AN UPDATE ON MENTAL HEALTH ISSUES

INCLUDING AN ANALYSIS OF 2009-2010 MENTAL HEALTH BUDGETS FROM THE COMMONWEALTH AND STATE AND TERRITORY GOVERNMENTS

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1. Recent publications

1. Diet and mental health

Oddy WH, Robinson M, Ambrosini GL et al. The association between dietary patterns and mental health in early adolescence. *Preventive Medicine* 2009.

Available online at:
http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WPG-4WC111C-1&_user=10&_coverDate=05/23/2009&_alid=927014072&_rdoc=1&_fmt=high&_orig=search&_cdi=6990&_sort=d&_docanchor=&view=c&_ct=1&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=3350136bd96f65cbcb71f549fb4c078b

Dr Wendy Oddy and her colleagues from Curtin University of Technology and the Telethon Institute for Child Health Research looked at the link between childhood dietary patterns and mental health using data collected from the Western Australian Pregnancy Cohort Study.

More than 2000 mothers were recruited to the study when 18 weeks pregnant. Detailed information about their children's mental health – as well as physical growth and development – has been regularly collected over the past 16 years.

This study is the largest and most comprehensive of its kind in the world.

The analysis found that higher levels of behaviour and emotional problems were associated with a diet high in takeaway foods, red meat, confectionary, soft drinks, white bread and unrefined cereals. These problems were less among teens with a healthier style of eating, specifically those who ate more fruit and vegetables.

The junk food dietary pattern was found to increase the likelihood of an individual being withdrawn, depressed, anxious, aggressive and delinquent. It also contributes to the obesity epidemic.

2. Depression and chronic illness

Depression and anxiety with physical illness. *MJA Supplement* 190(7), 6 April 2009.

This supplement has a number of papers around this important issue.

Depression alone is debilitating and this effect is multiplied in people with physical illness in a relationship that is more complex than simple co-morbidity.

Structures are needed to integrate physical and psychosocial health care. Such integration is absent from the National Chronic Disease Strategy.

3. Depression linked to risk of heart failure

May HT, Horne BD, Carlquist JF et al. Depression after coronary artery disease is associated with heart failure. *J Am Coll Cardiol* 2009; 53:1440-1447.

Available online at:
http://content.onlinejacc.org/cgi/content/abstract/53/16/1440

Depression increases the risk that people with heart disease caused by blockage of coronary arteries will develop heart failure. What was not expected was the finding that treatment with antidepressant drugs did not reduce the risk of heart failure among people with depression in the patients studied. The study leaves open the possibility that other interventions, such as behavioral therapy, might have an effect.

Ten percent of the people in the study were struck by depression after being diagnosed with heart disease. The incidence of heart failure in that group was double the rate among those who did not have depression

Earlier studies have found that people with depression are less likely to follow recommendations for heart health, such as dieting properly and exercising.

2. Analysis of mental health provisions in the 2009-10 Budget from the Australian Government

Summary

This Budget, when viewed together with the 2008-09 Budget, will do little to assuage the concerns of the mental health community that the Government is not investing in, or even interested in, mental health services.

Last year's Budget cut **$289.6 million** from mental health programs; this year's Budget makes further cuts of **$63.1 million / 4 years**, and has new spending of only **$11.9 million**. In reality, **$6.7 million** of this 'new' spending is to restore some of the cuts made to mental health services for rural and remote areas in last year's budget; the remainder is to continue a program to deliver mental health services to drought-affected areas for another year.

It is particularly concerning that the Budget cuts almost one-third of the current funding allocation for progressing national mental health reform and improved national evaluation, accountability and reporting mechanisms.

Analysis

1. Leadership in mental health reform – continuation and further efficiency

	2008-09	2009-10	2010-11	2011-12	2012-13	Total
DoHA	-	-$5.0m	-$5.0m	-$5.0m	-$5.0m	-$20.0m

This particular provision might be the most egregious in the whole set of Budget Papers. At a time when there is enormous concern in the mental health sector about the Government's commitment to mental health reforms, almost one-third of the current budget of $66.6 million / 4 years provided for progressing national mental health reform and improved national evaluation, accountability and reporting mechanisms is cut in the name of '*further efficiency*'.

