



13 November 2023

Macquarie University Centre for the Health Economy
Level 5/75 Talavera Rd
Macquarie Park NSW 2109

Via email: Alicia.Norman@mq.edu.au

Dear Macquarie University Centre for the Health Economy,

Re: Getting more value from mental healthcare funding and investment

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a response to the *Getting more value from mental healthcare funding and investment consultation*. Our response builds on the feedback provided by our representative Dr Catherine Andronis, who attended a stakeholder workshop on Tuesday 26 September.

Key messages

- GPs provide the majority of mental health care and must be supported in this role.
- General practice is the most efficient part of the healthcare system.
- Support for longer consultations is critical.
- Mental and physical health care should be integrated, and general practice does this well.
- Support for Shared Care Models is needed.

Role of general practice

General practice is the most accessible service for those who require mental health care and, in rural areas, often the only service available. Individuals who may not otherwise have contact with the healthcare system (eg people of low socioeconomic status, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse [CALD] backgrounds) are more likely to have contact with a general practice.¹

Easily accessed without referral, general practice is key to providing equitable access to care for mental health issues. General Practitioners (GPs) provide patients with holistic, comprehensive care across all ages and severity levels. Ongoing mental health care is provided through direct care, shared care, and referral to and in coordination with, specialist services.

The RACGP's [2022 General Practice: Health of the Nation report](#) identified psychological issues as the most common health issue that GPs manage (71% of GPs listed these in the top three reasons for patient presentations.) In 2021-22, 11% of the population received MBS-supported mental health specific care, with the majority (9 of the 11%) of these services provided by a GP.³ This is still an under-representation of the true magnitude of GP mental health presentations, as longer mental health consultations in general practice do not have a specific (unrestricted) MBS item number, and therefore are often billed as a general consultation.

GPs have an ongoing relationship with their patient. They are cognisant of anyone living with mental health-related issues, enabling them to provide evidence-based, patient-centred, tailored, and long-term mental health

care to their patient. General practice also provides for 'opportunistic' mental health care services, where a patient presents for another (related or unrelated) issue.

Mental health care should not be siloed, as it often exists alongside other conditions. Crucially, general practice encompasses both mental and physical health needs with no distinction between mind and body. People living with mental illness often have poorer physical health². Addressing the physical health of people living with mental illness requires integration of mental health and physical health care, across the public, private (including general practice) and community sectors. Financial support for national, cross-sector coordination is needed. The RACGP supports the implementation of the [Equally Well National Consensus Statement](#) to address this issue.

Funding and access for mental healthcare in general practice

General practice is the most efficient part of the healthcare system but requires more support. Despite being the most accessed part of the healthcare system, government expenditure per person on general practice is almost seven times less than hospital care. [Lumos data](#) shows that every \$1 spent in the primary care system delivers a \$1.60 benefit to the broader healthcare system.

For general practice, evidence clearly indicates longer consultations are key to achieving improved patient outcomes. Being able to spend more time with their GP results in better health outcomes for patients. Longer consultations should be encouraged and will help address inequality in the system, where the most complex and disadvantaged people don't have the financial capacity to access other services, often leaving general practitioners as the only service provider managing these complex patients.

Mental health care funding for general practice should reflect the time spent caring for individuals with mental health needs. Longer consultations that involve mental health are currently poorly remunerated. The patient's rebate reduces dramatically per minute if they need to spend more time with their GP. GPs are, therefore, effectively discouraged from providing quality mental health care.

Access to mental health services in general practice will be improved by not counting mental health treatments provided by Focused Psychological Strategies (FPS) registered GPs in general practice as part of the capped number of psychologist services that are available to patients through a mental health plan.

Shared models of care

GPs provide holistic management and play a vital role in care coordination. Ongoing patient care with a local GP has higher levels of follow-up and adherence to treatment such as medications, supports patients' independence and reduces barriers to care in rural Australia where access to non-GPs is limited.⁵

Integration of health care using the Shared Care Model is an effective option to coordinate and support continuity of care across different services. Shared Care Models are patient centred and establish collaborative goals with the patient and all health providers⁵. Well-coordinated care will result in cost savings by reducing duplication of scarce health resources and reducing potentially preventable hospital admissions.⁵ The RACGP's [Shared Care Model between GP and non-GP specialists for complex chronic conditions position statement](#) provides more information on this.

Fragmented healthcare has been shown to be less safe and more expensive than models that facilitate continuity of care. Local and international evidence shows better support for, and use of, general practice is associated with lower emergency department presentations and hospital admissions, decreased hospital readmission rates, and significant savings for the healthcare system.⁶

Telehealth and e-mental health

Telehealth has been an important step in expanding access to general practice for those with mental health issues. It has reduced the distance barrier and cost that affect patients, especially those in rural and remote communities.

Digital services also have a role. The RACGP supports the intention of e-mental health (digital services) as a complementary activity to face-to-face services, but not as a substitute for all patients. While there is evidence to suggest that e-mental health can be used effectively to manage mild-to moderate depression and anxiety, consideration must be given to the patient's literacy skills and mental capacity before they are enrolled for e-mental health and other online interventions.¹ Additionally, support of e-mental health should not be at the expense of adequate funding for other types of interventions, in particular those done face-to-face.¹

Thank you again for the opportunity to provide a response to the getting more value from mental healthcare funding and investment consultation. 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 Nicole Higgins
President

References:

1. The Royal Australian College of General Practitioners. Mental health care in general practice. East Melbourne: RACGP, 2021.
2. National Mental Health Commission. Equally well consensus statement: Improving the physical health and wellbeing of people living with mental illness in Australia. Sydney: NMHC; 2016.
3. Australian Institute of Health and Welfare. Mental health. Canberra: AIHW, 2023. Available at <https://www.aihw.gov.au/mental-health/topic-areas/medicare-subsidised-services#GP%20section>. [Accessed 19 October 2023].
4. The Royal Australian College of General Practitioners. RACGP recommendations on mental health items used in general practice. East Melbourne: RACGP; 2017.
5. The Royal Australian College of General Practitioners. Shared Care Model between GP and non-GP specialists for complex chronic conditions. East Melbourne: RACGP, 2023.
6. The Royal Australian College of General Practitioners. RACGP submission to unleashing the potential of our health workforce review (scope of practice review). East Melbourne: RACGP, 2023.