

6th February 2015

Mr Frank Quinlan
Chief Executive Officer
Mental Health Australia
9-11 Napier Close
DEAKIN, ACT 2600

By email: josh.fear@mhaustralia.org

Dear Mr. Quinlan,

Re: Funding and contracting of non-government organisations – Consultation Request

Thank you for the opportunity to provide input into Mental Health Australia's discourse regarding improvement of the way non-government organisations (NGOs) are funded and contracted with for the delivery of services.

As you are aware, the Royal Australian College of General Practitioners (RACGP) is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice and supporting general practitioners in their pursuit of excellence in patient care and community service.

The most cost-effective way to manage the global issue of mental health is to integrate it into primary health care. In the primary care system, mental health care is cost efficient and investments can bring important benefits¹. In Australia, a large proportion of mental health care takes place in the GP setting. In 2012-2013 GPs treated an estimated 16 million patients for mental health issues². The RACGP believes that the way NGOs are funded and integrated with other services can make or break their relevance to patients receiving GP care.

In this letter we provide some general comments regarding the funding of non-government organisations for mental health service delivery from the primary care / general practice perspective.

Recommendation 4: Increase mental health consumer and carer representation and leadership

The RACGP strongly supports meaningful participation in mental health initiatives by consumers and carers. An example of an organisation that is structured to involve consumers and carers effectively is the General Practice Mental Health Standards Collaboration (GPMHSC). This is a unique multidisciplinary body funded by the Commonwealth Government under the Better Access initiative. It includes representatives from the RACGP, the Australian College of Rural and Remote Medicine, the Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society and the community through the Mental Health Council of Australia. The unique composition of the GPMHSC

¹ World Health Organization/Wonca Integrating Mental Health into Primary Care: a global perspective Geneva: World Health Organization, 2008

² Britt H, Miller GC, Henderson J, Bayram C, Valenti L, Harrison C, Charles J, Pan Y, Zhang C, Pollack AJ, O'Halloran J 2013. General practice activity in Australia 2012–13. General practice series no.33. Sydney: Sydney University Press.

ensures that the mental health standards developed reflect an integration of views from multiple mental health disciplines. Furthermore, the GPMHSC has enabled consumers and carers to have a direct influence on the delivery of mental health education and training for GPs.

Recommendation 9: Develop a clearer picture of community mental health services

It is important to ensure that services for people with psychosocial disability are properly integrated with existing Medicare-funded primary care services in general practice. The RACGP believes it is crucial that changes to Medicare do not damage the universal access to general practice required by people with psychosocial disability. The government should consider the impact of Medicare reforms currently being debated together with reforms to NGO funding.

GP Access is an example of a state driven program in South Australia that encourages whole-of-life consumer and carer outcomes. The program is a partnership between existing GP networks in South Australia, NGOs and mental health services. This was developed after recognition of a gap in service for those patients who may not be eligible for federally funded assistance due to them having periods of mental health stability. The collaborative partnership allows holistic treatment of the consumer to maximise wellbeing, avert mental illness crises and the need for hospitalisation, develop sustainable living skills, and increase a sense of agency and citizenship.

An evaluation of this program conducted in 2013 showed that the program was responding well to the service need. The program effectively addresses the social issues that have an impact on mental and physical health for patients with low prevalence disorders, thereby complimenting existing mental health care services available for this group. Consumers of GP Access reported a high level of satisfaction with the support provided. GPs also reported satisfaction with the program and the additional options it provides for this group of patients who do not meet the requirements for other funding. Programs such as these ensure that patients with less severe low prevalence mental health issues do not slip through the gaps and are treated effectively at this stage rather than receiving incomplete treatment and progressing to more severe illness.

Recommendation 27: Remove red tape in contracts with community-managed organisations

The RACGP strongly believes that community-managed organisations who are funded by government contracts should be supported and rewarded for ensuring good integration with general practice services, with a focus on achieving desirable outcomes for consumers. Communication and collaboration should be top priorities in any contract.

The mental health nurse incentive program (MHNIP) is an example of a program that has the potential to improve collaboration between general practice and the NGO sector. The funding uncertainty of this program impacts on general practice's ability to meet the need of the target population and build relationships with NGOs. In theory, mental health nurses in general practice could support this integration, but the program is not properly funded or linked with other providers to achieve this vision.

The Partners in Recovery program, which is also only funded up until 30 June 2015, also provides prospects for integration of general practice and other NGOs. There are again limited opportunities for relationships to form when funding and network structures change so frequently.

Recommendation 44: Prudent planning for outcomes measurement

The RACGP supports an outcomes-based approach to funding mental health services. Outcome measurement and information management need to take into account the need for integration and collaboration with general practice, especially for parameters like physical health care outcomes for people with psychosocial disability.



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I would like to thank you for this opportunity to provide feedback and look forward to seeing your next submission. If you have any questions regarding this document, I encourage you to contact Ms. Michaela Lodewyckx, Acting Program Manager – Mental Health, via email at michaela.lodewyckx@racgp.org.au or by calling 03 8699 0554.

Yours sincerely

Dr Frank Jones
President