Mental Health Australia

2021 Federal Budget Analysis

28 May 2021

Mentally healthy people,
mentally healthy communities

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Contents

"We are transforming Australia's mental health and suicide prevention system".

Assistant Ministers' Message

Introduction and Federal Budget Context

The provision of $2.3b in the Federal Budget and the $3.8b in the Victorian State Budget are very welcome investments in poorly resourced and essential mental health services. The coordinated implementation of these investments is vital and the sector, led by consumers and carers, must be part of creating solutions.

This summary has been prepared to assist Mental Health Australia members to provide independent analysis and better understand the funding allocated to mental health by the Australian Government as part of the 2021 Federal Budget. The **2021 Federal Budget** set aside $2.3bn for mental health over 4 years.

The 2021 Budget is delivered in the context of considerable expectation that it would set out at least the start of the Government's response to the recommendations arising from the **Productivity Commission Inquiry into Mental Health** (PC Inquiry). The Government's explanatory paper explicitly references which Budget measure addresses which recommendations made in the PC Inquiry. The Budget also quite rightly notes that many of the PC Inquiry recommendations are beyond the scope of a single government and require partnership with the states and territories. Hence, there is related interest to see how this Australian Government response might dovetail with recommendations made by the Victorian Royal Commission into mental health and other state and territory budgets. This is because genuine transformation of mental health relies on joined up action between governments, and across the community and sector, including private providers.

It is worth noting that since these inquiries have concluded, the Australian Government has subsequently agreed to establish another Royal Commission, this one into mental health and suicide among defence and veteran personnel. The terms of reference for this inquiry are yet to be finalised.

In addition to the Federal Budget the Victorian Government has announcement a major investment of $3.8b in their **State Budget** for mental health that has been widely supported to address the recommendations arising from the **Royal Commission into Victoria's Mental Health System**.

There are few, if any, areas of government activity more formally examined than mental health services and suicide prevention. A recurring theme of inquiry findings has been the need for structural reform, meaning some fundamental re-organisation of roles, responsibilities or funding between governments, services, professionals, consumers and carers and the emergence of new roles and services.

Reporting on the Budget under current arrangements is difficult. Each Budget announces spending usually spread over several years (the 'out years'). It is difficult to keep track of announcements from year to year, to monitor how funding is spent, if it reaches expected

levels and targets, and its eventual impact on people's lives. This complexity is accentuated given mental health funding can be spread across multiple government portfolios.

The key details regarding the most significant structural Budget items are not yet clear and will form part of the critical negotiations between the Australian Government and state and territory governments as they move towards a new National Mental Health and Suicide Prevention Agreement, due for completion in November 2021. This presents an opportunity for sector influence and engagement.

The other critical element for the sector will be informing effective oversight and accountability during implementation of these new budget initiatives. Accountability measures will ensure these initiatives integrate with existing and new mental health services funded by state governments to reduce fragmentation and increase cohesion, access and impact.

Traditional government structures and processes are not inherently designed for centralised implementation of complex new mental health initiatives, especially at a local level. History has shown this. Primary Health Networks and state and territory governments must work together with consumers and carers, peak bodies, providers and other stakeholders in the planning, delivery and monitoring of implementation. If not, the Regional Commissioning Authorities as outlined in the PC Inquiry will need to be established to undertake this critical work.

This summary first provides some historical context by which to assess the 2021 Federal Budget. It then provides analysis of key measures of interest and assesses the extent to which the 2021 Budget delivers the desired structural reform. It also provides comment on the links between Mental Health Australia's budget and reform submissions and the eventual outcomes announced.

About the 2021 Federal Budget

In the lead up to the Budget, the Australian Government stated that their spending on mental health reached 'a record high' of $5.9bn in 2020-21, far in excess of the $3.6bn most recently reported by the Australian Institute of Health and Welfare (AIHW, 2018-19) and the PC Inquiry. Federal spending on mental health is now projected in the Budget papers to reach $6.3bn in 2021-22. Investigation reveals this Australian Government to the states and territories for hospital-based mental health services.