The Budget Papers simply state that less funding will be required over the forward estimates, "*reflecting the revised focus on key priorities*".

2. Medicare Benefits Schedule – Better Access Initiative – continuing professional development

	2008-09	2009-10	2010-11	2011-12	2012-13	Total
DoHA	-	$0.2m	$0.3m	-$19.9m	-$2.3m	-$21.7m
Medicare Australia	-	-	$0.3m	-	$0.1m	$0.4m
Total	-	$0.2m	$0.6m	-$20.0m	-$2.2m	-$21.4m

This provision introduces additional mandatory mental health training requirements for general psychologists, social workers and occupational therapists who deliver services under the Better Access program. One-off support payments of $200 will be provided to those who work in rural areas to assist them in undertaking these new training requirements (presumably the cost of this is the $0.5 million provided in 2009-10 and 2010-11).

Basically the assumption is that this new requirement will be rejected, at least initially, by enough mental health professionals that savings of $21.4 million will be made. If fewer services are being reimbursed, then presumably fewer patients with mental health needs are getting access to care.

3. Medicare Benefits Schedule – Better Access Initiative – improved targeting for the most in need and better quality of services

	2008-09	2009-10	2010-11	2011-12	2012-13	Total
DoHA	-	-$7.7m	-$17.1m	-$6.1m	$9.1m	-$21.8m
DVA	-	-$0.1m	-$0.1m	-$0.1m	-$0.1m	-$0.4m
Medicare Australia	-	$0.4m	-	-	$0.1m	$0.5m
Total	-	-$7.4m	$17.2m	-$6.2m	$9.1m	-$21.7m

This provision is similar to that discussed above, wrapped in such a way as to be acceptable to the AMA, which previously claimed vociferously that GPs do not need mental health training. When the Better Access program was introduced in 2006 the AMA said this: *'The Government is considering limiting access to the new items to GPs who have undertaken additional, prescriptive mental health training. GPs are already trained to provide mental health care and the people who will be disadvantaged by this move are mentally ill patients who will find their access to care severely limited. The AMA believes GPs should be encouraged to seek further training as required but does not believe the Government's plan to enforce compulsory training will improve patient health outcomes under this initiative.'*

The key assumption underlying this provision is that GPs will resist getting the needed training, thus saving $21 million / 4 years. The consequence is that the services they do deliver will be reimbursed at a lower rate which may or may not impact on their quality.

4. Mental health – continuation of existing services in rural and remote areas

	2008-09	2009-10	2010-11	2011-12	2012-13	Total
DoHA	-	$2.7m	$1.5m	$1.2m	$1.3m	$6.7m

The Mental Health Services in Rural and Remote Areas Program is provided with an additional $6.7 million /4 years in a move that restores some of the funding cut from this program in the 2008-09 Budget.

This program was part of the Australian Government's 2006 COAG mental health package, where it was funded at $55.5 million over five years (2006-07 to 2010-11). The 2008-09 Budget cut $15.5 million from this program – clearly a move that was unwarranted.

In July and August 2007, the Government announced that 15 auspice organisations (including Divisions of General Practice, Aboriginal Medical Services and the Royal Flying Doctor Service) were funded to provide mental health services at a total cost of $21 million. The 24 auspice organisations funded under stage two were announced on 10 October, 2008.

The DoHA website reports that in the first 12 months of operation, this Program provided over 9,600 services to over 2,700 clients by around 40 full-time equivalent allied and nursing mental health professionals.

5. Mental health – continuation of Mental Health Support for Drought-Affected Communities program

	2008-09	2009-10	2010-11	2011-12	2012-13	Total
DoHA	-	$5.2m	-	-	-	$5.2m

The 2007-08 Budget contained an additional $20.6 million / 4 years to provide up to 114 allied health and/or mental health nursing professionals to drought-affected communities. There was also $10.1 million / 2 years to provide Mental Health Support for Drought Affected Communities through funding up to 39 Divisions of General Practice (DGPs) in these areas, although this was reduced to $7.4 million when the Government of the day announced the roll-out of funding in September 2007.

