

30 September 2021

ACIL Allen
Level 9, 60 Collins Street
Melbourne VIC 3000

Via email: nmhws@acilallen.com.au

Dear National Mental Health Workforce Strategy Taskforce,

Re: National Mental Health Workforce Strategy – Consultation Draft

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the National Mental Health Workforce Strategy – Consultation Draft.

We provide the following comments for consideration.

Role of general practice

General practice plays a central role in the delivery of mental health care, with the majority of mental health care in Australia being provided in general practice.¹ The vast majority of people with mental illness state that the service they receive from their GP is excellent or very good.²

GPs provide ongoing mental health care in several different ways: through direct care, shared care, and referral to specialist services. Patients receive comprehensive care encompassing both mental and physical health needs, and assessment and treatment of mental illness is informed by a holistic, whole-of-person approach.

In 2018-19, more than 10% of the population received MBS-supported mental health specific care, almost doubling the rate from the previous ten years.¹ The majority, 87% of these services, were provided by a general practitioner (GP). This is still likely to be 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.

Mental health workforce

Because of its central role in both physical and mental health care, integration of mental health care into primary healthcare is a cost-effective solution for preventing and managing mental health illnesses in Australia. Primary care-led mental health services will help address issues early and keep patients out of the hospital system at a much lower cost to all levels of government and patients.² General practices have the skills and capacity but require support to integrate services.

The RACGP supports the investment in the development of GP psychiatry career pathways (priority area 4.1) in a similar way as to the model used for GP obstetrics and GP anaesthetics and the establishment of comparable remuneration structures to support uptake. This investment is especially important since there are shortages of psychiatrists and other health professionals that provide clinical mental health services, especially in rural and remote areas. 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.

It is important to emphasise that any investment in a GP psychiatry career pathway should not detract from efforts to support and encourage all GPs to provide high quality mental health care within the scope of general practice.

GP training

The RACGP manages the [General Practice Mental Health Standards Collaboration](#) (GPMHSC), a program funded by the Australian Government to establish and maintain standards for continuing professional development in mental health care for GPs. The high uptake of Mental Health Skills Training (the GPMHSC's entry-level competency for assessment, diagnosis and management of mental health issues) reflects a strong commitment to this field of practice within the profession. About 90% of GPs have completed the GPMHSC accredited Mental Health Skills Training and approximately 1200 GPs have completed the more specific [Focussed Psychological Strategies](#) (FPS) training.²

Telehealth

The RACGP is also supportive of the use of telehealth, including telephone, for mental health services (priority area 6.2). Technology has the ability to reduce the distance barrier and cost that affect patients, especially those in rural and remote communities.² Mental health services provided via telehealth, including telephone, is shown to have the same level of effectiveness as face-to-face consultations in achieving improved health outcomes.² Embedding changes to the MBS to enable telehealth consultations between a patient and their regular GP and for GP after hours attendances will help to address gaps in access to community healthcare.

Thank you again for the opportunity to provide feedback. 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 Karen Price
President

References

1. Australian Institute of Health and Welfare. Mental health services in Australia. Canberra: AIHW; 2021.
2. The Royal Australian College of General Practitioners. RACGP Submission to the Select Committee Inquiry on Mental Health and Suicide Prevention. East Melbourne: RACGP; 2021.