Charts and tables of mental health expenditure developed and reported by the AIHW and the PC Inquiry have historically reported funding of mental health services provided by hospitals as a state and territory responsibility, given they determine how these funds are spent. These charts will presumably now need to reflect a commensurate 'reduction' in state and territory spending. This matter illustrates how difficult it is to assert meaningful accountability for expenditure in mental health. It also reveals an opportunity to explore the role of the Australian Government in influencing the direction of state and territory mental health hospital spending. This may become more pertinent in the context of the proposed new National Mental Health and Suicide Prevention Agreement between the Australian Government and the jurisdictions.

By way of further context, Table 1 presents a 'best efforts' attempt to quantify 'new' Federal Budget outcomes for mental health over recent years.

Table 1 – Federal Budget Outcomes for Mental Health

Budget Year	Federal Funding Provided for Mental Health $m	Mental Health's Share of Total Health Expenditure (i) %	NGO Share of Mental Health Expenditure (ii) %
2021-22	2,300.0	Not known	Not known
2020-21	485.0	Not known	Not known
2019-20 (combination of Federal and MYEFO Budgets)	368.1	Not known	Not known
2018-19	338.1	7.48	6.5
2017-18	173.0	7.63	7.3
2016-17	41.0	7.57	7.5
2015-16	60.0	7.65	7.5
2014-15	56.3	7.82	7.7
2013-14	96.2	7.78	7.4
2012-13	0.0	7.71	7.0
2011-12	2,200.0	7.50	6.9
2006 (COAG)	3,300.0	7.26	

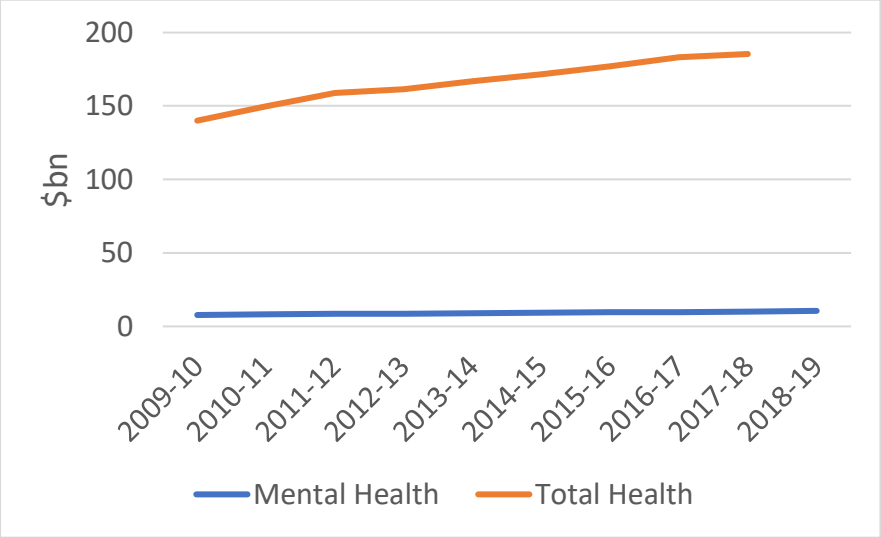
(i) AIHW Mental Health Services in Australia
(ii) Productivity Commission, Report on Government Services

Table 1 demonstrates a general 'drift' associated with mental health funding. Remembering that budget funding is typically spread across four 'out years', even the infrequent larger Federal investments have failed to materially boost mental health spending overall.

Mental health's share of the total health budget in 2018-19 was in fact the lowest since 2006-07. The NGO share of total mental health spending has also failed to shift, apparently due to the establishment of the National Disability Insurance Scheme (NDIS) that saw a significant proportion of specific government mental health funding being transferred into that initiative. Clearly many people with a psychosocial disability have benefited as a consequence but it is difficult to determine the overall mental health investment for inclusion in these figures which do not include any NDIS funding.

This drift is further illustrated in Figure 1 below, which shows that while overall spending on health in Australia has increased, mental health-focussed spending has not.

Figure 1 Mental Health vs Total Health Expenditure Trends (AIHW data)



This year's Budget investment in mental health does appear to be higher than recent years but insufficient to fundamentally shift mental health as a component of total health spending.

There are two other measures against which we can now assess the 2021 Federal Budget outcome for mental health. The first is the PC Inquiry itself, which suggested that its mental health reforms required additional investment of $2.4bn every year in order to derive benefits of up to $1.2bn (page 14). The second is now the $3.8bn budget commitments just announced in Victoria. To put this into perspective, in 2018-19 (the most recent year reported by the AIHW), Victoria spent $1.6bn on mental health support. Put another way, Victoria's 2021 mental health budget commitment represents more than the total contribution made by every state and territory under the COAG National Action Plan (around $3.5bn). Victoria has recognised the scale of investment needed and set a bar for every jurisdiction.