The additional funding in the 2009-10 Budget is to provide continued support to the DGPs.

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3. January 2009 Progress report on Commonwealth's component of COAG National Action Plan on Mental Health 2006-2011.

Note: this progress report did not become available until after my last report to the NACMH in March 2009.

There is little obvious action in the areas covered by the January report, and, as usual, there are a number of inconsistencies around number and funding levels.

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule

Data from this program, as at 31 December 2009:

- 6.5 million mental health services subsidised through Medicare;
- 1 million rebates for GP mental health plans;
- 1.2 million services provided by clinical psychologists;
- 2.4 million services provided by general psychologists, occupational therapists, social workers;
- 155,000 psychiatry services;
- More than 21,000 GPs are using Medicare items (no change in this number since August 2008); and
- More than 14,000 allied mental health professionals registered with Medicare to provide Better Access services (up from 13,000 in August 2008).

There is no progress reported since August 2008 on training and education initiatives under this program.

The tenders have been let for the evaluation of this program. This work will not be complete until 2010.

Expanding Suicide Prevention Programs

There is no progress reported since August 2008.

Mental Health Services in Rural and Remote Areas

There is no progress reported since September 2008.

The 2008-09 Budget cut this program by $15.5 million, but $6.7 million of this is restored in the 2009-10 Budget.

Additional Education Places, Scholarships and Clinical Training in Mental health

There is no progress reported since September 2008.

Funding Telephone Counselling, Self-Help and Web-Based Support Program

There is no progress reported since August 2008.

Support for Day-to-Day Living in the Community

The progress reports notes that a comprehensive evaluation of this program commenced in November 2008, with a preliminary evaluation report due in mid-January 2009.

Mental Health Nurse Incentive Program

As of 30 September 2008 there were 405 organisations participating in this program, up slightly from 397 in August 2008.

When first introduced this program was funded at $191.6 million / 5years. This funding was cut by $188.0 million / 4 years in last year's budget, due to low uptake of the program.

However the new funding level for this program was given at May 2008 Senate Estimates as $49.45 million / 5 years, and in the August 2008 and September 2008 progress reports it is given as $34.5 million / 5 years. Now the January 2009 report gives the funding level as $56.8 million / 5 years with no explanation provided.

Improved Services for People with Drug and Alcohol Problems and Mental Illness

This initiative was originally funded at $73.9 million / 5 years but funding is now described as $20 million / year to 2011-12.

Previous reports have stated that 123 NGOs were funded by this initiative at a total of $45.3 million / 3 years. The January 2009 report now says 122 NGOs are funded at a total of $44.8 million.

The report says that in October 2008 the organizations funded under the Cross Sectoral Support and Strategic Partnership (CSSSP) project (originally funded for 12 months to January 2009 at $1.7 million) submitted project continuation proposals requesting funding for a further two years, that these proposals have been assessed, but that any decision about continued funding requires Ministerial approval.

It has not been possible to find any announcement about this continued funding. The DoHA website on CSSSP has not been updated since September 2007.

Mental Health in Tertiary Curricula

There has been no progress since the September report on the recommendations made by the multidisciplinary training analysis done last year by Nova Public Policy. This is still under consideration by the Department.

In December 2008 funding agreements were entered into with eight universities providing for them to develop new mental health majors in their undergraduate nursing and midwifery degrees.

Improving the Capacity of Workers in Indigenous Communities

As at 30 November 2008, ORYGEN Research Centre had trained 199 Indigenous people as Aboriginal Mental Health First Aid instructors (which exceeds the COAG target of 120).

The Community Services and Health Industry Skills Council has been contracted to develop a mental health training program and materials for Aboriginal Health Workers and other health practitioners. Originally this work was due at the end of June 2008. The current report notes that it is now expected to be completed in early 2009.

Arrangements are 'underway' to conduct an open, competitive funding round to engage Registered Training Organisations to deliver this training package and the one developed by ORYGEN.

