

1. Introduction

The Fourth Plan was endorsed by the AHMC on 4 September 2009 and released on 13 November 2009. The Plan takes a whole of government approach acknowledging that many of the determinants of good mental health and of mental illness are influenced by factors beyond the health system.

The National Mental Health Policy 2008 provided a strategic framework to support better outcomes for people at risk of or experiencing mental health problems. The overarching principles outlined in the Fourth Plan are in alignment with this framework, stating the relevance of Fourth Plan activity to all people in Australia.

Therefore, with the exception of Action 7 (which is specifically targeted towards Aboriginal and Torres Strait Islander People), implementation of all Fourth Plan actions are required to consider the needs of particular groups of people who are known to be at risk of developing mental illness. These target groups include (but are not limited to) women, both younger and older people, those who are homeless, live in rural/remote communities, people who are or have been in institutional care, those who have experienced trauma and dislocation, who are from a culturally and linguistically diverse background, and people who have other types of disability.

Effort will be made throughout the implementation process to consider these special needs, seek appropriate advice and input from relevant stakeholders and effect strategies relevant to promote better outcomes for these client groups.

Alongside the Fourth Plan implementation process, other reform activity with relevance to mental health is being progressed through other related processes and either has or is likely to impact on the implementation of the Fourth Plan. These processes and their implications are summarised as follows.

Electoral Processes

Caretaker provisions relevant within an electoral period require Government representatives to abstain from any action that commits an incoming Government to significant policy or budget directions.

In a period of political uncertainty, the outcome of the Federal election of September/October 2010 was delayed resulting in a prolonged caretaker period for the Commonwealth representatives on all national subcommittees. As a result of this extended caretaker mode, several national processes, including decisions relevant to the Fourth Plan, were delayed as key committee structures were unable to meet, including Health Ministers, during this time.

In addition to the Federal election, there have been other jurisdictional elections conducted, including Tasmania and South Australia in March 2010, Victoria in November 2010 and New South Wales in March 2011 which have had a smaller impact on the progression of national processes.

COAG National Action Plan on Mental Health 2006-2011

At its meeting of 18 July 2006, COAG agreed to a National Action Plan on Mental Health 2006-2011 (the Action Plan) involving a joint package of measures and significant new investment by all governments over five years that was to promote better mental health and provide additional support to people with mental illness, their families and their carers. The Action Plan committed to a number of initiatives and better integration of services between Governments and between Government and the community sector. To facilitate this, each State/Territory and the Commonwealth agreed to form state-based COAG Mental Health Groups to oversight implementation of the Action Plan.

The Mental Health Standing Committee (MHSC) who has oversight of the Fourth Plan, has also been integral in progressing the implementation of the Action Plan. As implementation of the Action Plan is reaching its final years, it is unclear as to whether a subsequent plan will follow after 2011 in light of both the Fourth Plan and broader national health reform agenda.

National Health and Hospital Network Agreement

At the COAG meeting of April 2010, all jurisdictions except Western Australia, agreed to the National Health and Hospital Network Agreement (NHHN). This Agreement was informed by the National

Health and Hospitals Reform Commission's final report, *A Healthier Future for All Australians: Final Report June 2009*, which had 12 specific recommendations relating to supporting people living with mental illness. At COAG's meeting of 13 February 2011, a revised approach to national health reform was agreed by all jurisdictions, building on COAG announcements from April 2010. COAG acknowledged the provision of greater funding toward the growth in public hospital costs by the Commonwealth under this new agreement will benefit those areas of public hospital services where gaps continue, such as in mental health. Furthermore, COAG agreed to pursue further reforms in mental health, dental health and aged care over the next three years, and agreed that mental health reform will be a focus of discussion at its next meeting.

The implementation of the national health reform agenda is being driven by the Health Reform Implementation Group (HRIG) who established a Mental Health Working Group (MHWG) to consult with the sector and facilitate the implementation of the mental health components of the reform agenda. Although the MHSC is not directly involved in this COAG process, many MHSC members have dual involvement and as such, promote alignment between the two processes.

The outcome of the HRIG process is expected to be considered by COAG in 2011 and as this is likely to impact on the progression of the Fourth Plan implementation, the MHSC is incorporating this process into its deliberations.

COAG rationalisation of Ministerial Councils

Following an independent review of Ministerial Councils by Dr Allan Hawke, COAG members agreed at its meeting of April 2010, to the need to effect fundamental reform to the Ministerial Council system by March 2011. The objective of the review is to focus Councils on national strategic priorities and to explore new ways for COAG and its Councils to identify and address issues of national significance.

COAG has agreed in principle to reforms that will see current Ministerial Councils rationalised to 11 or fewer Councils, overseeing key areas of ongoing importance to both the Commonwealth and the States, including health, education and training, community services, infrastructure, police and emergency services, and financial relations.

The implications of this process on the Fourth Plan predominantly relates to the membership of the Fourth Plan Cross Sectoral Working Group that is tasked with the implementation of the Fourth Plan's objectives in non-health sectors. The membership of this group is mainly comprised of officials representing many Ministerial Councils relevant to mental health and therefore is likely to be impacted by the outcomes of this review in 2011.

AHMAC Enquiry into Mental Health

At its meeting of 10 June 2010, the Australian Health Ministers' Advisory Council (AHMAC) considered the apparent need to better understand stakeholder concerns in relation to the perception of gaps and overlaps in mental health service provision, and in the Fourth Plan.

Along with a diverse range of stakeholders, the MHSC participated in a stakeholder consultation workshop that comprised of three sessions relating to priorities for mental health reform, intergovernmental linkages and the definition of primary mental health care.

During this process, many issues were raised including various service delivery issues, workforce issues, integration with social supports, and the need for sustained investment and enhanced partnerships. However, participants also indicated strong support for the implementation of the Fourth Plan as a vehicle that addressed the majority of reform issues.

AHMAC considered the outcomes of this process at their November 2010 Meeting and agreed to progress the issues identified through the HRIG process attending to health reform.

Immediate Future

In the coming months, it is anticipated that much of the additional mental health reform discussion will resolve through the COAG process and will result in clearer objectives for mental health reform across Government. The MHSC will continue to ensure its activity relating to the Fourth Plan and any additional COAG mental health activity is in alignment with emerging priorities by Health Ministers and COAG.