Key Programs included in the 2021 Federal Budget

Having contextualised the quantum of expenditure, the key question becomes how this funding is to be used. The list of funded budget items is provided in Attachment 1.

There are (at least) 39 individually funded elements, spread over five 'pillars' as shown in Table 2 below, with the bulk of the funding directed towards the Treatment and Suicide Prevention pillars.

Table 2 Spending by Pillar and Share

Pillar	Description	Budget 2021 $m	% Share of Budget 2021
1	Prevention and Early Intervention	248.6	11
2	Suicide Prevention	298.1	13
3	Treatment	1,400.0	61
4	Supporting Vulnerable Australians	107.0	5
5	Workforce and Governance	202.0	9
Total		2,300.0*	100*

**Figures rounded.*

It is notable that much has been made of the need to transform Australia's mental health system towards prevention and early intervention, this pillar comprises around 11% of Budget spending. This compares favourably against existing health prevention funding of around 2% however the five percent of total spending on vulnerable populations seems low particularly considering Budget spending is spread over four years. This may be argued is due to the foreshadowed negotiations with state and territory governments on addressing the funding shortfall for psychosocial services.

Attachment 1 attempts to categorise the different budget elements, aiming to identify those items which seem genuinely new, as well as those most likely to generate enduring structural change.

Of the 39 funded budget elements, about a dozen represent entirely or largely new programs or services. The funding associated with the rest bolsters existing programs or services.

Below is a list some of the most significant Budget items and some of the key associated issues.

Community Treatment Hubs

It has long been recognised that a vital gap in our system is in community-based service options. With primary health care the responsibility of the Australian Government while the states and territories focus increasingly on hospital-based care, community mental health support is an underfunded orphan. Mental Health Australia made this point as part of its pre-budget submission to the Australian Government. It is in this context that the Federal Budget's focus on community mental health as a key element of structural reform is most welcome.

Specifically, the Budget has provided funding of $541.4m to establish:

- Eight new adult Multidisciplinary Mental Health Treatment Centres.
- 24 new satellite centres.
- Ongoing funding for the eight Head to Health Multidisciplinary Mental Health Treatment Centres originally funded ($114.5m over five years) as part of the 2019-20 Budget as a trial, with one Centre to be established in each state and territory. In a recent interview on ABC Radio, Minister Coleman acknowledged that so far, only one centre was open with the others scheduled to be operational by the end of 2021.
- 15 new Head to Health Kids Centres (aged 0-12yrs).

A related further investment in new community capacity is also the $278.6m provided in the Budget to add 10 new centres and five new satellite services to the headspace network of community youth mental health centres, bringing the total to 164 centres across Australia. Some of this funding is allocated to helping address the capacity and waiting list issues many of these centres face.

While the Australian Government has undertaken consultation regarding these adult centres, the specifics and details of the model of care, the expected number and type of clients and the locations of the services are yet to be clarified. A key question will be to understand how such services fit with existing primary health care services, as well as with inpatient and outpatient services. There are important crossovers here with the recommendation of the Victorian Royal Commission to fund and establish new community mental health infrastructure in that state, comprising:

- 50 to 60 new Adult and Older Adult Local Mental Health and Wellbeing Services.
- 22 Adult and Older Adult Area Mental Health and Wellbeing Services.
- 13 Infant, Child and Youth Area Mental Health and Wellbeing Services.

The Victorian Budget has now announced funding for the first tranche of these new community-based services. How the state centres work with the federal and headspace centres is not yet clear but is absolutely critical in ensuring there is no further fragmentation or parallel state and federally-funded centres.

At the recent Mental Health Australia Budget Briefing, Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention the Hon David Coleman MP suggested the new Federal Centres will offer multidisciplinary services to people with complex needs that are not being addressed through current primary mental health services. It will be important to follow and engage on this matter to ensure that the development of these Hubs being funded by the Australian Government and state and territory governments provide

cohesive, coordinated and integrated multidisciplinary services to those who are currently unable to access treatment.

