



The Hon. Greg Hunt MP

Minister for Health

TRANSCRIPT

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E&OE...

Topics: Health 2030 - Australia's Long Term National Health Plan and the Vision for a mentally healthier community

SABRA LANE:

Good afternoon, ladies and gentlemen, and welcome to the National Press Club of Australia and today's Westpac address. My name is Sabra Lane; I am the President of the club and today, our guest is the Federal Health Minister Greg Hunt, and he'll be outlining Australia's long-term national health plan, including a big focus on mental health.

If you're following the conversation today online, our Twitter using handle is @PressClubAust, and you can use the #NPC. Everybody, please join me in welcoming Greg Hunt.

GREG HUNT:

1. Introduction

Thanks very much to Sabra, and to Maurice, to our Indigenous leaders, our extraordinary health and mental health leaders, so many of whom are here today, our community leaders and our parliamentary leaders, including my colleague Senator Richard Colbeck.

The story of health in Australia is sometimes viewed through the prism of large numbers, such as \$435 billion for the health and aged care system over the next four years. In reality though, the story of health in Australia is the story of each individual life - their fears, their challenges, their hopes and their triumphs.

It's the story of Niharika, who's here with us today. Niharika is a young lady who, not that long ago, was suffering from clinical depression and severe anxiety. Courageously, she fought through it and went through the door of headspace, because it was known and it was trusted.

It was the beginning of her pathway to a better future. Never completely easy, never perfect, but now she is one of our national youth mental health ambassadors, and is on the board of the National Health Commission of Australia.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

It's also the story beyond Niharika, of beautiful young people such as 5-year-old Scarlett. And Scarlett has cystic fibrosis. Some years ago, though, she had access to a new drug, Kalydeco, which would otherwise have cost \$300,000, as a consequence of it being listed on the Pharmaceutical Benefits Scheme.

And she's full of life, and her parents are full of hope, because this gives her a pathway to a full, rich life knowing that there are new therapies coming down the track.

Each of these stories are only possible because we have a health system in Australia, which despite its challenges, despite its imperfections, is nevertheless one of the most significant and successful health systems in the world.

Currently, we're ranked number two and ranked number one for clinical outcomes, which a testament to the extraordinary skill and passion of our doctors, our nurses, our allied health professionals and our medical researchers.

But we can be still better. Our goal and our vision is for Australia to have the best health system in the world. And in order to do that, we have to have a long-term national health plan and a blueprint, in particular, for the great challenge of mental health, but not just over the next three years, but out to 2030. And it's those two things, which I want to address and share with you today on behalf of the Government.

2. Long Term National Health Plan

Turning to the long-term national health plan, there are four fundamental pillars to what we seek to achieve here.

2.1 Primary Care

The first of those pillars is primary healthcare. And there are significant achievements and significant tasks and priorities going forward.

Achievements

In terms of the achievements, we start with the foundation stone of our health system, Medicare. And what we've been able to do, together, is to guarantee Medicare in legislation so that it has the first call on the Budget. To increase funding from \$19 billion a year when we came in to \$26, to \$27, to \$29, to \$31 billion.

In particular though, and perhaps most importantly, to expand the services for outcomes such as new breast screening MRIs for over 14,000 women a year. New prostate cancer MRIs for up to 26,000 men each and every year. That then leads, of course, to our medicines and what we've been able to do together with medicines, a foundation agreement with Medicines Australia, which has helped us in the listing of 2100 new or amended medicines.

Probably, along with mental health, the single thing that the community most frequently raises with me as I travel around the country. Those medicines include names such as Orkambi for cystic fibrosis, Spinraza for spinal muscular atrophy, Kisqali for 3000 women with breast cancer, and only two weeks ago, Avastin for glioblastoma - 890 patients, a saving of over \$31,000 a year.

These are real and profound changes in people's lives.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

And then, of course, there's the work we've doing on rural and regional health. A \$550 million Stronger Regions Health Plan, which is about delivering 3000 new doctors and nurses to rural and regional Australia.

It's about the Murray-Darling Basin Medical School Network, which will transform the training for doctors in rural and regional Australia, something so immensely important in terms of recruiting from and retaining young people in the bush and for the bush.

And it's about the rural generalist pathway that we're developing with the sector and with the support of wonderful medical leaders such as Harry Nespolon and Tony Bartone who are here today.

Priorities

But then we look at the forward agenda, and in primary healthcare, we start again with Medicare and the 10-year Primary Healthcare Plan, which we're developing. And this begins with the new flexible care model, which is over and above the existing system.

It's about ensuring that people have access to their doctor not just face-to-face, but also through all of the modern means of communication, through telehealth, through the telephone, through the ability to text or email, or to speak with the practice nurse.

And this flexible care model means that we will have better access for more people wherever they are, and on the advice of our medical community, we're starting with the over 70s because this is such an immensely important task.

We move from there, to the expansion as part of the 10-year Primary Healthcare Plan of the treatments that are available, and in particular, the move over the course of this decade for genomic screening where people seek it, an early diagnosis and therefore, precision medicine treatment to become standard of care in Australia.

This, in many ways, has the potential to rival penicillin as a transformation of real medical treatment for people around the country in a way which will change their lives.

And then we move, in particular, to what we're doing further with the listing of new medicines.

Right now, the PBAC is working with the Government and the sector on possible pan tumour assessments to bring new medicines for cancers, such as immunotherapy treatments to people at a faster and earlier rate than ever before, something profoundly important.

