

10 August 2020

Mental Health Division
Health Systems Policy and Primary Care Group
Australian Government Department of Health
GPO Box 9848
Canberra ACT 2601

Via email: mental.health.liaison@health.gov.au

Dear Mental Health liaison secretariat,

Re: Adult mental health centres trial consultation

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments and feedback on the proposed service model for the adult mental health centres trial.

Our comments and feedback relate to:

1. The importance of whole person care and avoiding fragmentation
2. Avoiding duplication of care and supporting coordination
3. Access to the service and referrals
4. Evaluation of the model

The importance of whole person care and avoiding fragmentation

In Australian general practice, patients receive comprehensive, whole patient care encompassing both mental and physical health needs. Unlike other settings, general practice does not draw a distinction between mind and body. Assessment and treatment of mental illness is informed by a holistic, whole-of-person approach. General practitioners (GPs) are usually the first port of call and mental health is the most common issue managed by GPs.¹

The RACGP's [position statement](#) and previous submissions to the Productivity Commission in [2019](#) and in [2020](#) provide more information about a GP's role in mental health.

The proposed service model appears to be similar to a primary care model where it is set up to be a first response service available to all patients with a mental health concern. If this is the case, there is a substantial risk that it will fragment or duplicate existing whole person care provided by general practice.

Avoiding duplication of care and supporting coordination

The aim of the mental health centres should be to support and enhance the capacity of primary care. As such, the centres should not be duplicating and undermining general practice or existing services in the community and hospitals.

The RACGP proposes a focus of the centres should be to assist general practices to better provide mental and physical health services to complex at risk populations who are not accessing or are unable to access general practice or other mainstream services.

Recipients of care at the centres should be able to receive personalised support for psychological, social and possibly financial and legal matters. Centres should have a varied workforce to cater for all the patient's needs. This could also be an appropriate service for meeting the needs of carers and the patient's family.

It will be essential that general practice is integrated into the service. There should be open communication and coordination with GPs at all stages of a patient's care. This should be done through direct referral and secure messaging channels and not through reliance on the My Health Record.

Access to the service and referrals

The adult mental health centres have been described as a 'no wrong door' approach. This implies that there will be no referral criteria for patients prior to presenting. This will place a large assessment and triage load on the service and it seems implausible that people presenting will not have to wait. To mitigate this issue, there should be clear referral instructions and exclusion criteria as well as a communication strategy to ensure the service is targeted at those in the groups described above and not simply duplicating existing services.

Evaluation of the model

The evaluation framework that has been presented is quite minimal. It does not seem to evaluate the actual model but rather the basis of its activity, such as looking at brand recognition, the care coordination role, immediate de-escalation role and reduced emergency department presentations.

Evaluation should include consideration of its impact on the provision and funding of follow-up crisis care and emergency mental health care. It should also look at referral processes and rates to GPs and other services.

Rigorous evaluation of the efficacy of this service should be undertaken before it is rolled out beyond the trial to ensure the service is appropriate for the needs of the most at-risk groups.

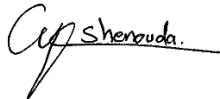
The RACGP also has concerns about whether this model will be scalable. There is a risk the service might devolve into a 'boutique arrangement', which can be expensive to run, have long waiting times and be geographically available to only a small fraction of the population.

Conclusion

The RACGP welcomes efforts to expand and improve the delivery of mental health services. There is clearly a need for more services to meet the needs of those with complex mental health needs. While we argue strongly that efforts would be more cost effective and successful if they focussed on supporting and building on existing services and infrastructure, for example by embedding mental health workers in general practice, we are hopeful that the adult mental health centres will integrate into the existing health ecosystem and meet the needs of hard to reach populations that are not currently being met.

Thank you again for the opportunity to provide feedback on these centres. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on (03) 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely,



Dr Ayman Shenouda
Acting President

Reference

1. The Royal Australian College of General Practitioners (RACGP). General Practice: Health of the Nation 2019 Report. Melbourne: RACGP 2019.