



# Australian Health Care Reform Alliance

**MEDIA RELEASE**

**26 November 2015**

## **Structural Changes to Mental Health – The Real Work Starts Now**

The Australian Health Care Reform Alliance (AHCRA) today welcomed Minister for Health, Sussan Ley's announcements around mental health, in response to the review conducted by the National Mental Health Commission.

"A more tailored and regional approach to health care planning and service delivery is welcome but it is crucial that there is adequate resourcing to collect data and analyse benefit as well as providing frontline services. We are therefore concerned to note that no new funding has been allocated", said AHCRA Deputy Chair, Tim Woodruff.

Mental health is the third biggest chronic disease in Australia behind cancer and heart disease, affecting four to five million people each year. "One size does not fit all and the Government's support for stepped care makes good sense," Dr Woodruff said. "This gives more opportunity to tailor mental health support to people's individual needs."

Central to the changes is the creation of new pools of flexible funding particularly aimed at better meeting the needs of people with more complex mental health problems in the community. The new Primary Health Networks (PHNs) will be able to use this funding to create better and more multi-disciplinary responses for these people, instead of just relying on Medicare Benefits Schedule items.

"This flexibility is critical. In addition to continuing to draw on psychologists and others, these changes mean PHNs can further build the capacity of some existing successful programs, like the Mental Health Nurse Incentive Program and Headspace, to build better service responses for people with complex conditions in their communities. They can also really engage with those organisations providing vital psycho-social support services. Integrating care for people with complex conditions is critical," Dr Woodruff said.

AHCRA also welcomed the increased focus on the use of e-mental health services for people with less complex conditions, noting Australia has been a world leader in the design of such interventions.

It will be vital that PHNs are supported as they take on this new leadership role in primary and community mental health. One key element of this will be good data, providing a picture not just of the services used and the costs, but critically of the real outcomes of the care provided.

"Regional approaches need to be genuinely local. The PHNs cover large areas. The Commonwealth needs to work with the States and Territories to ensure the PHNs can properly plan and then evaluate the impact of the care they provide. Without a commitment by the Federal Government to adequately fund the collection and analysis of such data, many of the potential benefits of this approach will not be achieved. National benchmarking will be important to drive quality improvement. This is not a job for individual PHNs; - it requires national leadership," Dr Woodruff said.

The AHCRA welcomed the ongoing commitment of the Government to a role for the National Mental Health Commission and hoped it could drive new and effective national monitoring of mental health reform.

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