And equally, we turn to Indigenous Australia and the development of an Indigenous preventative health plan. And here, this is about ensuring that in Indigenous Australia, we are able to provide the support that people need.

In particular, it has the very clear goals of ending avoidable Indigenous blindness by 2025; of ending avoidable Indigenous deafness; of defeating rheumatic heart disease over the course of this decade.

And significantly, expanding the rate at which women in their first trimester in Indigenous Australia are able to receive the critical health checks which will help transform their lives and protect their pregnancies.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

2.2 Hospitals and private health insurance

This then brings me to the second of our pillars, and that pillar is all about our hospitals and our private health system.

We have a hybrid system in Australia, one which I believe serves Australia well and far better than the alternative options of the US model or the UK model at either end of the spectrum.

Achievements

In particular though, our challenge has been to ensure that we maintain the balance across that model of public and private, which are so complementary in Australia. So in terms of what we've achieved, we've set out to deliver the largest private health insurance reforms in a decade.

Those reforms led to the lowest change in premiums in 18 years. Almost a halving from six per cent under the previous government to 3.25 per cent now.

Significantly, it's expanded coverage for rural and regional Australians. It's included youth discounts to bring young people in and, perhaps most importantly, it's included better mental health coverage for people under private health insurance.

This brings me to our hospitals, and in terms of our hospitals, what we've been able to do is to increase the funding because we have a very strong economic base from \$13 billion, when we came in, per year, to 23, to 24, to 25, to \$26 billion over the course of the Budget estimates as we go forward.

Essentially though, what's even more important is we've been able to provide the funds out to 2025 with a new hospital reform agreement that will deliver an extra \$31 billion over that five-year period as part of a \$131 billion agreement.

Priorities

So then, what about the forward agenda for our health insurance and our hospitals?

In particular, we are now going to embark on a second round of improvements for private health insurance.

At the heart of that is to focus on identifying any perverse outcomes that can occur where people, for example, have to be admitted for longer than they might otherwise be, because of the rules, but have less capacity to get the treatment that they need after they leave hospital.

So we will work collaboratively with the sector on precisely that question. That also leads to the reform agenda in terms of hospitals and what we want to achieve together with our hospital system under the health reform agreement.

And our number one goal as part of our next wave of activity with hospitals is to decrease the rate of avoidable admissions and to decrease the rate of avoidable re-admissions, and to do that cooperatively with the states and territories.

That brings us to innovation in our hospital system. And under the Community Health and Hospitals Program we have a \$1.25 billion plan.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

As part of that going forward, already since the election, we've achieved agreements with all eight states and territories.

We've provided \$100 million of funding for 65 projects and these projects are transformative projects such as the Peter MacCallum Centre for Cellular Immunotherapy, breakthrough therapies such as CAR-T therapy in Melbourne, the Sydney Comprehensive Children's Cancer Centre, an extraordinary new development which will transform care for children and youth facing the battle of cancer.

And the brain and spinal program and rehabilitation centre in South Australia.

2.3 Preventive health

That brings me to the third of our pillars as we go forward, which is prevention and mental health - I'll deal with mental health in more detail in a moment.

Achievements

In terms of the preventative agenda, which in some ways has not been as fully fleshed out over the last two decades as it could have been, I want to really re-commit to this today. In particular, in terms of prevention, there have been some extraordinary national achievements, especially across three fronts.

Firstly, in terms of screening - our breast, our bowel programs have been right at the top of the world; our cervical cancer screening program has the potential, according to Professor Ian Frazer, to lead to Australia being the first nation in the world to effectively eradicate cervical cancer as a fatal condition, and that would be an achievement for the ages.

In terms of our immunisation program, the second of the elements of what we've been doing on preventative health, we've now reached a level of 94.7 per cent coverage for five-year-olds with immunisation - an exceptionally important approach as we strive to achieve the herd immunity, which is the 95 per cent benchmark.

And then in terms of education and smoking, we've gone from 22.4 per cent over a decade ago of Australians who were smoking down through concerted national efforts across different governments, to 13.8 per cent of Australians who are smoking, but there's more to be done.

Priorities

And that brings me to our new National 10-year Preventative Health Strategy. There'll be four elements to this strategy.

At the heart of this we begin with screening and shortly after the election, I asked the extraordinary Professor Brendan Murphy if he could identify the most prospective areas for new national screening tests in Australia. He came back with the advice that the number one potential option is targeted lung cancer screening, to catch people early, and because there's been so much stigma, it's about breaking down that stigma.

As a consequence, I've approached Cancer Australia, now led by Professor Dorothy Keefe and we've talked about it and Cancer Australia will lead a review of the potential for targeted lung cancer screening to be the next national cancer screening program. The prospects are good and if they believe that it is desirable and achievable, then we will develop a plan and we will implement it, and it has the potential to save thousands of lives over the coming decades.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

Beyond that, in terms of immunisation, we will continue and extend the get the facts immunisation program and target it at local communities where there may be particular results which are not near national levels, and we will aim to and seek to surpass the 95 per cent goal and to have more Australians vaccinated, because vaccination ultimately, genuinely, saves lives and protects lives.

And then we turn to education and smoking.

