



**POLICY COSTING REQUEST – DURING THE CARETAKER PERIOD FOR A
GENERAL ELECTION**

Name of policy:	Rural and Regional Mental Health
Person requesting costing:	Senator Milne
Date of request to cost the policy:	29 August 2013
<i>Note: This policy costing request and the response to this request will be made publicly available.</i>	
Has a costing of this policy been requested under Section 29 of the Charter of Budget Honesty (i.e. from the Treasury or the Department of Finance and Deregulation)?	No
Details of the public release of this policy (Date, by whom and a reference to that release)	14 August 2013, Senator Wright http://penny-wright.greensmps.org.au/content/media-releases/greens-deliver-millions-rural-mental-health-care
Description of policy:	
Summary of policy (as applicable, please attach copies of relevant policy documents):	Delivering on rural mental health by investing \$553 million in prevention and properly funding more mental health services in rural areas, including new models of community-based care, developing a rural mental health workplace plan, increasing support for existing services in outreach and telepsychiatry, increased training for frontline staff and community members and a national social inclusion campaign.
What is the purpose or intention of the policy?	To improve the health of Australians living outside our major cities.
What are the key assumptions that have been made in the policy, including:	
Is the policy part of a package? If yes, list and outline components and interactions with proposed or existing policies.	Yes, another element of the rural health package is hospitals, which will be the subject of a separate announcement.
Where relevant, is funding for the policy to be demand driven or a capped amount?	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?	

**PBO POLICY COSTING REQUEST – DURING THE CARETAKER PERIOD FOR
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Are there associated savings, offsets or expenses? If yes, please provide details.	Not that will be captured in the costing, but in the longer run preventative health measures save money in medical treatment.			
Does the policy relate to a previous budget measure? If yes, which measure?	No			
If the proposal would change an existing measure, are savings expected from the departmental costs of implementing the program?	No			
Will the funding/program cost require indexation? If yes, list factors to be used.	No			
Expected impacts of the proposal				
If applicable, what are the estimated costs each year? If available, please provide details in the table below. Are these provided on an underlying cash balance or fiscal balance basis?				
Estimated financial implications (outturn prices) ^(a)				
	2013-14	2014-15	2015-16	2016-17
Underlying cash balance (\$m)	0	-184.2	-184.2	-184.2
Fiscal balance (\$m)	0	-184.2	-184.2	-184.2
(a) A positive number for the fiscal balance indicates an increase in revenue or a decrease in expenses or net capital investment in accrual terms. A positive number in the underlying cash balance indicates an increase in revenue or a decrease in expenses or net capital investment in cash terms.				
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)?				
Has the policy been costed by a third party? If yes, can you provide a copy of this costing and its assumptions?	No			
What is the expected community impact of the policy? How many people will be affected by the policy? What is the likely take up? What is the basis for these impact assessments/assumptions?	Improved health for those Australians living outside the capital cities.			

PBO POLICY COSTING REQUEST – DURING THE CARETAKER PERIOD FOR A GENERAL ELECTION

Administration of policy:	
Who will administer the policy (for example, Australian Government entity, the States, non-government organisation, etc.)?	Department of Health and Ageing
Should departmental expenses associated with this policy be included in this costing? 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).	Capped amount include department expense increases
Intended date of implementation.	1 July 2014
Intended duration of policy.	3 years
Are there transitional arrangements associated with policy implementation?	No
List major data sources utilised to develop policy (for example, ABS cat. no. 3201.0).	Rural mental health initiative based on report http://greensmps.org.au/ruralmh-report
Are there any other assumptions that need to be considered?	No
NOTE: <i>Please note that:</i> <i>The costing will be on the basis of information provided in this costing request.</i> <i>The PBO is not bound to accept the assumptions provided by the requestor. If there is a material difference in the assumptions used by the PBO, the PBO will consult with the requestor in advance of the costing being completed.</i>	