The Assistant Minister also suggested these new Centres will not just be a new source of referrals but will deliver mental health services themselves. Assistant Minister Coleman has indicated that perhaps 20 different staff will operate in each centre, drawn from varied clinical and allied health disciplines and peer workers. Given the known constraints, these Centres face the challenge of finding the workforce necessary to deliver the multidisciplinary care desired, devising a new model of service, suitable remuneration and training arrangements.

None of these issues are simple. However, this commitment echoes recommendations made in 2006 by the Australian Senate to establish 200 new community mental health Centres. It also recalls past Federal investments in programs like Partners in Recovery and Personal Helpers and Mentors. These Centres again represent the willingness of the Australian Government to step into new and unoccupied space in the mental health service landscape. If these services can be designed with an appropriate blend of expertise, this surely represents a very significant structural change to Australia's response to mental illness.

A key starting point in relation to these Centres must be to better understand the terrain of what is often termed the 'missing middle'. The 'missing middle' is defined by Associate Professor John Allan as 'those who are experiencing mental ill health and in need of intensive community support to recover but fall between inpatient hospital services and the services available to those with mild to moderate mental health problems'.

For example, how many of the missing middle ever make it to hospital for mental health support? This would be critical if these new Centres are to offer the states and territories some prospect of relieving pressure on their hospitals. Similarly, will the new Centres be equipped to meet the needs of people with complex mental health problems on their discharge from hospital, to provide some ongoing community support and forestall swift readmission?

Australia ranks third highest out of 20 OECD countries for readmission within 30 days of discharge for people with schizophrenia, fourth highest in relation to people with bipolar disorder. The emphasis on the missing middle has been to focus on a client group too complex for primary health care or the Better Access Program (regardless of the number of sessions people are eligible for), but never likely to meet the threshold for acute admission. Whether this definition is adequate to guide the establishment of these new community Centres and who are then excluded needs to be considered as part of the next stage of policy implementation and service design.

These new Centres could be game changers, highlighting as they do the need to not just establish new services on the ground but to build the infrastructure, connections and relationships necessary to develop a more joined up, staged system, rather than one demarcated based simply on who funds what.

A National, Universal Aftercare Service

The Budget provides $158.6m (over 4 years) to establish this service — a clear recommendation made by the PC Inquiry and also part of Mental Health Australia's pre-budget submission to the Federal Government.

Details about how it will work are unclear but building on Australia's increasing capability in aftercare and established and emerging models like The Way Back and the HOPE Program, the intention is to provide follow-up support in the community for every Australian who attends hospital following an attempted suicide. Lifeline has estimated 65,000 people attempt suicide annually. Such a service is predicated on very close engagement between the hospitals, run by the jurisdictions, and the aftercare services to be established. How this will occur is yet to be detailed, as is the issue of how to provide aftercare to people who never attend hospital, though $9.8m is set aside for this specific task (as part of overall funding). The vital thing is that implementation design should capture and measure 'what good looks like', be adaptable to suit local and regional realities, and evolve based on evidence and insights.

While the idea behind this service may not be new, there is little doubt that its establishment, if successfully implemented, would represent real and positive structural change, addressing one of the most important gaps in Australia's mental health service system.

Suicide Prevention

The Budget provides $298m over four years for suicide prevention, including the universal aftercare service already described. The PC Inquiry reports that in 2018-19 the Australian Government spent $75.8m on the National Suicide Prevention Program so this is a significant boost and includes new leadership programs as well as support for some existing services. One new program, drawing on experience from Scotland, is a trial of a National Distress Intervention, designed to encourage the provision of service to people in distress in settings like social services, the Family Court or Centrelink. Funding is also provided ($12.8m across the period) for the establishment of a new National Suicide Prevention Office.

It is difficult to assess the merit of this budget measure so evaluated trials to build the evidence base will be welcome in this context.

However, we do know that the AIHW and other bodies are providing a new level of scrutiny over Australian data for any sign of an increase in suicide associated with the COVID-19 pandemic. Even without any impact from COVID-19, Australia's rate of suicide had been increasing over the past decade.

Other Significant Federal Budget Measures

Lived Experience

Another key factor in generating structural reform is the extent to which it can draw on the lived experience of consumers and carers in processes of co-design. We acknowledge the announcement of the ALIVE National Research Centre in March 2021, with $10m in funding.