Today, I want to announce that the Government will set a new target of reducing smoking rates below 10 per cent by 2025. This may be one of the most important things I ever have the privilege of being involved with. We've already committed \$20 million to the education campaign but there is more to be done and we will develop that with the health and medical and preventive health sectors.

And the last of the elements of the preventative health plan is what we will be doing in terms of obesity and working together with the states and territories on a national obesity plan which we hope will get more people moving earlier and in a way that's age and ability appropriate.

And also people understanding the consequences of the choices that they make in terms of their food.

2.4 Medical research

This brings me to the fourth of our pillars and that's the extraordinary world of medical research.

Our National Health and Medical Research Council and our Biomedical Translation Fund are doing extraordinary work, work such as the \$22 million that's been invested in the kidney fibrosis research under the BTF that which could lead the world not just in treatment, but potentially even a cure for what can be such a catastrophic condition.

Achievements

I particularly want to focus though on the Medical Research Future Fund. This fund has already seen some extraordinary achievements.

Together, with the sector, we've built a 10-year investment plan, which includes a five billion-dollar allocation of funds across the four areas of patients, researchers, translation and the long-term national missions and that provides an unprecedented certainty for medical research in Australia.

But that's led to very specific delivery in terms of clinical trials. Already, 54 clinical trials identified. Projects such as Nick Gottardo's medulloblastoma clinical trial program for children and young adults with this catastrophic condition, where real hope is being provided.

And as a consequence of that, we've been able to hold all-up, through the MRFF, 18 competitive rounds, allocate \$167 million to 156 projects but with so many more to go over that 10-year period.

Priorities

Then as we look forward in terms of medical research, the big things that we want to achieve here, what we see with that 10-year plan is in the missions themselves, these transformative missions and the missions fall across three categories.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

Firstly, there are the transformative new platforms for precision medicine, the genomics mission and the stem cell mission. Then, there's the brain and neurology area, where we're particularly focusing on the brain cancer mission, on the dementia mission which is so important for older Australians.

And the traumatic brain injury mission, and then the chronic diseases.

The Indigenous Health Futures program, the cardiovascular mission, and the mental health mission. All of these together create an agenda for the future which we backed up by the 10-year program for rare cancers and rare diseases in terms of clinical trials.

And the creation of a national front door for clinical trials to help bring more international trials to Australia earlier and sooner to give more Australians the chance at lifesaving options.

All up though, this is about new treatments.

New treatments such as Mackenzie's Mission, which is giving 10,000 Australian couples the chance of pre-conception screening to determine whether or not they have the risk of SMA or cystic fibrosis, or fragile X, or any other number of genetic conditions.

And if so, to have the option of IVF. It's about giving them knowledge and giving them options.

3. Mental Health

3.1 The National Challenge

This brings me though, to our great national challenge of mental health. And I say national challenge because we know there are 4 million Australians, in any one year, who will suffer from the challenge of mental health.

It's your story and it's my story.

And it's my mother's story, who had her battle with bipolar. But it's a story that every Australian is touched by at some stage.

Even more so, we know that 3128 Australians lost their lives to suicide in the last year, for which we have figures. And so we have a genuine national tragedy.

In the work with the Prime Minister, who's engaged deeply on this with Christine Morgan and myself since the election, we identified that our number one task was further and deeper information at the base.

And so today, I am announcing that we will hold our intergenerational health and mental health survey. It will involve 60,000 Australians.

The ABS will conduct it and it will last over a three-year period to give us a degree of depth and knowledge never before present in our understanding of mental health challenges and conditions.

The other great challenge though of course is stigma.

Now as a country, we've made extraordinary progress on de-stigmatisation. This is a topic which we can talk about in the chambers of Parliament or the Press Club, in the classroom or the locker room. But self-stigmatisation is the great frontier which we've yet to counter.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

Beyond Blue recently completed a landmark study; 21,000 police and emergency service workers. Extraordinarily, less than 1 per cent blamed people with mental health conditions for their mental health conditions.

That's just a tremendous step forward and a sign of where we've come and what we've achieved. However, amongst such an informed group, what was deeply concerning is that 33% would blame themselves and feel a sense of shame (inaudible) they have a mental health condition, and 61 per cent felt that they would be reticent seeking help.

This is why Niharika's story is so important, because what she realised is it's okay not to feel okay. And what she did is she took the first step. And so our great task is to help people to take that first step, whether it's through the door, whether it's to pick up the phone, whether it's to hit send, and to receive the help that people are rightly entitled to.

3.2 Progress on mental health

In terms of what we have achieved and the progress we've made, there are very significant things, it's important to remember that.

Awareness

What we've achieved together over the course of these last two terms is critical. In particular, awareness has been lifted. And in fact, this stems right back to 2001 and beyond, where we've seen our leaders play such a role. Whether it's from John Howard to Julia Gillard, or the current Prime Minister, and every other one as well, in terms of the key parliamentary leadership.

To have a budget this year where the Treasurer Josh Frydenberg made youth suicide prevention and mental health his number one social issue, that is an extraordinary step forward.

We've then had our amazing mental health leaders, people who are here today, such as Pat McGorry, Ian Hickie, and we have Jaelea Skehan, Christine Morgan and Helen Millroy, amongst so many others.

And then we've had our schools' programs, with over 7000 participating in a Beyond Blue's Be You program.

Service and Support

Our services have expanded- \$5.3 billion is what we invest in mental health at the federal level.

