \$25 million in 2012–13. The Day to Day Living Programme is the majority share funded within this category and it supports the Commonwealth Government's contribution to the achievement of outcomes under the National Mental Health Strategy.

Specialised Community Support – Employment / Education / Training

Three departments (Health, Health Workforce Australia and Australian Federal Police) deliver seven *Specialised Community Support – Employment/Education/Training* programmes totalling \$7.6 million in 2012–13. The majority of funding within this category funds headspace, administered by the Department of Health. The headspace National Office is funded to provide national management of the headspace network and to subcontract lead agencies for the delivery of services. Within centres treatment is delivered through GPs and allied health professionals. Eheadspace services are delivered by allied health professionals.

Specialised Community Support – Care Co-ordination

The Department of Health delivers one *Specialised Community Support – Care Co-ordination* programme totalling \$62.5 million in 2012–13, which funds Partners in Recovery (PIR). PIR targets 24,000 people, out of an estimated 60,000, with severe and persistent mental illness with complex needs. The programme is delivered by PIR Organisations in each Medicare Local region - 48 regions are currently in contract. The PIR Organisation comprises a lead agency (35 Medicare Locals and 13 nongovernment organisations) and formal consortium member organisations which are listed in the funding agreement and collectively responsible for implementing PIR across the relevant region (210 in total). A comprehensive evaluation undertaken by an independent contractor commenced at the start of the initiative and will conclude in 2016. It is estimated that 70 per cent of PIR activities are in scope to transition to the National Disability Insurance Scheme.

Specialised Community Support – Information / Referral / Counselling

The Department of Health delivers five *Specialised Community Support – Information /Referral / Counselling* programmes totaling \$61.8 million in 2012–13. The majority of funding within

this category funds headspace. The headspace programme commenced in 2006 and has been in a continual state of expansion since; current commitments total 100 sites across Australia by 2017. The funding model for the headspace programme was last revised in 2011–12. Centre funding is based on an average of \$842,000 per annum per site and indexation has not been applied to this average. A future review of this average will be required for long-term sustainability.

The management of centres by locally based organisations (lead agencies) and their engagement of local health and social service organisations through consortium partnerships has been a critical factor in the success of the headspace model.

5. Mental Health System Capacity, Quality and Support Programmes and Services

Under several national agreements, the Commonwealth funds a range of specialised services delivered in private and public sector hospitals and ambulatory care settings. These services are generally intended for those with mental disorders of high severity. For example, the planned Early Psychosis Prevention and Early Intervention Centres will deliver specialised care to young Australians aged 15–24 years with emerging psychotic disorders. Services provided by private consultant psychiatrists subsidised through the MBS also fall into this category.

System Level – Population Research

Three agencies (Health, National Health and Medical Research Council (NHMRC), and Veterans' Affairs) deliver four *System Level – Population Research* programmes, totalling \$70.7 million in 2012–13. The majority of this funding is delivered by the NHMRC for research from NHMRC Medical Research Endowment Account (MREA) that includes mental health research.

System Level – Population Sector Capacity Building and Peaks

The Department of Health delivers six *System Level – Population Sector Capacity Building and Peaks* programmes, totalling \$10.3 million in 2012–13. The majority of funding within this category funds the National Mental Health Commission.

Population Information Management and National Surveys

Two departments (Health and Prime Minister and Cabinet) fund six *System Level – Population Information Management and National Surveys* programmes totalling \$16.5 million in 2012–13. The majority of funding within this category funds mental health reform.

Population Quality and Standards

Three departments (Health, Comcare and the Australian Commission on Safety and Quality in Health Care) deliver nine *System Level – Population Quality and Standards* programmes totalling \$12.7 million in 2012–13. The majority of funding within this category funds departmental work within the Department of Health.

System Level – Individual Workforce Development Education and Training

Two departments (Health and Human Services) deliver seven *System Level – Individual Workforce Development Education and Training* programmes, totaling \$15 million in 2012–13. The majority of funding under this category belongs to *Additional Education Places Scholarships and Training in Mental Health* and *Better Access*.

6. Indirect Mental Health Support Programmes and Services

The Department of Social Services administers *Carer Payment*, *Carer Allowance* and the *Disability Support Pension*. The Carer Payment and Carer Allowance are paid to carers of both adults and children. The annual \$600 Carer Supplement may also be available to recipients of Carer Allowance for each person being cared for, and an additional \$600 to those in receipt of Carer Payment or other eligible income support payment.