However, this Budget does not build on this, providing limited support, with $0.3 million allocated towards scoping and co-design of future national peak body arrangements to provide consumers and carers with a greater say in the future of the mental health system. There is $3.1million provided to sponsor up to 390 peer workers to undertake vocational training, however there is no further infrastructure, as identified in the PC Inquiry, to support peer workers in their role.

With this Budget, the Australian Government has further delayed the establishment of independent peak bodies for mental health consumers and carers, regardless of the significant scoping and consultation already undertaken through the PC Inquiry, as well as other projects. The PC Inquiry recommended the Australian Government 'establish peak bodies that are able to represent the separate views of mental health consumers, and of carers and families, at the national level. It should provide sufficient funding to cover the development, establishment and ongoing functions of these peak bodies.'

Mental Health Australia strongly supported this recommendation in our 2021 pre-Budget submission where we called on the Australian Government to "provide funding for the establishment, development and ongoing functions of separate peak bodies for mental health consumers and carers, to broadly represent the views of consumers and carers at the national level".

Mental Health Australia therefore welcomes the Australian Government's intent to "provide consumers and carers with a greater say in the future of the mental health system". However, Mental Health Australia would have preferred to have seen a funding commitment for establishment of these peak bodies as well as initial funding for their co-design with mental health consumers and carers.

Consumer mental health representation has been the subject of much advocacy, ever since the disestablishment of the National Consumer Advisory Group (NCAG) almost 20 years ago. Peer work still represents a tiny fraction of Australia's mental health workforce, despite good evidence demonstrating the positive impact it can play in boosting recovery particularly in psychosocial support settings. This Budget provides only very limited encouragement of consumer or carer voices as part of structural reform. It will not be possible to advance the concept of 'person-led support' without them and they must be central to the National Agreement.

Medicare

A significant service investment made in the Budget is the allocation of $288.5m to provide Medicare-subsidised access to Transcranial Magnetic Stimulation (TMS) Therapy for major depressive disorder. This is clearly significant new public access to important mental health treatment.

Another Medicare change a $111.4m Budget item to support the uptake of group therapy sessions, and participation of family and carers in treatment provided under the Medicare Better Access Program. It should be noted that this is on a substitution basis — this measure will permit family members and/or carers to access up to two of a patient's available Medicare subsidised sessions each calendar year. While the Better Access Program overall continues to prove popular, it is increasingly providing services to the same people which might reflect the absence of alternatives.

The overall rate of new clients into the Program is the lowest ever, at just over 29%, raising questions about whom the Program is providing 'better access'. Without any outcome data, its impact remains unclear. In relation to group therapy more specifically, this has always been a very minor element of the Program with providers and possibly consumers vastly preferring individual appointments. In 2020, out of around three million sessions of psychological service delivered under Better Access, only about 35,000 were provided in a group setting. The evaluation of this major initiative is long overdue.

Telehealth

One of the most significant structural changes made to mental health in Australia, provoked by the pandemic, has been the delivery of mental health telehealth services under Medicare. The Budget continues funding for these services but only until December 2021. The Budget papers suggest that the Government is working to design a permanent telehealth model though no process is identified. This is an area of policy design of real interest to the mental health sector, but in line with previous advice provided by Mental Health Australia attention of quality and safety are critical going forward.

Psychosocial Services

As shown in Table 1 above, the NGO share of the mental health budget has not increased over recent years and remains a peripheral element of the overall mental health service landscape. This is despite evidence indicating the important role these services play in a comprehensive and integrated mental health system. The 2021 Federal Budget does not address this. It only provides funding for the 'continuity of support' measures, originally introduced to compensate for the drastic impacts on psychosocial services which occurred after implementation of the NDIS. There is $171.3m provided for this, but unlike other Budget measures, this covers just two years rather than four.

The successful articulation of the role and potential of the psychosocial sector as a partner to clinical care remains one of the highest priorities for structural mental health reform. This task is hampered by a lack of data and by ambiguity in relation to governance. Neither state nor federal governments clearly 'own' the community mental health support space, of which the psychosocial sector and people with lived experience should be key players. This is partly the space the new mental health hubs suggest occupying though the extent to which the new hubs, Federal or Victorian, are looking to engage with the psychosocial sector or provide psychosocial services is not clear. Addressing this matter should be a key task undertaken as part of the new intergovernmental agreement.