But significantly, we've focused on youth with a \$461 million package that's delivering 30 new headspaces, that's delivering support for the Early Psychosis Youth Severe Program. And our adult program where with Christine's help, we've been able to develop new approaches, \$100 million investment for eating disorder treatments, and a new national network of eating disorder residential centres across the country.

Post-natal and perinatal depression is being addressed with an \$80 million package, which deals with that and stillbirths - such an agonising situation for so many people.

And for our seniors, a 100 million-dollar investment in particular to deal with the fear and the loneliness that accompany age for too many Australians.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

3.3 Blueprint for the future of mental health

Then as we move forward, what I want to set out now is our blueprint for the future of mental health care, not just over the next three years but out to 2030.

Research

It starts with research, as I mentioned earlier.

We have the Million Minds Mental Health Mission, a \$125 million mission, which has already been conducting competitive rounds and focusing on youth and Indigenous mental health and depression.

Today however, I want to announce the next round of the Million Minds Program; an \$8 million round beginning in November which will focus on suicide prevention. They may be community programs; they may be national programs. But that focus on suicide prevention is directly addressing the issue which I consider and we consider to be a national tragedy, and a national challenge, and a national responsibility together.

Prevention

To then address the question of prevention itself as we go forward, there'll be differing views on the targets. But after working with so many in this sector, there's only one target.

And the Prime Minister and I have talked about this, there's only one target that we consider achievable or desirable, and that is to head towards zero for suicide in Australia. And by setting that objective, it says something in itself. That we don't consider this to be acceptable. We don't consider it to be something that the nation must tolerate. We do consider it to be something that we can address and achieve with the right support.

And that's why the Prime Minister appointed Christine Morgan as the first National Suicide Prevention advisor. But we know that so many of the mental health challenges in Australia start in childhood. And that if we are able to address and build resilience and positive psychology and wellness, then we can make a profound difference.

So today, I'm announcing that the Government will develop and implement a National Children's Mental Health Strategy.

That strategy will be led by Professor Christel Middeldorp and Professor Frank Oberklaid, but it will draw from the lived experience community.

I've already met only yesterday with a group of young people from the Monash Youth Mental Health Advisory Group and they will provide a representative from among their numbers. And this is such an important task. And we look forward to their advice as we go forward.

It's profoundly critical to our steps.

But we'll also be working in community outreach through our schools, through our clubs, and through the workplace, which is such an important part of the work of Lucy Brogden and the Mental Health Commission.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

Treatment

So this then brings me to treatment.

We've made huge steps on treatment, and I want to thank all the people who are here, particularly our doctors, and our psychologists, our psychiatrists, and our researchers.

But many have identified the missing middle as being the gap between the GP and the hospital. In particular, the lived experience community has asked for more investment in this space. So we've announced that the first stage of that will be a network of adult mental health centres around the country - eight centres to begin with.

I want to announce today, however, that the second stage between now and 2030 will be to build out a much broader and deeper network of adult mental health centres, which we will design with the lived experience community, which we will design with the mental health community and in conjunction with the states and territories.

And this, I think, is a profoundly important step. And it will complement what we're doing at the youth level, where of course, there is more work to be done.

Integrated mental health system

Then, I want to turn to the last of our questions and that's a single, simple, unified, integrated system.

And this challenge is one which we know is a barrier.

People don't necessarily know where to turn to. In the way that they know they can turn to their GP, they don't necessarily know what they can do. In Niharika's case, as a youth, she did. But not everybody does.

And so we would like – and I want to announce today, that we will work over the next two years to establish a new partnership with the states for an integrated mental health system from the Alpha to the Omega, from prevention to recovery. And with understood and agreed responsibilities.

It starts with prevention, which is a shared responsibility but a Commonwealth lead. We then move to early diagnosis and treatment, where the GPs take the lead and the Commonwealth takes responsibility. We move then to the mild to moderate treatment phase. And this is a shared responsibility but a Commonwealth lead.

Then we move to the challenge of acute treatment in our hospitals. This is a state responsibility, but I say to my state and territory colleagues, if there is one thing that I could respectfully ask for, that is dedicated youth mental health units in each of your states in as many places as possible.

I say this on behalf of a close family friend who has been through an agonising process. And of all the things that he's ever said to me, he said: I want you to do one thing, and that's to help in the push to provide these youth mental health units.

And I know it's something that, Pat knew and so many others have talked about. And I hope that the Victorian Royal Commission will agree with us - not that I'm trying to influence the outcome. And so that's incredibly important.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

Recovery

And then, lastly, recovery.

And in terms of recovery, recovery is about ensuring that those people who are discharged from hospital for having been admitted for suicidality or attempted suicide, are given the support that they need individually.

This is the group of Australians whom we know are most likely, at any one time, to take their own lives. So if we can follow them individually through programs such as Beyond Blue's Way Back program, where we've committed \$36 million, then we can have a profound outcome. So because it's associated with the states, it's naturally the states' lead, but it's a shared responsibility.

And that integrated program, across those five stages, is what we want to build in partnership with the states.

4. Conclusion

So all of this brings me back to where I started.

It brings me back to the notion that each and every life matters, and that this is about individuals.

A short while ago I met a young girl, Violet. Violet is eight years old. At four years of age, Violet was diagnosed with acute lymphoblastic leukaemia. And after all the possible treatments had been exhausted, her parents were facing the most grim of outcomes.