Individual Carer Payment

This payment provides financial assistance to carers whose caring responsibilities for people with disability, frailty because of age, or a severe medical condition severely restrict their ability to undertake paid employment. The carer must personally provide constant care in the home of the care receiver, and meet an income and assets test. A person cannot receive Carer Payment and another income support payment at the same time. Care receivers are subject to a separate income and assets test. In 2012–13 Carer Payment totalled \$793.7 million in funding.

Individual Carer Allowance

In 2012–13 *Carer Allowance* totalled \$205.4 million in funding.

Carer Allowance (Adult)

Carer Allowance (Adult) assists in making payments to financially assist carers who provide daily care and attention in a private home to a person with a disability or severe medical condition.

Carer Allowance (Child)

Carer Allowance (Child) assist in making payments to financially assist carers who provide daily care and attention in a private home to a child under age 16 with disability or a severe medical condition.

Carer Allowance is not taxable or income and assets tested, and it can be paid in addition to a social security income support payment. A carer who qualifies for Carer Payment (Child) automatically qualifies for Carer Allowance (Child).

Disability Support Pension

The Disability Support Pension (DSP) is an income support payment for people who are unable to support themselves adequately through work due to a permanent physical, intellectual or psychiatric impairment.

As at June 2012, to be eligible for Disability Support Pension a person must be permanently blind or have a permanent physical, intellectual or psychiatric impairment of at least 20 points under the impairment tables. If at least 20 points are not allocated under a single impairment table, a person must have also actively participated in a programme of support.

An 'impairment' is defined as permanent under the *Social Security Act 1991* if it is fully diagnosed, treated and stabilised and likely to last for at least two years without significant functional improvement. The person must be unable to work for at least 15 hours per week at or above the relevant minimum wage for the next two years or be unable to be retrained for such work within the next two years because of that impairment.

As June 2013, there were 821,738⁴ individuals receiving the DSP. At September 2013, there were 256,380 individuals receiving the DSP with a primary medical condition listed as 'psychological/psychiatric'. This represented \$4.67 billion in 2012–13.

7. Uncategorized

Uncategorised Mental Health Specific Programmes (non-Defence)

Five departments (Australian Human Rights Commission, Australian National Preventive Health Agency, the Department of Health, the Department of Human Services and the Department of Social Services) administer 29 programmes, totalling \$12.8 million in 2012–13, which deliver outcomes for populations and/or individuals with mental health issues; however, they are not specific mental health care programmes.

Uncategorised Mental Health Specific Programmes (Defence)

The Department of Defence (Defence) administers 26 individual mental health programmes. Since 2009 Defence has spent almost \$95 million on mental health services and support. Internally Defence administers mental health care through counselling and cognitive behaviour therapies undertaken by registered allied health professionals (e.g. clinical psychologists) to the Australian Defence Force. Australian Defence Force members also have access to services provided under the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

2012–13 Commonwealth investment in mental health

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
All streams/programmes – Grand Total			9,577.5
1. Prevention, health promotion, self-help and education services and programmes			90.6
Mental Health promotion/community development			62.8
	Australian National Preventive Health Agency		0.2
		Young Australians Alcohol Reporting System	0.2
	Department of Veterans' Affairs		3.3
		Mental health budget measures (aggregated)	3.3
	Department of Health		59.3
		<i>beyondblue</i>	12.0
		e-mental health	2.2
		KidsMatter	16.2
		National Mental Health Programme	4.0
		National Perinatal Depression Initiative	1.1
		National Suicide Prevention Programmes	18.6
		Programme of Assistance for Survivors of Torture and Trauma	5.3
Mental illness prevention			22.4
	Department of Health		22.4
		<i>beyondblue</i>	3.2
		Health and Wellbeing Checks for 3 year olds	0.6
		National Mental Health Programme	4.0
		National Perinatal Depression Initiative	9.9
		National Suicide Prevention Programmes	4.6
Web-based self-help programmes			5.4
	Department of Health		5.4
		e-mental health	5.4