Greater clarity and resolution of the role to be played by psychosocial services is important not just to improve the quality of support and boost recovery, but also because of the significant number of Australians currently missing out on this support. The Mental Illness Fellowship of Australia estimate this population could be 156,000 or more and require $610m to address the current gap.

National Legal Assistance Partnership and Other Social Determinants

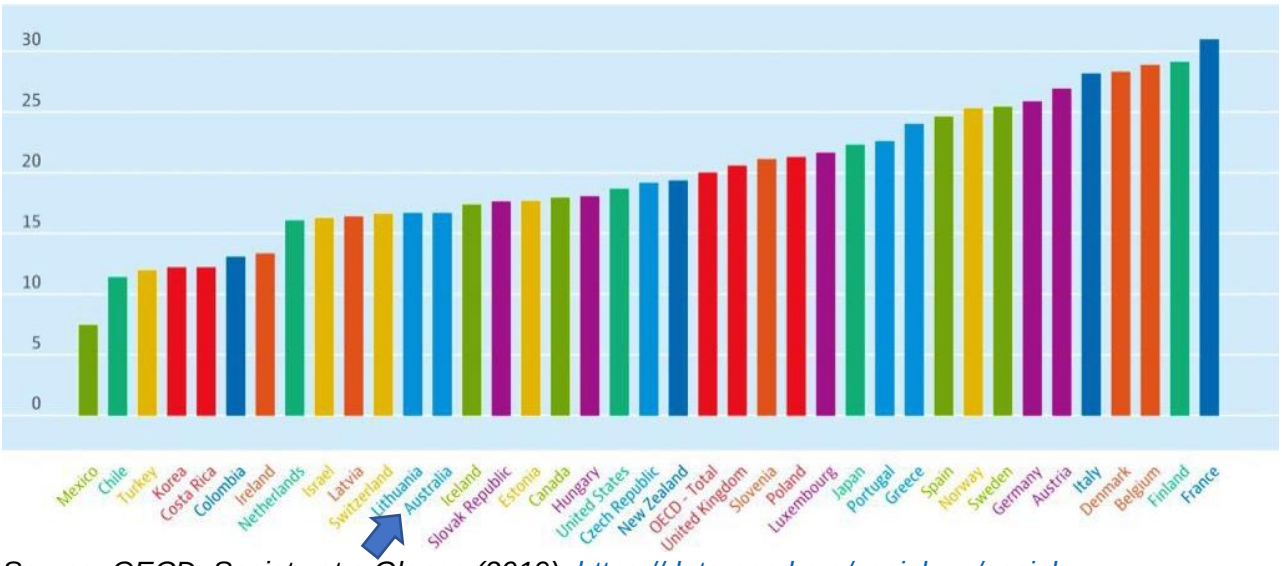
The Budget provided $77.1m for this initiative, designed to facilitate early resolution of legal problems for those experiencing mental illness. While perhaps not fundamentally shifting the structure of mental health services in Australia, this initiative recognises the need for a systemic and whole-of-government approach to mental illness, a point stressed by the CEO of the National Mental Health Commission, Christine Morgan in a recent interview.

However, having made this connection to the broader social determinants of mental health, and having already described the continued neglect of psychosocial services, the Budget otherwise contains few measures in areas like housing and employment.

There is an allocation for Individualised Placement and Support (IPS) ($5.7m) though some funding had been provided for IPS in last year's Budget but it is unlikely that this will have any significant impact as members consider it to be a small allocation. Aside from the existing Disability Employment Service no other model of employment support has been funded which limits support choices. The Budget provides no additional funding for housing beyond the existing Partnership Agreement. The Productivity Commission is expected to commence a review of the National Housing and Homelessness Agreement in 2021, to be completed by June 2022.

Australia's relative unwillingness to invest in these social determinants is demonstrated in Figure 3 below which shows our performance against OECD counterparts in terms of national public investment in 'social spending'. Australia ranks lower than many developed nations and lower than the OECD average.

