RACGP
Royal Australian College of General Practitioners

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24 January 2025

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Via email: nationalearlyinterventionservice@health.gov.au

Dear Department of Health and Aged Care,

Re: National Early Intervention Service - Draft Service Delivery Model

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the National Early Intervention Service - Draft Service Delivery Model. However, we do wish to express our frustration with the timeline provided to respond, which has been unacceptably short given the importance of this consultation and given it is taking place over the Christmas holiday period.

The majority of mental health care in Australia is provided in general practice.[1] General practitioners (GPs) oversee patients' mental health across various ages, life stages and severity levels and critically, provide care encompassing both mental and physical health needs. Importantly, general practice bridges the gap between the community and institutions such as hospitals, mental health outpatient services, drug and alcohol rehabilitation facilities, and prisons.[1]

A patient's ongoing relationship with their GP and the general practice team for the provision of continuous, interconnected care is critical to improving outcomes and can decrease the use of inappropriate and acute services. Those in need should be able to receive the appropriate care at their time of need. There is, however, a significant risk of patients not receiving optimal and comprehensive care if their GP is bypassed (which is unfortunately often the case in stepped care models commissioned by PHNs for example).

Our responses to the consultation questions are outlined below.

1. *To what extent does the proposed draft service delivery model align with the NEIS' objectives?*

    - The proposed draft service delivery model is somewhat aligned with the NEIS' objectives. While the idea of offering cognitive behavioural therapy (CBT) early in the experience of distress is useful, focussing on reaching those 'at risk' of distress could be more beneficial. Whilst this is likely to encompass more than half (if not all) of the population and will not be that easy to achieve, encouraging people early in any distress trajectory to seek support is a worthy ambition.

    - It is unclear from the information available how well this proposed model will align with offering people CBT type skills training when their distress might be situational and transient.

    - The idea that free phone and video services will be more acceptable to the public than the numerous evidence-based digital interventions already on offer is questionable and untested. This idea appears to be influenced by the UK's Improving Access to Psychological Therapies (IAPTs) model, where the National Health Service (NHS) has accustomed people to service allocation based on severity.

    - The assumption that this initiative will reduce pressure on 'higher acuity' services may not eventuate, as it largely depends on the engagement of the population with early intervention. The program's success may rely on how well it integrates into the mental health support options GPs

can currently offer as part of their mental health toolkit. While allowing people to access this service without a GP referral is a practical approach, it is crucial to ensure strong efforts are made to connect those seeking help back to a regular GP. Continuity of care with a GP is essential for effectively escalating care when needed and addressing potential bio-psycho-social issues that may impact the appropriateness of CBT as an early intervention strategy.

- To date, most stepped care models have struggled to reduce fragmentation of mental health services and improve linkages between services. Australia's 'no wrong door' policy has probably contributed to this as people must repeatedly share their story and be shuffled around similar but slightly different branded services. What is needed is a 'right door, right time' approach, one that ensures timely access to appropriate care while establishing a reliable process to follow up on the outcome and offer a different level of care to the person if needed (as provided by general practice).

2. *As the NEIS implementation will be staged, gradually building to maturity in 2029, what target populations (as identified in the draft service model) should be prioritised for access to the NEIS?*

   Focussing initially on people already seeing a GP, where either the patient or the GP recognises they are experiencing mild, early or transient distress, would be a reasonable approach. This strategy would strengthen the integration of the model within existing primary care frameworks. If the outcomes are positive and GPs receive clear feedback that their patients are accessing and benefiting from the service, they are likely to continue recommending it. This mirrors the success of programs like Access to Allied Psychological Services (ATAPS), which GPs embraced because they were free or affordable and demonstrated tangible benefits for their patients.

3. *Are there alternative low-intensity therapies that should be considered as part of the staged-roll out of the NEIS?*

   - Yes, ideally the therapies offered should be similar to those used in the general practice Level 2 Focussed Psychological Strategies (FPS) training , which is inclusive of CBT and interpersonal therapy (IPT). Since transient distress often relates to interpersonal conflict and role transition, IPT might be more useful.

   - The efficacy of CBT and IPT will also depend on the integration of other free, evidence-based online tools and resources available in the model that the professionals providing the service are able to link people to, such as worksheets and skills-based activities that the person can complete outside of phone or video sessions. Centre for Clinical Interventions (CCI) is an example of a service that does this well.

4. *Should specific groups be prioritised to receive these other low-intensity therapies?*

   - Yes, as per our response to the second consultation question above, people already seeing a GP should be prioritised to receive the therapies. GPs should also be receiving feedback about the sessions to build confidence in the model.

   - Young people and parents should also be prioritised as they are likely to experience the most benefits long-term from early intervention.

5. *How important do you consider it is to include an SMS or other synchronous messaging channel for the NEIS?*

   It is important to include a messaging channel for the NEIS. Keeping people engaged in CBT can be challenging and using SMS or other messaging has proven effective in enabling people to complete a course of therapy as demonstrated by the experiences of Mindspot and This Way Up.

6. *How important do you consider that government health services and infrastructure be utilised through the NEIS (e.g. My Health Record and MyID)?*

   Currently My Health Record and MyID don't work very well for that purpose, and they may create unnecessary barriers to access. If they these systems were more reliable, then perhaps it could be a solution, but there would be concerns about privacy and confidentiality depending on how this will be implemented.

7. *Is there anything important you would like to add to your submission that might not have been mentioned previously?*

   - It is essential to ensure that people using this service are followed up and offered higher intensity care when needed in a timely manner.
   - It should be noted that if the 'no wrong door' policy option is followed, there will be many people using the service who have previously met diagnostic criteria for high prevalence conditions like depression and anxiety, and helping this group, who may not be new to treatment, is very different to helping those at risk or experiencing distress for the first time.

Thank you again for the opportunity to provide feedback on National Early Intervention Service - Draft Service Delivery Model. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely,

Dr Michael Wright
President

Reference

1. The Royal Australian College of General Practitioners. Mental health care in general practice. East Melbourne: RACGP, 2021.