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
		National Suicide Prevention Programmes	n.r.
2. Primary mental health services			1,483.0
GP-provided mental health services funded by MBS/third party funders			217.4
	Department of Veterans' Affairs		21.8
		General Practitioners (GPs)	21.8
	Department of Health		195.5
		Medicare Benefits Schedule (MBS) - GPs	195.5
Private allied health provided mental health services funded by MBS/third party funders			510.9
	Department of Veterans' Affairs		2.3
		Allied mental health provider services	2.3
	Department of Health		508.6
		Access to Allied Psychological Services	74.1
		Autism - Addition of Specific MBS Item	n.a.
		Maternity Peer Support	1.4
		Medicare Benefits Scheme – Psychologists/Allied health	411.4
		Mental Health Services in Rural and Remote Areas Programme	15.9
		Mental Health Support for Drought Affected Communities	n.r.
		National Advisory Council on Mental Health	n.r.
		National Suicide Prevention Programmes	5.9
		Sisters of Charity Outreach	n.r.
Web/telephone-based mental health services provided by health professionals			7.6
	Department of Health		7.6
		e-mental health	7.6
Allied mental health delivered through state/territory community health centres			n.a
		<i>No Commonwealth programmes identified</i>	n.a
Private mental health nurses in MBS-funded GP practices/third party funders			61.5
	Department of Veterans' Affairs		26.1
		Veterans and Veterans Families Counselling Service (VVCS)	26.1
	Department of Health		35.4

Notes: Nil : No expenditure incurred. n.r. : No reported expenditure information. n.a. : Not applicable. * : Unable to report at programme level.

As at 13 November 2014.

Based upon information provided by agencies to the NMHC February 2014

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
		Mental Health Nurse Incentive Programme	35.4
Mental health services delivered through Aboriginal controlled mental health services			39.0
	Department of Health		n.r.
		Improving the Capacity of Health Workers in Indigenous Communities	n.r.
	Department of Health /Department of the Prime Minister and Cabinet (PMC)		39.0
		Social and Emotional Wellbeing Programme	39.0
GP prescribed drug therapies			646.6
	Department of Veterans' Affairs		32.2
		Repatriation Pharmaceutical Benefits Scheme	32.2
	Department of Health		614.5
		Pharmaceutical Benefits Scheme	614.5
3. Specialised clinical mental health services (delivered in healthcare settings)			1,786.6
Acute inpatient services			740.7
	Department of Veterans' Affairs		61.7
		Private hospitals	32.5
		Public hospitals	29.2
	Department of Health		574.0
		National Agreements - NHCA/ NHRA (estimated mental health share of Commonwealth hospital funding)	574.0
	Treasury		105.0
		Private Health Insurance Premium Rebates	105.0
Subacute inpatient services			71.4
	Department of Health		71.4
		National Agreements - NPA Improving Public Hospital Services – Subacute beds	71.4
Nonacute inpatient services			n.a
		<i>No Commonwealth programmes identified</i>	n.a
Residential services (with clinical staff)			n.a
		<i>No Commonwealth programmes identified</i>	n.a

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
Emergency department services			n.a
		<i>No Commonwealth programmes identified</i>	n.a
Consultation liaison services			n.a
		<i>No Commonwealth programmes identified</i>	n.a
Specialised ambulatory mental health services			820.8
	Department of Immigration and Border Protection		21.8
		Onshore Detention Health Services Contract	n.r.
		Onshore Torture and Trauma Counselling Contracts	21.8
		Psychological Support Program	n.r.
		Regional Processing Countries Health Services Contract	n.r.
	Department of Veterans' Affairs		18.0
		Psychiatrist services	18.0
	Department of Health		781.0
		Early Psychosis Prevention and Intervention Centre (EPPIC)	9.5
		Medicare Benefits Schedule - Consultant Psychiatrist services	301.0
		National Agreements - NHCA/ NHRA (estimated mental health share of Commonwealth hospital funding)	451.0
		National Partnership on Mental Health	7.4
		Program of Assistance for Survivors of Torture and Trauma	12.3
Psychiatrist/other specialist prescribed drug therapies			153.6
	Department of Health		153.6
		Pharmaceutical Benefits Scheme	153.6
4. Specialised non-clinical mental health support services (delivered in the community)			377.2
Family & Carer Support			80.4
	Department of Social Services		80.4
		Targeted Community Care (Mental Health) Programme (TCC Programme) - Family Mental Health Support Services (FMHSS)	23.2
		Targeted Community Care (Mental Health) Programme (TCC Programme) - Mental Health Respite: Carer Support (MHR:CS)	57.2
Residential services (with non-clinical staff)			n.a
		<i>No Commonwealth programmes identified</i>	n.a

Notes: Nil : No expenditure incurred. n.r. : No reported expenditure information. n.a. : Not applicable. * : Unable to report at programme level.

As at 13 November 2014.

