

## Request for Costing an Election Commitment

<b>Name of proposal:</b>	Youth mental health
Person requesting costing:	Shane Rattenbury MLA
Date of request:	8 October 2020
Summary of proposal:	<p>This proposal will provide over \$11.6 million additional funding to Youth Mental Health over the next four years, to increase access to services for young people. This will include:</p> <ul style="list-style-type: none"> <li>• establishing a \$2 million psychologist subsidy scheme for young people and people on low incomes</li> <li>• employing 10 additional child and adolescent mental health clinicians</li> <li>• boosting community counselling, mentoring, home visits, advocacy and case management for 10-25 year olds</li> <li>• delivering a Mental Health Promotion and Prevention Program in primary schools</li> <li>• providing free mental health training for parents and carers, and peer support groups</li> <li>• providing more funding and funding certainty for community sector delivery of youth mental health services.</li> </ul> <p>Prevention is one of our key opportunities to reduce the burden on chronic disease, and this includes mental illness and mental health concerns. The Greens want prevention programs and services to be an integral part of healthcare delivery.</p>
Issue the proposal will address:	<p>We know that a barrier to seeking mental health support is affordability, particularly for young people and for those who are vulnerable or on a lower income. The Medicare Benefit Scheme (MBS) rebate for psychology sessions is insufficient and does not support nor encourage people to access the psychological support they may need. This is particularly evident amongst already vulnerable and less financially well-off people and groups.</p> <p>There is a need for additional programs that teach the skills and share the tools and resources required to help young people manage their emotions, illness and circumstances for better mental health outcomes.</p> <p>The level and range of pressures on community sector organisations and service providers is increasing. Short-term funding agreements and one-off grants create uncertainty and pressure for community service providers who should be able to focus on delivering services instead of worrying about whether they can continue to deliver their programs and keep their staff.</p>

**What are the key assumptions that have been made in the proposal?**

**Note:** The costing will be developed on the basis of information and assumptions provided in the costing request. The professional judgment of the Under Treasurer will determine whether these assumptions are adopted in the costing of the proposal.

- The cost of the psychologist subsidy scheme is based on a subsidy of \$35 per visit, enabling an estimated 13,000 psychological sessions per year on average.
- The cost of 10 additional CAMHS clinicians is based on an average cost of \$140,000 per clinician per year, starting from Jan/Feb 2021.
- Community counselling/mentoring costs are based on current costs of community programs of this nature.
- The cost of Mental Health Promotion in Primary Schools is based on similar programs delivered in schools.
- The cost of mental health training for parents and carers is based on 1 SOGC and 1 ASO6 position plus \$200,000 per year for workshop support program delivery.

	<b>2020-21 (\$'000)</b>	<b>2021-22 (\$'000)</b>	<b>2022-23 (\$'000)</b>	<b>2023-24 (\$'000)</b>	<b>Total (\$'000)</b>
Psychologist subsidy scheme	300	550	550	600	2,000
10 Additional CAMHS clinicians	600	1,400	1,400	1,400	4,800
Community Counselling/Mentoring	300	550	550	600	2,000
Mental health promotion in primary schools	105	265	265	265	900
Mental health training for parents and carers (1 SOGC and 1 ASO6 plus \$200,000 in project funding per year)	366	481	487	492	1,827
<b>Total</b>	<b>1,305</b>	<b>2,765</b>	<b>2,765</b>	<b>2,865</b>	<b>9,700</b>

What are the estimated revenue and operating costs each year (if available) and what are the capital requirements for this proposal and estimated costs each year (if available)?

	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>	<b>2023-24</b>	<b>Total</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Revenue<sup>(a)</sup></b>					
<b>Expenses<sup>(a)</sup></b>	-1,305	-2,765	-2,765	-2,865	-9,700
<b>Capital</b>					
<b>Depreciation</b>					

(a) A negative number indicates a decrease in revenue or an increase in expenses. The expenses row does not include depreciation costs.

Has any specific information or data been utilised in generating the proposal?
Previous budget proposals and business cases were used.
Where relevant, is funding for the proposal to be demand driven or a capped amount?
Capped
Will third parties, for instance the Commonwealth or other State/Territories, have a role in funding or delivering the proposal? Does the proposal provide additional funding to, or redirect, any existing Commonwealth/State or Territory funding arrangements?
No
Will funding/the cost require indexation?
No
Who will administer the proposal?
ACT Health and Canberra Health Services
How will the proposal be administered?
Staffing costs and additional CAMHS clinicians are included.
Is the proposal part of a broader package?
No
Has an allowance been made for expenses necessary to support the implementation of this proposal? <ul style="list-style-type: none"> <li>– If no, will the government agency be expected to absorb expenses associated with this proposal?</li> <li>– If yes, please specify the key assumptions.</li> </ul>
Staffing costs and additional CAMHS clinicians are included. Any additional staffing needs will be absorbed by the Directorate.
Will the proposal generate savings or offsets?
No
Has the proposal been previously costed by an external (third) party? Will a copy of this material, including any assumptions, be made available to Treasury?
No
What are the community impacts associated with the proposal? Who and how many people will be affected?
This proposal will improve mental health services for young people, helping to build skills for managing mental health. Young people will have better access to information and support services and parents and carers will have better access to training and support.
Are there any transitional considerations associated with implementation of the proposal? If so, how will they be managed?
No
What is the intended implementation date of the proposal?
Early 2021

When is the proposal expected to be fully operational? Please provide details such as the start and end dates, the level of commitment during each period etc.

Mid 2021

Will the proposal cease, and if so, when?

June 2024

Is there any additional information relevant to this proposal?

No