

Recommendations from the Senate Inquiry into Commonwealth funding and administration of mental health services

The Chair of the Community Affairs Reference Committee provided 10 recommendations resulting from the Senate Inquiry. The full report from the Senate Committee can be accessed from this link:

http://www.aph.gov.au/senate/committee/clac_ctte/comm_fund_men_hlth/report/index.htm

Recommendation 1

The Chair of the committee recommends that the rationalisation of the number of rebatable allied health sessions under Better Access be delayed until it can be demonstrated that other programs (such as ATAPS) are adequately equipped to provide services to people with a severe or persistent mental illness.

Recommendation 2

The Chair of the committee recommends that the Government consider putting in place an interim program through the MBS that would allow access to six additional sessions under Better Access for consumers who meet tightened criteria based on the severity of their condition.

Recommendation 3

The Chair of the committee recommends that the Government continue to evaluate Better Access and keep a watching brief on how the program is being accessed nationwide with a particular focus on the take up of Better Access services by hard to reach groups.

Recommendation 4

The Chair of the committee recommends that the Government develop guidance materials as quickly as possible to assist Medicare Locals and GP Divisions in meeting the full potential of the expanded ATAPS program. This material should include examples of nationwide best practice in areas such as financial management and the development of innovative projects targeting hard to reach groups.

Recommendation 5

The Chair of the committee recommends that a comprehensive performance assessment framework be established as part of the ATAPS expansion. The data gathered should be used to develop benchmarking tools to compare ATAPS service delivery across Medicare Locals and GP Divisions with similar geographic and demographic indicators.

Recommendation 6

The Chair of the committee urges the Government to revise its scheduling for the 2011-12 Federal Budget changes to ensure continuity of care.

Recommendation 7

The Chair of the committee recommends that any tightening of eligibility for Better Access be delayed until the youth mental health initiatives funded in the 2011-12 Federal Budget are fully expanded and operational.

Recommendation 8

The Chair of the committee considers that consumers must have a central role in any mental health advisory body, and that Aboriginal and Torres Strait Islander people should be represented. The National Mental Health Commission, which will have nine Commissioners and a Chair, should include at least one commissioner who is a consumer, one who is a carer and one who has Aboriginal or Torres Strait Islander heritage.

Recommendation 9

The Chair of the committee recommends that the Government review the operation and structure of the National Mental Health Commission after two years with a view to placing it on a statutory basis.

Recommendation 10

The Chair of the committee believes that the new Mental Health Commission should undertake ongoing monitoring of the two-tier Medicare rebate for psychologists to ensure that patients have access to the most appropriate practitioners and that workforce balance across the mental health sector is maintained.