



MEDIA RELEASE

28 July 2010

Our Ref: GOV14

**RECEIPT OF REQUEST FOR COSTING OF
ELECTION COMMITMENT**

The Department of Finance and Deregulation has been asked by the Prime Minister to cost the following election commitment under the *Charter of Budget Honesty Act 1998*:

Taking Action to Tackle Suicide – Providing more frontline services and support for those at greater risk of suicide.

The costing will be completed in accordance with the *Charter of Budget Honesty: Costing Election Commitments* guidelines issued on 11 June 2010. The guidelines are available at www.electioncostings.gov.au.

The costing request is attached to this media release. A further media release will be issued when the costing has been completed.

A handwritten signature in black ink, appearing to read 'David Tune'.

David Tune
Secretary
Department of Finance and Deregulation

Contact: Clive Hawkins
Telephone: 02 6215 3929

Name of policy	Taking Action to Tackle Suicide - Providing more frontline services and support for those at greatest risk of suicide
Person requesting costing (Prime Minister/Leader of the Opposition):	Prime Minister
Date of public release of policy:	27 July 2010
Date of request to cost the policy:	28 July 2010
Summary of policy (please attach copies of relevant policy documents):	A re-elected Gillard Government will invest \$113.9 million in providing more frontline services – including psychology and psychiatry services, as well as non-clinical support services – for people with severe mental illness, and in ensuring these services deliver better health outcomes.
Intention of policy:	To provide more support to those at greatest risk of suicide.
Description of policy	
Please note that where the request to cost a proposal differs from the announced policy, the costing will be on the basis of information provided in the costing request.	
Is the policy part of a package? • If yes, list and outline components and interactions with proposed or existing policies.	Yes – Taking Action to Tackle Suicide
Where relevant, is funding for the policy to be demand driven or a capped amount?	The amount of funding available will be capped.
Will third parties, for instance the States/Territories, have a role in funding or delivering the policy? • If yes, is the Australian Government contribution capped, with additional costs to be met by third parties, or is another funding formula envisaged?	Medicare Locals will assist in delivering the policy.
Are there associated savings, offsets or expenses? • If yes, please provide details.	NA
Description of policy (continued)	
What are the key assumptions that have been made in the policy including:	
Does the policy relate to a previous budget measure?	The measures build on the Government National Health and Hospital Reforms.

<ul style="list-style-type: none"> If yes, which measure? 	
<p>If the proposal would change an existing measure, are savings expected from the departmental costs of implementing the program. Will funding/cost require indexation?</p> <ul style="list-style-type: none"> If yes, list factors used. 	NA
<p>What are the estimated costs each year? Are these provided on a cash or fiscal basis?</p>	<p>The estimated impact on the underlying and fiscal cash balance is:</p> <p>2010-11: Nil</p> <p>2011-12: \$38.0m</p> <p>2012-13: \$38.0 m</p> <p>2013-14: \$38.0 m</p>
<p>What assumptions have been made in deriving the expected financial impact in the party costing (please provide information on the data sources used to develop the policy)?</p>	<p>More community-based psychiatry services. The Government will provide \$7.3 million per annum from 1 July 2011 to Medicare Locals to work with primary and community health providers in their area and purchase up to 20,000 additional services from psychiatrists each year.</p> <p>More psychological services for people who have attempted or are at risk of suicide The Government will provide an additional \$7.6 million per annum from 1 July 2011 to the Access to Allied Psychological Services (ATAPS) program providing psychological services for up to 12,500 people who have attempted or are at risk of suicide, to help reduce repeated attempts at suicide.</p> <p>Boosting non-clinical support services The Government will provide \$20 million per annum from 1 July 2011 to establish flexible funding pools for selected Medicare Locals to purchase additional services from existing community-based, non-government providers. This will help fund additional services under existing programs such as Support for Day to Day Living, Personal Helpers and Mentors, and Mental Health Respite programs.</p> <p>Making sure our investments deliver better outcomes The Government will provide \$3 million per annum from 1 July 2011 to develop an Annual National Report Card on mental health and suicide prevention and</p>

	nationally consistent local reporting by Medicare Locals and Local Hospital Networks on the performance of mental health services.
<p>Has the policy been costed by a third party?</p> <ul style="list-style-type: none"> • If yes, can you provide a copy of this costing and its assumptions? 	NA
<p>What is the expected community impact of the policy?</p> <ul style="list-style-type: none"> • How many people will be affected by the policy? • What is the likely take up? • What is the basis for these impact assessments/assumptions? 	The policy will provide more support for people at risk of suicide, and it is expected that the funding allocated will be fully utilised under the plan.
<p>NOTE: it will be up to the professional judgment of the relevant Secretary as to whether these assumptions are adopted in a Treasury or Finance costing of the policy.</p>	

Administration of policy	
How will the policy be administered: who will administer the policy (for example, Australian Government Agency, States, non-government agency)?	The policy would be administered by the Department of Health and Ageing.
<p>Should Departmental expenses associated with this policy be included in this costing?</p> <ul style="list-style-type: none"> • If no, will the Department be expected to absorb expenses associated with this policy? • If yes, please specify the key assumptions, including whether Departmental costs are expected with respect to program management (by policy agencies) and additional transactions/processing (by service delivery agencies). 	Departmental costs would be absorbed by the relevant portfolio.
Intended date of implementation.	1 July 2011
Intended duration of policy.	ongoing
Are there transitional arrangements associated with policy implementation?	NA
List major data sources utilised to develop policy (for example, ABS cat. no. 3201.0).	NA
Are there any other assumptions that need to be considered?	NA