We were fortunate to be able to treat her in the medical overseas program, to participate in a CAR-T immunotherapy program in the United States. What occurred is nothing short of grace and science coming together.

This young girl is now in full remission and that treatment that she was given was announced in partnership with the Victorian Government and the Commonwealth only a few days ago as now being available to all the young Australians with acute lymphoblastic leukaemia who are expected to benefit from it. And we've done that through agreements with Victoria and New South Wales.

And that's our health system and our federation at its absolute best.

And so, to finish, what we've done today is to set out the fact that we have an extraordinary health system to start with but with many challenges and we can and must, ever be better.

That this system depends on a vision of being the best in the world and we can only achieve that with a strong economy. And we can only deliver that with a long-term national health plan and a blueprint for mental health development out to 2030.

And it's about delivering the best possible care, whether it's to Violet, to Scarlett, or to Niharika. But above all else, to each and every Australian.

Thank you.

SABRA LANE:

Thank you very much for that speech. There's quite a few little announcements in that.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

I want to kick off with the appeal that you made to your state and territory colleagues about this mental health plan that you'd like to agree with them.

How much of a heads-up have they had about the plan that you've outlined today?

GREG HUNT:

So in working with our state and territory colleagues, we talk all of the time and, importantly, what we've done is, through the Mental Health Commission, we've established a process where they're working with the states in terms of the Vision 2030 and through the Productivity Commission engaging all of the jurisdictions and the sector in terms of the items that they believe.

So those two processes are binding them together. And then at each of the COAG meetings, mental health is addressed and we've talked about the need to work together.

So it's a 2-year process. It's not something we want to impose; it has to be a genuine partnership. And off the back of all of the work we've done together, I've outlined today the structure and the framework.

And then, of course, some of the states are carrying out their own work, and that includes the Victorian Royal Commission into Mental Health, which will bring their views.

But this is a framework which I think is deliverable, and which through all of our discussions - with state colleagues, with the lived experience community, and with the mental health and health professionals around the country - represents, I believe, a desirable and an achievable framework.

SABRA LANE:

Dana McCauley.

JOURNALIST:

Dana McCauley from the *Sydney Morning Herald* and *The Age*. Thank you, Minister, for your speech and for your announcement about a long-term integrated mental health plan.

You've spoken about hospital emergency rooms, where lots of mentally unwell people show up, and you've also spoken about people with mild to moderate disorders.

Is this strategy going to include a real boost to funding in that area, which experts call the missing middle, and which is - they say - is leading to more hospitalisations when people are not able to get the substantive type of health that they need?

GREG HUNT:

So we've already made the commitment in terms of that middle of, recently, of \$111 million for the 30 extra new headspace for the youth missing middle.

We've committed \$110 million for the early psychosis, and \$150 million for existing headspaces. For the adult side, where there's a more significant gap, what we'll be doing is building the eight centres but laying out the framework, which will inevitably involve progressively more funding over the current decade for expanding that network.

And that is the principal vehicle that I look at. It's not the only means. As I say, we have prevention, early diagnosis, mild to moderate, acute and recovery.

So all of these are part of the system.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

JOURNALIST:

(Inaudible).

GREG HUNT:

I've set out a long-term plan today and I've just identified stage 1, which is the \$114 million, which is what we are investing in the first stage of that adult expansion.

SABRA LANE:

As part of that, do you commit to regular public accounting of success or otherwise of the patients that are going through headspace?

GREG HUNT:

Look, we're very open to that. I believe that headspace provides good documentation already, but as part of the agreements which we-

SABRA LANE:

Sorry, Minister, there is no public waiting list documentation that happens with headspace.

GREG HUNT:

Well, there- headspace puts out a series of reports, but we're always open to better accountability and to more detail.

SABRA LANE:

Sue Dunlevy.

JOURNALIST:

Mr Hunt, Sue Dunlevy from News Corp. One of your favourite things as Health Minister is to announce government subsidies for new medicines.

You've talked today about your vision of Australia's health system being the best in the world. Given that this is one of your favourite past-times, why is it then that Australia is well far from the best in the world in terms of reimbursing new medicines?

Japan leads the world; it takes 89 days to get a new medicine reimbursed there. Here it takes over 400 days, that's nearly twice as long as the top 10 countries around the world. And in the case of cancer medicines, it can take up to five years.

Now, you signed an agreement with Medicines Australia to speed up that process and you said that it would take less number of submissions to get a PBAC recommendation for subsidy.

Since that was signed, all that's happened is the time it takes to reimburse a new medicine has blown out, and you're still seeing multiple submissions, three or four sometimes, to get particularly life-saving cancer medicines approved.

What are you doing to do to speed that up?

GREG HUNT:

Look, I respect the question, but respectfully disagree on some of the propositions contained within it.

In particular, the comparison with other jurisdictions is not for the full process where the Australian system, you've included the TGA and the PBAC, whereas others, they're based on just the equivalent of the Pharmaceutical Benefits Advisory Committee process.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

We've already made very significant changes. We've introduced a new provisional pathway and a new priority pathway, with medicines being brought through on that basis. We were able to list some of the medicines I've mentioned - Orkambi, Spinraza – within a very short period of their final approval by the PBAC, and we'll continue to pull them through as quickly as we can.

And so I think that's exceptionally important.

In terms of the safety, though, and the assessments, and the effectiveness, that is, rightly, the province of the medical professionals. And it's, as it should be, a lock-box where without fear or favour, they make their assessments.