Based upon information provided by agencies to the NMHC February 2014

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
Personalised Support			139.5
	Department of Social Services		100.4
		Targeted Community Care (Mental Health) Programme (TCC Programme) - Personal Helpers and Mentors (PHaMs)	100.4
	Department of Health		39.1
		National Partnership on Mental Health	35.9
		National Suicide Prevention Programmes	2.1
		Tasmanian Health Assistance package - State SPP payments	1.1
Mutual Support and self-help groups			0.4
	Department of Health		0.4
		National Suicide Prevention Programmes	0.4
Group Support Services			25.0
	Department of Health		25.0
		Day to Day Living Programme	13.9
		EPPIC	1.2
		headspace	9.6
		National Suicide Prevention Programmes	0.4
Employment, education and training			7.6
	Australian Federal Police		n.r.
		ACT Policing - Mental Health Community Policing Initiative	n.r.
		AFP Wellbeing Services	n.r.
	Department of Health		7.6
		EPPIC	1.2
		headspace	6.4
	Health Workforce Australia		n.r.
		Mental Health Peer Workforce Study	n.r.
		National Mental Health Core Capabilities (NMHCC)	n.r.
		National Mental Health Workforce Reform Programme	n.r.

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
Care Co-ordination			62.5
	Department of Health		62.5
		Partners In Recovery	62.5
Information, referral and counselling			61.8
	Department of Health		61.8
		<i>beyondblue</i>	0.8
		e-mental health	6.5
		headspace	47.8
		Lifeline - Assistance	n.r
		National Suicide Prevention Programmes	6.7
5.Mental health system and staff capacity building, development and research			125.1
Research			70.7
	Department of Veterans' Affairs		1.3
		Australian Centre for Posttraumatic Mental Health (ACPMH)	1.3
	Department of Health		2.3
		Health Care (Appropriation) Act 1998 - Australian Health Care Agreements - Mental Health	n.r
		Leadership in Mental Health Reform	2.3
	National Health and Medical Research Council (NHMRC)		67.1
		NHMRC Research	67.1
Sector capacity building & national peak bodies			10.3
	Department of Health		10.3
		Health Care (Appropriation) Act 1998 - Australian Health Care Agreements - Mental Health	n.r
		Leadership in Mental Health Reform	2.3
		National Mental Health Commission	6.8
		National Suicide Prevention Programmes	1.3
		Taking Action to Tackle Suicide (TATS) Nationally consistent reporting measure	n.r
Information management & national surveys			16.5
	Department of Health		12.2

Notes: Nil : No expenditure incurred. n.r. : No reported expenditure information. n.a. : Not applicable. * : Unable to report at programme level.

As at 13 November 2014.

Based upon information provided by agencies to the NMHC February 2014

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
		Health Care (Appropriation) Act 1998 - Australian Health Care Agreements - Mental Health	n.r
		Leadership in Mental Health Reform	6.8
		National Agreements - National Health Care Agreement (MH reform payments)	n.r
		National Suicide Prevention Programmes	2.1
		Partners In Recovery	3.3
		Department of Health /Department of the Prime Minister and Cabinet (PMC)	4.3
		Social and Emotional Wellbeing Programme	4.3
Quality and standards			12.7
		Australian Commission on Safety and Quality in Health Care (ACSQHC)	0.3
		Accreditation Workbook for Mental Health Services	0.2
		Medication safety programme	n.r
		Scoping Review: Recognising and Responding to Deterioration in Mental State	0.1
		Scoping Study on the Implementation of National Standards by Mental Health Services	0.1
		Comcare	n.r
		Centre of Excellence in Mental Health and Wellbeing at Work	n.r
		Clinical Panel	n.r
		Development of a national accredited training program for all work health and safety inspectors that equips them to identify and address instances of workplace bullying	n.r
		Development of a uniform national approach to compliance and enforcement policy for preventing and responding to workplace bullying matters	n.r
		Department of Health	24.7
		Department of Health: Departmental Admin Costs	12.3
		Core support for Lifeline Australia National Secretariat Activities under the Health System Capacity Development Fund (HSCDF)	0.2
		Core support for Mental Health Council of Australia - National Secretariat Activities under the HSCDF	0.6
		Health and Hospitals Fund	11.6
Workforce development, education & training			15.0
		DHS	n.r

