EXHIBIT 977

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Project Communiqué

Issue 3 – September 2012

National
M**HSPF**
Mental Health Service Planning Framework

Project Overview

Using evidence based practice and epidemiological data, the National Mental Health Service Planning Framework (NMHSPF) Project aims to estimate the range and quantity of mental health care required by our population and the resources required to provide it. Established in July 2011 (using funds provided by the Australian Government Department of Health and Ageing), the NMHSPF Project initially concentrated on establishing the project governance and engaging various stakeholders around Australia to inform the modelling process. Three Expert Working Groups and an overarching Modelling Group were established to develop the service elements and activities that will ultimately form the basis of the Framework.

Key activities performed since the last Communiqué of February 2012 are outlined below.

Taxonomy for Mental Health Care

Project members have developed a draft taxonomy for mental health care that describes the full range of services required in a comprehensive mental health system. The taxonomy spans the care provision from promotion and prevention services through to primary and specialist mental health care. The taxonomy is a classification system. It is divided into 'streams' (separating ambulatory from bed based and clinical from non-clinical care), and should not be interpreted as to be supporting any particular sector or arrangement for these services to be provided. The NMHSPF is very much limited to 'function' and 'resources' and not the provider or service environment in which the function may be performed. The taxonomy will remain in draft stage throughout the modelling process to ensure it remains responsive to the needs of the Framework as new issues are identified and resolved.

Service Element Templates

Flowing from the draft Taxonomy are descriptions of service elements and their activities. These descriptions aim to ensure clarity on the scope and function of each component in the taxonomy. The descriptions are both quantitative and qualitative in nature and allow future users to understand the context of each element and activity and the resources estimated for those functions. This work is very extensive and is still under development.

Care Packages

Care packages refer to a package of care for a particular population over a 12 month period. The care described is relevant to a particular target population and spans all appropriate services required by that population from across the entirety of the taxonomy. Using a set of estimates drawn from the Australian Burden of Diseases study published in 2007 (AusBoD 2007) the treatment rates per 100,000 population will be used to assign the percentage of the population needing each care package.

It is very important to understand that this process is not being prescriptive in terms of the path an individual must follow, but rather represents a proportion of a population using services in a 12 month period. For example, consider a care package for a population with severe mental illness and another population with a moderate mental illness. During one week, a particular individual may be part of the 'moderate' population and then the next week, following a deterioration of health, may be seeking services identified for the 'severe' population. At the same time, other individuals are moving around the services in a similar way, accessing mental health care specific to their needs. What doesn't change too dramatically however is the percentage of people using those services at any one time.

EXHIBIT 977   DBK.500.002.1067

The second main issue to note is that the NMHSPF is a 'should be' model. The care package process is an excellent way of working through an estimate of the care that people with particular needs might require over 12 months. The resources applied to each of the care packages can then be combined, and with the addition of the epidemiological data, can be summarised as an estimate of resources required to provide adequate mental health care.

Project members have recently been testing the taxonomy and service element descriptions through the care package development process. Continuing this work is a high priority in the immediate future.

Second Progress Report

The second contract deliverable was the Second Progress Report covering activity from 1 January 2012 to 30 June 2012 to the NMHSPF Executive Group. This report was delivered on time and reflected a positive status for the Project in relation to task and timeline.

Presentations

In recent months, several presentations on the NMHSPF Project have occurred at the invitation of various stakeholders. In alignment with the NMSHPF Communication Strategy, more stakeholder engagement and visibility of the Project is anticipated once the taxonomy and service element descriptors are more fully developed.

What can we expect in the next 6 months?

Finalising the taxonomy and service element descriptions should occur over the next few months. The development of care packages will also continue, ensuring they are developed appropriate to age and severity of illness. The NMHSPF Modelling Group and Expert Working Groups are scheduled to meet in September 2012, November 2012 and February 2013.

How can I keep up to date?

Due to the complexity of the Project structure, the NMHSPF Project Team is the primary communication point for the Project. All enquiries regarding the Project can be directed in writing to:

> Mr Brian Woods
> NMHSPF Project Director
> Mental Health and Drug and Alcohol Office
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Alternatively, biannual Project Communiqués and other project material will be made available on the Australian Government Department of Health & Ageing website at www.health.gov.au/ for general public access.