And sometimes that is an outcome that I wish wasn't the case. I would love to see something come on, but unless, by law, but also as it should be, the medical experts determine that something is safe and effective, it can't be listed.

And what I won't do is compromise that program, which I think is essential and fundamental to Australia having a system that I, respectfully, regard as the leading Pharmaceutical Benefits Scheme in the world.

SABRA LANE:

Steph Dalzell.

JOURNALIST:

Hi, Minister, Steph Dalzell from the ABC. You mentioned private health reforms. Recently here at the National Press Club, the AMA president described private health insurance as a dud.

Should the federal government be investing \$6 billion of taxpayers funds a year in what doctors themselves are describing as a dud?

GREG HUNT:

Well, to be fair to Tony, who's here, I'm not sure that's a completely accurate characterisation, but he can speak for himself, because he's literally right over there.

Private health insurance is a very important and valued part of the hybrid model in Australia. One of the things which isn't widely understood is that 50 per cent of the people who have private health insurance have an income of under \$50,000.

So, many Australians are making the conscious decision that they wish to be part of that system because of safety, because of security, because of peace of mind, and also because of things such as mental health coverage.

What it also does is it ensures that we have sustainable private hospitals, which keeps the pressure off our public hospitals. And that combination, in addition, provides innovation and choice.

And so those two things together - innovation and choice - are essential to the Australian system.

And we see that in terms of people who are facing elective surgery, with so many elective surgeries being carried out in the private setting.

We have a not-for-profit component within the private, which is a very significant element. So that's why we believe in private health insurance, we will maintain private health insurance, and we are committed to private health insurance.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

There is an alternative political view in Australia, where there is a hostility to it from some, and we know a hostility from within many parts of the Labor Party.

But we are committed to it because at the end of the day, the balanced model of public and private is ultimately, in my view, in our view, for the benefit of the Australian system.

SABRA LANE:

Lanai Scarr.

JOURNALIST:

Lanai Scarr from *The West Australian*. Thank you so much for your speech, Minister.

So implementing a child mental health strategy was actually a recommendation from 2014 from the Mental Health Commission. Why has it taken five years for this come to fruition when we do know that we are seeing an increasing rate of anxiety and depression amongst children?

Kids' Help Line said one in four of their suicide-related contacts are from children aged 10 to 14. And when do you actually expect to see the child mental health strategy be delivered to you and see some action on that?

GREG HUNT:

So, in terms of the second part, we'd like the strategy to be delivered by 30 June 2020. If, however, the strategy leaders - Professor Middeldorp and Professor Oberklaid - need more time, then we'll provide it.

But we'd like an interim report by 30 June, if not the final report. But I'm confident we can achieve that.

The second thing is, in terms of my watch, in our time, what we were doing is laying out the immediate support through the expansion of the schools programs over the last term - direct programs, expanding the BU program, expanding the headspace program.

And now what we wanted to do is to take that advice, because it's still early on in my tenure, and with Christine Morgan in the role and Lucy Brogdan, the agreement that we should act on this now and we're getting on it and we're doing it.

SABRA LANE:

Just how realistic is the date, given the Productivity Commission on mental health? When is that due to report?

GREG HUNT:

We'll have the Productivity Commission in the middle of next year. I won't pre-empt their particular timing. I want you to have Commissioners with independent time frames; it's in their hands.

SABRA LANE:

But the point being, wouldn't it be a good thing to wait for their final report before you, sort of, set off on a new strategy?

GREG HUNT:

No, these are complementary. The Productivity Commission will, in particular, look at the workplace.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

The workplace is one of the great opportunities for support in mental health. Increasingly, we know that people will be willing to talk with their colleagues, but if there's a welcoming environment, then that can make a profound difference.

These are complementary activities that can and should in my view, run in parallel, and then it's up to us to bring them all together.

SABRA LANE:

All right. Tom McIlroy.

JOURNALIST:

Minister, Tom McIlroy from *The Financial Review*. Thanks for your speech. Could you talk a little bit more about your plan to get smoking rates below 10 per cent by 2025?

How will that be done?

And how ambitious is that figure? Smoking rates appear to be falling by about one per cent each year - will it go beyond the current drop in rates?

GREG HUNT:

So in terms of smoking rates, there are two immediate things, with other elements to be developed. One is we have the \$20 million education campaign that we're focusing on.

The second is, in many cases some of the worst smoking rates in the country are in Indigenous Australia, up to 40 per cent.

And so we want to work very closely in targeted programs with Indigenous communities to try to dramatically reduce the rate of youth smoking take-up, and then to provide options to people in the middle of life and support for them to stop or to bring down their smoking.

So I think it is achievable; it's actually probably a bit harder than you may have set out because we've reached not quite an asymptotic base, but a slowing of reduction.

And so this is the moment where we have to push further and the combination of that direct education campaign and the combination of the work in Indigenous Australia, the *Don't Make Smokes Your Story* campaign, will be a very important part. But there will be more to do.

SABRA LANE:

Marnie Banger.

JOURNALIST:

Thanks, Minister. Marnie Banger from the Australian Associated Press. Just touching on unrelated - a different preventative health issue, we know from official figures that alcohol contributed to at least 4,000 deaths in 2017 alone.