There has been no progress on filling the two mental health worker positions in the Northern Territory, an effort which has been underway since May 2008.

There has also been no progress on the development of a Mental Health Toolkit (previously a mental health multi-media resource) since May 2008.

Puggy Hunter Memorial Scheme scholarships (5 / year over 5 years) for 2009 have been filled. Applications for 2010 scholarships are now open.

New Early Intervention Services for Parents, Children and Young People

There is no progress reported since September 2008.

Related initiatives that are not part of the COAG Plan

National Perinatal Depression Plan

There is no progress reported since May 2008, beyond a statement that funding of $30 million / 5 years to states and territories is expected to commence in January 2009. It is now clear how this can occur if, as reported, "discussions are [still] underway with jurisdictions and *beyondblue* regarding implementation of the initiative".

It is not clear how this new funding links in with the National Action Plan to Tackle Pre- and Post-Natal Depression which was launched in March 2007.

Mental Health Support for Drought Affected Communities

Implementation of this initiative, which received additional funding in this year's Budget, commenced in July 2007.

The report states that "eligible Divisions have welcomed the initiative and anecdotal evidence suggests activities are very beneficial to drought affected communities".

NGO Capacity Building Grants

There is no progress reported since August 2008.

4. Updated analysis of Better Access program

Summary of data for 2008:

- 3.719 million services provided at a cost of $363.5 million dollars. This represents a 47% increase in services and 48% increase in costs over 2007.

- These figures do not include services provided by psychiatrists (around $200 million) and the cost of education and training.

- Based on projections for 2009, this program will cost $1.5 – 2.0 billion / 5 years.
- The 2009-10 Budget took savings of $43 million / 4 years from this program.

- Assuming 1 plan / patient, the maximum number of patients treated under the Better Access program in 2008 was 748,741 – up from 580,430 in 2007.

- A total of 2.970 million services were provided to these patients. This averages around 4 services / patient with a mental health plan. This is up from around 3.5 services / patient in 2007.

- 64% of services went to NSW and Victoria, states with 57% of the population.

- The Northern Territory received less than one-third of the services it should have received on a population basis.

- South Australia receives the highest number of Better Access funded psychiatric services on a population basis.

- 58% of services go to patients aged 15-44 (42.8% of the population), and two-thirds of these services go to women.

- The younger age groups (0-14) are underserved, although this is the only segment of the population where males receive more services than females – they get 55% of the services.

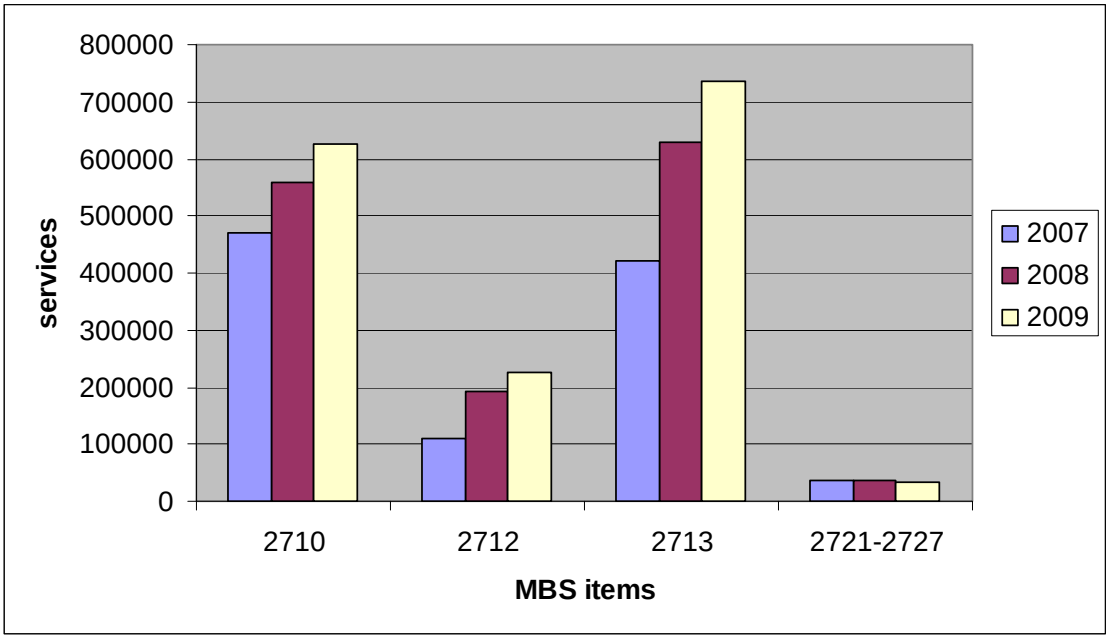
- The oldest age groups (65 and over) are also greatly underserved.