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
		MBS Primary Care Items eLearning program - EDUCATIONAL RESOURCE	n.r
	Department of Health		15.0
		Additional Education Places Scholarships and Clinical Training in Mental Health	8.3
		Better Access - education and training	6.7
		Leadership in Mental Health Reform	n.r
6. Income support for people and their families			5,675.4
Carer Payment			793.7
	DSS		793.7
		Carer Payment	793.7
Carer Allowance			205.4
	DSS		205.4
		Carer Allowance	205.4
Disability Support Pension			4,676.3
	DSS		4,676.3
		Disability Support Pension (DSP)	4,676.3
7. Uncategorised			39.7
Uncategorised mental health specific programs (non-defence)			12.8
	Australian Human Rights Commission (AHRC)		n.r
		Access to justice for people with disability in the criminal justice system	n.r
		Close the Gap: Indigenous health campaign	n.r
		Preventing crime and promoting rights for Indigenous young people with cognitive disabilities and mental health issues	n.r
		Publication "Workers with mental illness: A practical guide for managers"	n.r
	ANPHA		n.r
		Smoking and Disadvantage Network	n.a.
	Department of Human Services (DHS)		n.r
		Better Start for Children with Disability Initiative - FAQ	n.r
		Better Start for Children with Disability Initiative - flowchart - EDUCATIONAL RESOURCE	n.r
		Chronic disease management - EDUCATIONAL RESOURCE	n.r

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Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
		Diagnostic Audiology Services - EDUCATIONAL RESOURCE	n.r
		Medicare requirements for Better Access to mental health care - EDUCATIONAL RESOURCE	n.r
		Ministerial Referral Service for people presenting at risk of suicide or self-harm	n.r
		Social Work Services	n.r
	DSS		0.4
		National Disability Strategy 2010-2020	n.r
		Consumer Voices	n.r
		Disability Employment Assistance	n.r
		Disability Employment Services (DES) programme	0.4
		Family and Relationship Services, including MensLine	n.r
		Find and Connect	n.r
		Gambling Help Online	n.r
		MyTime Peer Support Groups for Parents and Carers of Children with Disability or Chronic Medical Condition	n.r
		National Affordable Housing Agreement (NAHA)	n.r
		National Disability Agreement (NDA)	n.r
		National Disability Conference Initiative (NDCI)	n.r
		National Disability Insurance Scheme (NDIS)	n.r
		National Partnership Agreement on Homelessness (2013-14)	n.r
		National Partnership Agreement on Mental Health	n.r
		National policy approach to help problem gamblers	n.r
		Reconnect	n.r
		Respite Support for Carers of Young People with Severe or Profound Disability Programme (RSCYP)	n.r
		Royal Commission Community-based support services	n.r
		Young Carers Respite and Information Services Programme	n.r
Uncategorised mental health specific programs (Defence)			26.9
	Defence		26.9

Major Stream/sub-stream	Agency	Programme	2012-13 (\$m)
		Acute Mental Health on Operations (AMHOO)	*
		ADF Centre for Mental Health	*
		ADF Mental Health Day	*
		Annual Alcohol, Tobacco and Other Drugs Awareness	*
		Annual Suicide Awareness Course	*
		ASIST T4T	*
		ASIST, provided by Living Works (not a Defence owned training product)	*
		Assessment and Case Formulation	*
		CIMHS T4T	*
		Clinician Administered PTSD Scale (CAPS)	*
		Cognitive Processing Therapy	*
		Coming Home Resettlement Program (CHRP)	*
		Critical Incident Mental Health Support (CIMHS)	*
		Defence Mental Health	26.9
		Deployment Health Surveillance Programme	*
		Keep Your Mates Safe - Peer Support (KYMS-PS)	*
		Mental Health Portal	*
		Mental Health Prevalence and Wellbeing Study	*
		Mental Health Screening Continuum (MHSC)	*
		Operational Mental Health Screening	*
		Outpatient Alcohol Treatment Program	*
		Recognising Early Signs of Emerging Traumatic Stress (RESET) Delivery	*
		Self Management and Resilience Training (SMART Program) (BattleSMART, FamilySMART, LifeSMART)	*
		Suicide Risk Assessment Training (SRAT)	*
		The Longitudinal ADF Study Evaluating Resilience (LASER-Resilience)	*
		Transition and Wellbeing Research Programme	*

Notes: Nil : No expenditure incurred. n.r. : No reported expenditure information. n.a. : Not applicable. * : Unable to report at programme level.

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References

1. Department of Health. Medicare Benefits Schedule. 2014. www.mbsonline.gov.au (accessed 20 February 2014).
2. Australian Institute of Health and Welfare. Mental health services in Australia: Mental health-related prescriptions. 2014. <http://mhsa.aihw.gov.au/resources/prescriptions/> (accessed 22 November 2014).
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4. Department of Social Services. Characteristics of Disability Support Pension Recipients: June 2013. Canberra: DSS, 2014.