We've had a new National Alcohol Harm Prevention Strategy in the works for more than five years now. It's late and industry advocates, sort of health advocates are concerned that industry has had a hand in it and watered it down in the past year.

How can you - what assurances can you give to Australians that is not the case?

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

GREG HUNT:

Look, we're working together with the states and territories and I expect that we'll be able to conclude and complete that very shortly, and I think it's extremely important.

Alcohol Education, steps on alcohol reduction, are fundamental and I look forward to doing that. We are waiting, when last I heard, on a response from at least one of the states, but after that, I am hopeful that within the next quarter we'll be able to achieve that outcome and it will make a big difference.

Now, there are people from all sides who have their input and inevitably, the industry will be disappointed with some of the views. Others may be disappointed that it doesn't go far enough, but it's about taking it forwards.

In particular for me, a major fundamental focus is FASD, so foetal alcohol syndrome. And to the extent that you have a personal imprint on this, the personal imprint that I've been able to contribute and which I want to make a fundamental part is dramatically reducing and ultimately aiming to eliminate foetal alcohol syndrome.

SABRA LANE:

The part of Marnie's question about claims that industry has been able to water it down?

GREG HUNT:

No, I wouldn't accept that proposition at all. They're in agreement with some things; they're in significant disagreement with other things.

I think all of the states and territories held a round table with those who wanted complete action in some areas, industry was part of that. That was a public exercise, as it should have been.

SABRA LANE:

Olivia Caisley.

JOURNALIST:

Olivia Caisley from *The Australian*. Thanks for your speech. Given GetUp!'s campaign against you in the lead-up to the federal election, do you think the AEC should re-examine this group over whether it be reclassified as an associated political entity?

GREG HUNT:

Well I won't comment on the AEC's decisions; I don't think it pays to pre-empt what they may do as an independent body.

I'll just make it absolutely clear that my experience is that GetUp! was completely and utterly engaged with the Labor Party on the ground in our electorate. You could see them working with them, talking with them, handing out for each other.

The engagement was there, that our booth workers, our pre-poll workers, the things that I observed. They obviously cooperate, they obviously act as if they are a part of the Labor Party.

The legal definitions, I'll leave to the Electoral Commission. The common-sense observation, that Australians across the country know, is that GetUp! is effectively the campaigning arm of the Labor Party, but what is interesting is they become more extreme in their activity and I think that many Australians who, in good faith, had signed up to be part of GetUp! thinking they were just a simple community movement, will increasingly find themselves concerned about what is an extreme and an aggressive and an American-style political action unit here in Australia.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

SABRA LANE:

What should happen to it?

GREG HUNT:

I think, firstly, if people are aware that this is an extreme and an aggressive and an American-style political action unit, they should consider whether or not this is the place they want to be.

SABRA LANE:

John Millard.

JOURNALIST:

Thank you Sabra and thank you, Minister, for your wide-ranging address. The disastrous budget of 2014 lowered the real rate of the Medicare rebate considerably.

Now, since that time, this has stopped but has not been reversed. Yes, I realise that 87 per cent of GP consultations are bulk-billed; but try telling that to a pensioner in Canberra, if they can find a GP who will bulk-bill. In this climate of real wages decline, when might we expect a real increase in the Medicare rebate?

GREG HUNT:

Thanks (inaudible) John. I- if you need help I'm sure we can help find a bulk-billing GP here in Canberra. Harry Nespolon from the RACGP will talk and introduce you afterwards.

The second thing is, of course, Labor started the Medicare freeze; and we ended it. We heard much during the election campaign that they said, gosh, they were going to come along and end the Medicare freeze. I have to say, the most illuminating moment of the whole election campaign, for me, was when Labor put out their costings document and they had a line ending the Medicare freeze across four years.

And their four figures were zero, zero, zero, zero. As somebody described it, this was the Audi moment.

What that showed, of course, is that much of the debate was completely false and fictitious. That what we've been able to do is invest funds – when you look at the way in which we've indexed and brought forward, just at the last Budget, 187 GP items for increased funding, we've been able to invest some \$5 billion through the Medicare system of additional funding as a consequence of making those changes.

And so they're very, very significant things. And as I say, when you look at it, what we're doing is going from \$19 billion to now \$26, \$27, \$29 and \$31 billion over the course of the forward estimates.

And so, that growth is real and significant and profound and it's backed up, not just by support for the existing services, but by new and additional services, which are coming on all the time.

SABRA LANE:

David Speers.

JOURNALIST:

David Speers from *Sky News*. Can I get your thoughts on medicinal cannabis and Barnaby Joyce's somewhat changing view on this? Where do you stand as Minister on the benefits or otherwise of medicinal cannabis?

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

GREG HUNT:

Right, thank you. In terms of medicinal cannabis, our job as a Government was to make sure that it was safe and available.

And then it's the prescriber's job- and this is a discussion that I've had with many in the medical community, where there's a very clear distinction between the Government's role and the prescriber's role.

What we've done is, of course, make it available, but in particular we've created an environment where, firstly, on coming into office, I realised there was a shortage of supply so we created a national inventory.

The second task was to ensure that we reduce the time between prescription and fulfilment.

And so, we've established a one-stop-shop with all of the states and territories, where it is now down to between a 24 and a 48-hour delivery time in almost every case.