Growth in Better Access services and cost

	2007		2008		2009*	
	services	**cost**	**services**	**cost**	**services**	**cost**
GP plans, reviews, consults, FPS	1,039,165	$113.6m	1,414,580	$152.3m	1,622,584	$176.4m
Clin psychology	477,389	$53.7m	782,131	$90.1m	871,908	$100.4m
Gen psychology	960,302	$74.9m	1,399,553	$112.5m	1,501,612	$119.6m
Occ therapy	9,301	$0.7m	20,917	$1.6m	23,444	$1.7m
Social Worker	48,304	$3.4m	101,667	$7.3m	111,316	$8.0m

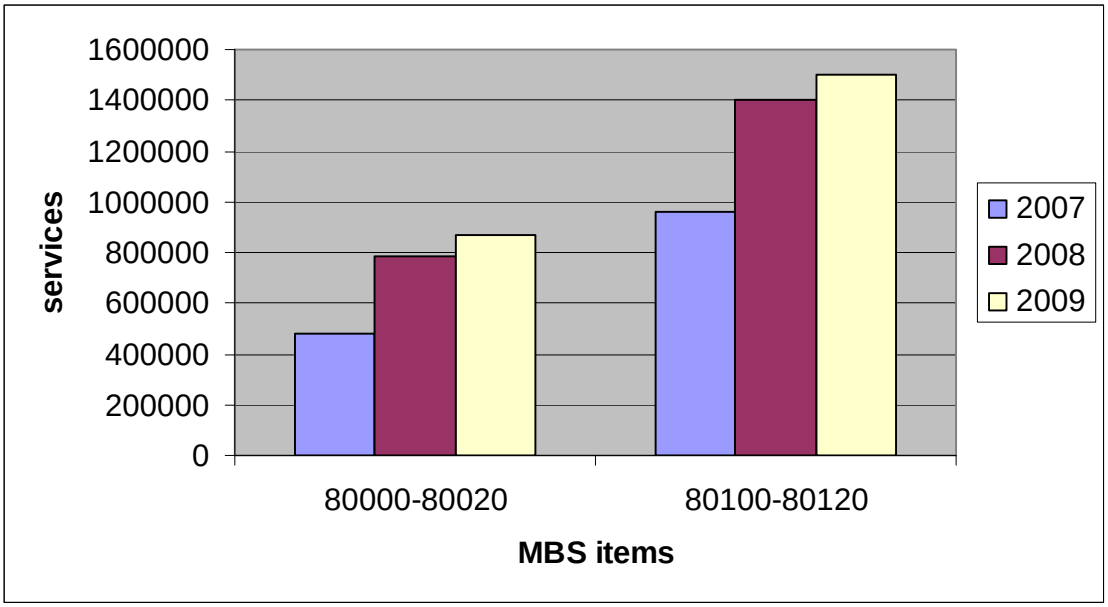
* estimate based on 2009 Q1 figures

GP services under Better Access



Item 2710	GP mental health management plans
Item 2712	Review of GP mental health management plans
Item 2713	GP mental health service
Items 2721-2727	GP Focussed Psychological Strategies

Psychology services under Better Access



Items 80000-80020	Clinical psychology services
Items 80100-80120	General psychology services

5. Mental Health in State and Territory Budgets

Victoria

The 2009-10 Victorian Health Budget contains $945.0 million for mental health services, up 6.9% over 2008-09.