Figure 3 – OECD Public Social Spending by Country as % of GDP (2019)



Source: OECD, Society at a Glance (2019): https://data.oecd.org/socialexp/social-spending.htm#indicator-chart

Key Groups

The Budget provides $79m for a range of crisis and support services associated with the Aboriginal and Torres Strait Islander Suicide Prevention Strategy, including culturally sensitive, co-designed aftercare services, the establishment of regional suicide prevention networks and funding to Gayaa Dhuwi (Proud Spirit) and Lifeline to establish and evaluate a culturally appropriate 24/7 crisis line.

There is also $16.9m to fund mental health early intervention supports and preventive measures for migrants and multicultural communities, including Mental Health Australia's Embrace Multicultural Mental Health Project. This funding also supports workforce training and development through the Program of Assistance for Survivors of Torture and Trauma.

This funding is most welcome as understanding and responding to the mental health needs of Australia's diverse communities remains one of the key structural challenges facing the nation, involving large populations of consumers and carers, communities, workforce development as well as resources for services and programs.

Evidence and Accountability

One of the key findings of the PC Inquiry was the lack of progress mental health service delivery has made in terms of capitalising on evidence and developing accountability. This is despite these being key elements of the very first National Mental Health Strategy back in 1992. On this basis, the Budget invests $117.2m to establish a comprehensive evidence base to support real time monitoring and data collection for Australia's mental health and suicide prevention systems. Details are unclear about how this will be achieved and how any new efforts might link to the very considerable investments already made in state based outcome monitoring systems like Health of the Nation Outcome Scales (HONOS).

However, this measure is to include:

- enhancing national data systems and filling information gaps monitoring population risk of suicide and self-harm
- funding to enhance forecasting of population mental health needs and developing a nationally agreed framework for mental health regional planning
- developing a national evaluation strategy and evaluation fund
- funding for a longitudinal child mental health and wellbeing study
- measuring, for the first time, the prevalence of mental health in the Aboriginal and Torres Strait Islander population.

Additional funding of $7.3m is also provided to the National Mental Health Commission to lead new efforts in relation to accountability.

Investment in accountability — our capacity to discern if the mental health services provided actually helps people — is clearly one of the highest priorities underpinning real structural change. We have to know what works and what does not. We have to understand if our systemic response to mental illness is improving or not. We must understand not only about access to services but about their cost, quality and the impact they have on people's lives.

Australia's efforts to develop accountability for mental health remain rudimentary, largely focused on measuring and reporting inputs (spending, staff numbers, beds) and outputs (numbers of services, occasions of care). We are outcome blind. Funding and action to address this is welcome and if effectively implemented, would represent vital structural reform to our system. These accountability structures must be clearly identified and embedded in the new National Agreement.

The 'real-time' monitoring referred to in the Budget commitment suggests a very strong role for consumers and carers, armed with appropriate technology, to become the new linchpins of mental health accountability through personalised reporting.

This represents an exciting opportunity to reshape priorities in data collection for systemic quality improvement while avoiding increasing the burden on professionals and providers.

Conclusion

> *….reform of Australia's mental health system means addressing the key gaps and barriers that lead to poor outcomes for people, including…[a] lack of clarity across the tiers of government about roles, responsibilities and funding — leading to persistent wasteful overlaps, yawning gaps in service provision and limited accountability.*
>
> *Productivity Commission Inquiry into Mental Health Final Report, page 8*

The focus of the 2021 Federal Budget is a very welcome investment in poorly resourced and essential mental health services.

Assistant Minister Coleman's public references to the need for structural reform in mental health reveal a welcome and ambitious insight. Perhaps the most significant elements of the Budget, the new multidisciplinary centres, require detailed coordination with the states and territories and therefore through the planned new National Agreement for Mental Health and Suicide Prevention.

Mental health has of course been subject to these kinds of agreements in the past. The Fifth National Mental Health and Suicide Prevention Plan is due to lapse in 2022. So far, sector engagement in the development of any new National Agreement has been limited and it is a closed process being run by officials.

It behoves the sector not only to consider the contents of any new National Agreement, the key priorities and the scale of investments necessary. It is also vital to understand the mechanisms which underpin these agreements – the incentives and sanctions which will drive new and coordinated mental health reform to occur right across Australia.

The significance of this matter has now been reinforced by the Victorian State Budget. This massive investment in mental health, with its focus on community, consumer-led and out-of-hospital care, raises key questions about the direction of development for Australia's mental health system nationally. For the full value of these investments to be realised it will need these new initiatives to be implemented in a co-ordinated, integrated and collaborative way across all tiers of government. And this must be the case for all state and territory investments in mental health services.