The third thing was to realise that, for the Australian sector to succeed, we couldn't rely on the fact that there were now close to 10,000 prescriptions which had been fulfilled – and on the advice of the Office of Drug Control this may grow over the coming years to about 100,000 prescriptions – but we opened up the export pathway for Australian businesses which has, by a combination of circumstances, given Australia an almost unique opportunity, particularly in Europe with the changes in Canada, with restrictions in America, with European requirements.

What we're finding is that there's a very, very significant growth in that sector.

On the benefits, that's a matter for the clinicians. On the prescription rates, that's a matter for the clinicians. On the availability and the structure, that's our job.

SABRA LANE:

Sarah Martin.

JOURNALIST:

Minister, Sarah Martin from *The Guardian*. I just wanted to ask you about this issue of youth mental health. In your consultations with experts in the field, I'm curious to know what you believe are some of the causes for the spike in youth mental health, and I guess from a practical point of view, is there something that families and schools can do to try and improve the situation?

For example, there's a growing debate about the use of mobile phones in school, for example, and how social media is impacting on young people.

GREG HUNT:

Sure. In terms of causes, they are obviously very complex and they can be different for each individual.

What we do know, however, is that there is a need for resilience and for an approach to wellness so as people can understand the challenge, address it within themselves and know that there is help where they need it. So part of our task is to say: it's okay not to be okay.

But part of our task is to provide that preventive health capacity. And so, shortly after the election, along with the Prime Minister, we went out to an education session by this amazing group of young people with lived experience called batyr.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

It's a program which the Commonwealth is funding. And they were working with the young women in schools, focusing on their journey, the presenter's journey, from clinical depression or suicidality, and how positive actions were able to allow them on the path to recovery.

But what they were really working on was the preventive focus. And so, what we want to do is to expand prevention through schools throughout Australia, on a voluntary participation basis. But we know that there is 7000 schools, but we want to deepen that and, again, to provide the options.

So I think that that's extremely important. And there are a range of factors. I think it's fair to say life is more complex for teenagers now.

The number one factor, though, which in our discussions with the Prime Minister and the round tables we've had came out- you need to understand how engaged he is. He's had three round tables on mental health and suicide since the election, and that's his call because he wanted to do that and he's totally engaged. So, that's very heartening.

But, the number one factor has been trauma. And that could be physical trauma, abuse, or some other form of trauma. And so, we have to deal with that question of trauma and be upfront about it. So, this is one of the reasons why I believe that having the youth mental health units dedicated within the hospitals is so indispensably important.

SABRA LANE:

Tim Shaw.

JOURNALIST:

Thank, Sabra. Minister, Tim Shaw, *Radio 2CC*. Following on from Sarah and the regional challenges for clinicians, psychiatrists. Here in Canberra, per population we should have 65 psychiatrists; we have 23; two-thirds of them in private practice.

What are you going to offer COAG ministers, in particular regional and rural parts of Australia, to encourage and to be able to grow the number of psychologists, clinicians, psychiatry clinicians available to treat Australians?

GREG HUNT:

So, the first thing here is the number of professions, and the Chief Medical Officer Brendan Murphy is working with the colleges who allow and admit the intake of trainees. And- so he's working with them on workforce planning to make sure that we actually have the workforce.

The second thing is the distribution question, which is the very important one. And often in Australia, we'll find that there is misdistribution of certain professions.

It's understandable that there is a concentration in the city because of professional opportunities, but what we can do now and which we are looking at doing through the stronger regions plan is a combination of telehealth, of visiting professionals; but also about creating a training program with the colleges to ensure that there are adequate training and therefore professional development opportunities for advanced professionals in regional Australia.

And I think that that element – to combine the professional with the modern opportunities – is the combination that we've identified as most likely to succeed.

SABRA LANE:

Mark Kenny.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

JOURNALIST:

Mark Kenny, Minister, from the *Australian National University* and the board.

You talked a bit about taking the advice of the lived experience community in your speech. If I can just give you a bit of feedback from a lived experience community in respect of health- private health insurance. It seems every time I flash my card I'm not covered, so take it from me, it's a dud. Can I ask you just-

GREG HUNT:

I'll take that as a comment.

JOURNALIST:

Yeah, take it as a comment. Can I ask you just, in terms of your capacity as Health Minister, are you happy with the state of aged care services and geriatric services in this country?

GREG HUNT:

So we called a royal commission because there are real concerns.

Overall – overall – we have an outstanding and dedicated group of professionals and carers, and I've had the privilege of visiting numerous aged care facilities, and Richard is focused on this in particular.

But what we can't accept is those situations where there's substandard care. And to call a commission is a big step, and I remember the discussions with Richard's predecessor, Ken, and with the Prime Minister, and there was a unified view – the three of us together – that there were things that we were not comfortable with and that is was our time and our watch and therefore our responsibility to take this step.

And so, the commission is tasked with being frank and fearless, and fearless means to shine that light in places where people might not otherwise want to go.

And as the PM warned on the day that we called it, things will be revealed which will be deeply discomfoting and sometimes, frankly, outrageous. But they're doing that job and we need that as a country.

But as a result, we will have a better system.

The vast majority of professionals do an amazing job – the carers, the nurses, the coordinators – and I do want to acknowledge them and say to them: this isn't about them. It's about those on the fringes who have let down our elderly Australians.

But our job is to stand up for those elderly Australians, to listen to the results of the commission, and then to act on them.

SABRA LANE:

With that, everybody please join me in thanking the National Health Minister, Greg Hunt.

(ENDS)