The Budget papers provide information about some major outcomes and deliverables in mental health.

	2009-10 Target	**2008-09 Expected outcome**	**2008-09 Target**	**2007-08 Actual outcome**
Clinical care				
Quantity				
Clinical inpatient separations	19,250	19,100	21,100	21,148
Community contact hours	1,097,000	1,072,000	1,097,000	1.027,000
Registered community clients	58,000	58,000	58,000	57,429
Residential bed days	343,000	338,000	338,000	-
Quality				
Pre-admission community care	60%	60%	60%	57.6%
Post-discharge community care	70%	70%	70%	68.5%
Unplanned re-admittance within 28 days	14%	14%	14%	13.4%
Timelines				
Emergency patients admitted to m h bed within 8 hours	80%	80%	80%	72%
Cost				
Total output cost	$857.3m	$807.3m	$801.8m	$754.9m
Psychiatric disability rehabilitation and support services				
Quantity				
Bed days	75,000	75,000	75,000	75,941
Clients receiving psych disability support services	12,500	12,500	12,400	13,578
Contact hours	1,175,000	1,160,000	1,160,000	1,168,000
Quality				
% agencies accredited	100%	100%	100%	70%
Cost				
Total output cost	87.8m	82.0m	82.0m	78.9m

New South Wales

The 2009-10 NSW Health Budget provides funding of $1.171 billion for mental health.

This includes an additional $10 million for community-based mental health programs including:
- Services for older people;
- Mental health emergency care;
- Rehabilitation; and
- State-wide telephone access.

The Budget announcement states that this brings spending on these initiatives to more than $60 million / year.

The Budget also includes:
- $1.8 million for a six bed (interim) mental health unit at Bega:
- An additional $3.8 million to expand the Aboriginal Housing and Support Accommodation Initiative to support Aboriginal people living with a mental illness;
- Expansion of the existing SAFESTART program to provide pre and post natal screening for depression for every mother in NSW; and
- $14.4 million will be spent over 4 years to improve support services for children of parents with a mental illness.

Queensland

There is little detail in the Queensland 2009-10 Health Budget about mental health.

The Budget summary states that improving mental health is one of five priorities under the Advancing Health Action.

The Budget provides:
- $48.4 million in capital funding for enhancements to mental health services, primarily under the Queensland Plan for Mental Health 2001-2017.
- Funding for new mental health beds in Bundaberg.
- $6.5million / 3 years to establish two “time out” houses (as an alternative to hospitalization for young people).

South Australia

The 2009-10 Health Budget contains the following mental health provisions:
- $10.3 million for nonclinical community- based support for people with a mental illness;
- $3.3 million for the development of the six community mental health centres;

- $10.5 million for the construction of three new intermediate care mental health facilities in the metropolitan area and the provision of new intermediate care within existing facilities in country hospitals; and
- $17.4 million for the Glenside redevelopment to build a new 129 bed mental health hospital, 15 bed intermediate care facility and 20 supported accommodation places.

The Forensic Mental Health Centre which was planned for at Mobilong, near Murray Bridge has been cancelled and there is no additional funding identified to improve mental health services in the community.

Western Australia

The 2009-10 Health Budget appears to contain new spending only for the implementation of two election commitments:

- $200,000 / 2 years for a review of mental health services; and
- $1.1 million / 4 years for a Mental Health and Wellbeing Commissioner.

The Budget papers show the planned totoal spending on mental health over 2009-10 to 2012-13.

	2007-08 Actual	**2008-09 Budget**	**2008-09 Estimated actual**	**2009-10 Budget estimate**	**2010-11 Forward estimate**	**2011-12 Forward estimate**	**2012-13 Forward estimate**
Mental health	$177.4m	$194.9m	$199.3m	$209.6m	$221.1m	$233.6m	$247.8m

Tasmania

The 2009-10 Budget Summary from the Tasmanian Department of Health and Human Services does not mention mental health.