While this Federal Budget is more generous than most, it reinforces the sense that setting a clear long-term direction (evidence-informed, guided by expert advice including from lived experience) is as important as the funding amounts and individual initiatives. The articulation of this longer-term vision for how mental health should work in, say, 2035 is perhaps the Budget's most glaring omission. It is critical the sector has an opportunity to shape this vision, and support integrated implementation.

Attachment 1

2020-21 Federal Budget – List of Key Funded Mental Health Items

Funded Budget Item	4 Year Funding $m	New Service or Program?	Structural Reform Driver?
Beyond Blue's Coronavirus Mental Wellbeing Support Service	7.1	No	No
Pillar 1 - Prioritising Mental Health and Suicide Prevention – Prevention and Early Intervention			
Head to Health Gateway	11.6	No	No
Support for Existing Digital Mental Health Services	77.3	No	No
Youth Digital Health (ReachOut)	13.1	No	No
National Safety and Quality Digital Mental Health Standards	2.8	Yes	Yes
Support for PANDA perinatal services	47.4	No	No
FIFO/DIDO specialised support services	6.3	Yes	No
National Legal Assistance Partnership for early resolution of legal problems for those experiencing mental illness	77.1	Yes	No
Individual Placement and Support	5.7	No	No
Ahead for Business digital hub	0.9	Yes	No
Pillar 1 Total	**248.6**		
Pillar 2 - Prioritising Mental Health and Suicide Prevention – Suicide Prevention			
National Suicide Prevention Leadership and Support Program	61.6	No	No
Establishment of National Suicide Prevention Office	12.8	Yes	Yes
Maintenance of Existing Suicide Prevention Trial Sites	12.0	No	No
National Universal Aftercare Service	158.6	No	Yes
Bereavement Support	22.0	No	No
National Distress Intervention Trial, Roses in the Ocean and Safe Spaces programs	31.2	Mix	Maybe
Pillar 2 Total	**298.2**		
Pillar 3 - Prioritising Mental Health and Suicide Prevention –Treatment			
Multidisciplinary Treatment Centres - 8 new, 24 new satellite centres plus ongoing funding for 8 centres (Head to Help)	487.2	Yes	Maybe

Funded Budget Item	4 Year Funding $m	New Service or Program?	Structural Reform Driver?
Headspace - 10 new centres, 5 satellite services (bringing total to 164 headspace services), plus capacity boosting	278.6	No	No
15 new Head to Health Kids Centres (aged 0-12yrs)	54.2	Yes	Maybe
Transcranial Magnetic Stimulation available under Medicare	288.5	Yes	No
Better Access Group Therapy for families and carers	111.4	Yes	No
Eating Disorders Services	26.9	No	No
Psychosocial Services continuity of support funding (NOTE: 2 Year funding provided only)	171.3	No	No
GP Initial Assessment and Referral Tool	34.2	Yes	No
Parental Education and Support Programs	42.3	No	No
Early Childhood Checks	0.5	No	No
Pillar 3 Total	**1,495.1**		
Pillar 4 - Prioritising Mental Health and Suicide Prevention – Supporting Vulnerable Australians			
Autism and Complex Needs Funding	11.1	Yes	No
Mental Health Services directed towards Aboriginal and Torres Strait Islander peoples	79.0	Some	No
Mental Health Services directed towards culturally and linguistically diverse communities	16.9	Maybe	No
Pillar 4 Total	**107.0**		
Pillar 5 - Prioritising Mental Health and Suicide Prevention – Workforce and Governance			
Psychiatrist workforce training places	11.0	No	No
Nurse, psychologist and allied health scholarships	27.8	No	No
Peer worker training	3.1	No	Scale?
Skill development for working with children and families	0.3	No	No
Mental Health Career Promotion and Anti-stigma	1.0	No	No
Health Professional Support Programs	2.6	No	No
GP Mental Health Training	15.9	No	No
Additional staff for National Mental Health Commission	7.3	No	No
Consumer and Carer peak body development	0.3	No	No

Funded Budget Item	4 Year Funding $m	New Service or Program?	Structural Reform Driver?
Real time monitoring and data collection, regional planning and design	117.2	Maybe	Maybe
Pillar 5 Total	**202.0**		