RACGP

Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

8 May 2020

Christine Morgan
Chief Executive Officer
Mental Health Commission
christine.morgan@mentalhealthcommission.gov.au

Dear Ms Morgan,

Thank you for your email of 3 May providing the Royal Australian College of General Practitioners (RACGP) with the opportunity to provide feedback on the draft outline of the National Mental Health Pandemic Response.

The RACGP would like to make the following comments in response to the report.

1. Recognition of the central role of general practice

- The development and implementation of the National Mental Health Pandemic Response Plan must consider the central role that general practice plays in the provision of mental health care. This role should not be undermined by reforms, but built upon. In 2015–16, over 12% of all general practice encounters in Australia were mental health-related.[1]
- General practitioners (GPs) can be easily accessed, without the need for referral, and are therefore key to providing equitable access to care for mental health issues. GPs are often the first port of call for people who are experiencing mental health problems. In particular, individuals who might not otherwise have contact with the other parts of the health care system, might still access general practice services. This includes people of low socioeconomic status, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds and people in rural and remote areas.
- General practice also bridges the gap between the community and institutions such as hospitals, mental health outpatient services, drug and alcohol rehabilitation facilities, and prisons. Unlike many other public and private health care settings, general practice does not draw a distinction between mind and body systems. Assessment and treatment of mental illness is informed by a holistic, whole-of-person approach.[2,3]
- The accessibility of general practice to the population, and its focus on comprehensive care that encompasses both mental and physical health, means it is an ideal site for activities likely to be implemented by this plan – for example, population-based mental health promotion activities and stigma reduction.[4]

2. Patient-centred service delivery and care

- The RACGP believes that a patient-centred medical home model establishes the conditions for optimal mental health care. Bypassing general practice fragments care and undermines the medical home model, contributing to poorer outcomes for vulnerable patients.

- Where possible, general practice should be the central point of contact for patients, their families and the care team.[5] Ongoing relationships between patients and practice staff can facilitate early intervention for emerging symptoms, assessment of suicide risk, and effective monitoring of chronic mental illness.
- Furthermore, when patients have an ongoing relationship with a general practice and a 'personal doctor' for the provision of continuous, interconnected care, it can decrease the use of inappropriate services.[6]
- More information can be found at https://www.racgp.org.au/advocacy/advocacy-resources/the-vision-for-general-practice

3. Service governance and communication during and after the COVID-19 pandemic

- The RACGP champions a GP-led, patient-centred health system in which each member of the care team has specified roles and responsibilities. Timely, respectful and relevant communication between professionals helps patients navigate a complicated health system and improves the quality of their care.[7]
- The RACGP recommends that the National Mental Health Pandemic Response Plan examine how the current stepped model of care is faring in the current climate, or how it has fared in other disasters to date. Our members have reported that there have been longer waiting times for PHN-funded services, and "increased resistance" to referrals to community mental health teams during the pandemic period.
- Specifically, we would like to see integration and communication of state health services' pandemic plans with general practice, and open communication regarding planned changes to mental health service delivery. Any effects on patient care should be considered. Planning needs to be patient-centred and focused on outcomes for the individual, their families and the community.
- Clear communication between government and services at all levels of mental healthcare is crucial. It is important that already-existing, effective networks are recognised and used. For example, the RACGP works with a number of multidisciplinary bodies to improve communication between health professionals, including the Mental Health Professionals Association (MHPA), Mental Health Professionals Network, and Mental Health Australia. Additionally, we partner with the Consumers Health Forum of Australia and Equally Well to ensure our policies and guidelines take a person-centred approach to mental health.

4. Service delivery

- Many of the RACGP's previous recommendations for improving primary mental healthcare are even more relevant now in the face of the COVID-19 pandemic. These can be found in our recent submission to the Productivity Commission's Inquiry into Mental Health's Draft Report. Briefly, we would like to emphasise:
    - the overall success of the new telehealth Medicare Benefits Schedule (MBS) items for mental healthcare, which have allowed GPs to continue providing their usual mental health plan consultations during this pandemic. Any post-pandemic mental health response should continue to fund telehealth consultations for psychology and psychiatry, especially for patients who have begun using these services during the pandemic. Funded telehealth support must also be considered for the expanded primary care team – especially general practice nurses.

  - the need to address the low remuneration for the relevant Medicare rebate items for mental health care. Mental health care is funded less than equivalent physical care. THis is not sustainable from a business perspective. Medicare-subsidised mental health related services must reflect the complexity of the service provided and should be commensurate with those for the assessment and treatment of physical health issues. It is likely that without appropriate payment systems, when the pandemic lifts, practitioners will simply not be sufficiently be able to continue to provide these services.
- At a wider service level, the plan must determine which areas of the mental healthcare system potentially might break down, and provide practical solutions. For example, outlining what response would be required if mental health inpatient beds are locked down or diverted to deal with physical illness.

Thank you again for the opportunity to provide feedback. Please contact Mr Stephan Groombridge, National Manager, eHealth & Quality Care Manager, on (03) 8699 0544 or at stephan.groombridge@racgp.org.au if you have any questions or would like to discuss further.

Yours sincerely

Dr Harry Nespolon
President

References

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