The Budget media release from the State Health Minister, Lara Giddings, references $1.2 million over two years ($750,000 in 2009-10) for a new Mental Health Services Electronic Client Management and Reporting System.

Northern Territory

The 2009-10 Health Budget for the NT has funding (not specified) for additional mental health secure care beds at Alice Springs Hospital and $2 million for additional mental health facilities at Royal Darwin Hospital.

Australian Capital Territory

The 2009-10 Health Budget for the ACT has an increase of $19 million / 4 years for mental health services.

This includes:

- $8.4 million to address the growth in demand for community mental health services:
- $2 million in 2009-10 for promotion, prevention and early intervention;
- $9.7 million for a Mental Health Assessment Unity to provide quicker transfer to specialized mental health services for patients who present at an emergency department;
- $275,000 / 2 years to expand the Forensic Mental Health Court Liaison Team; and
- $600,000 / 2 years for mental health training for police, emergency services workers and teachers.

6. Other issues

Re-establishment of the Australian Mental Health Consumer Network (AMHCN)

The AMHCN began in 1996 as a nationwide network of consumers of mental health services. Its role was to:

- promote equity and access for mental health consumers;
- empower consumers to utilise all means to sustain their health; and
- promote consumer participation and influence within the community

The Network was funded under the National Mental Health Strategy.

In late 2008 the AMHCN was closed, due to failing to meet its funding obligations.

In November 2008 a meeting was organised by the Commonwealth in consultation with some of the former AMHCN Board Members. This meeting included consumers who were invited for their expertise rather than representing States or Territories. The meeting discussed the establishment of a new national consumer peak organisation for consumers.

The major outcome of the meeting was that DoHA agreed to fund a consultant to develop key models for a national organisation and to consult with consumers across the country. The tender for this work was advertised in April and it is understood that the contract has now been finalised.

The consultant will work with an expert reference group. An interim report is due by June 2009 and a final discussion report with recommendations by September 2009.

Contract crisis for Headspace

It is understood that although the Minister satted last year that funding for Headspace will be continued for a further three years, new contracts effective July 1 have still not been issued.

Headspace sites have been paralysed by the uncertainty, which has been exacerbated by a directive that they not role over unspent funds to keep going. This has led to many staff leaving in search of greater job security.

There is also concern about the level of funding provided, which is seen as substantially below that needed for sites to be effective. The program was initially funded at $54 million / 4 years. Funding announced by the Minister last December was $35.6 million / 3 years.

There are also reports that Headspace is finding it hard to attract GPs to work at the youth centres.

How up-to-date are DoHA mental health publications?

The Department of Health and Ageing website (http://www.health.gov.au/internet/main/publishing.nsf/Content/publications-Mental%20health) lists 129 mental health publications, of which 28 are described as 'historical' and 4 have been rescinded. Of these 129 publications, 11 have been published during the tenure of the Rudd Government, 89 were published between 2007 and 2000, and 29 were published before 2000.

It's instructive to look at the pre-2000 publications, 20 of which are listed as 'current'. The oldest of these, *Mental health statement of rights and responsibilities*, published in 1991, has never been updated. Neither has the 1995 publication *Ways forward: National Aboriginal and Torres Strait Islander mental health policy*. In this time frame there were several publications around the important issue of consumer outcomes, but these have not been repeated in the years since. Neither has the 1997 report *Research and consultation among young people on mental health issues*, now listed as 'historical'.

It is also disconcerting to see that there have been no revisions or updates of the 2002 reports on *Research priorities in mental health* and *e-Mental health in Australia*.

While acknowledging that mental health policies must move forward, and assuming that mental health services and issues are now different than they were in the 20th century (a statement made with fingers crossed), it does seem that these older reports encompass some issues that will always be important and in need of responses and strategies appropriate to the times.

There is much work to be done in tackling the mental health reform agenda, and there are concerns that this important area of health and wellbeing is not currently getting the attention it deserves. Outmoded priorities, strategies, performance indicators and evaluation tools certainly don't help drive this effort forward.