

22 February 2021

National Mental Health Commission
PO Box R1463
Royal Exchange NSW 1225
Via email: CMHWS@MentalHealthCommission.gov.au

Dear National Mental Health Commission,

Re: The National Children's Mental Health and Wellbeing Draft Strategy

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the National Children's Mental Health and Wellbeing Draft Strategy (the Strategy).

The RACGP congratulates the Mental Health Commission on the draft strategy. It presents clear concepts and strategies and effectively identifies and looks to address the key challenges. Importantly, it seeks to support and build on existing services, particularly in primary care/community settings. The language used in the Strategy will also go a long way in de-stigmatising mental illness.

1. The role of general practice

Australian general practice plays a central role in the provision of mental health care. It is the most accessible service for those who require mental health care, and in rural areas, it is often the only service available. General practice bridges the gap between the community and individuals who may not otherwise have contact with the healthcare system (e.g. 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.

General practitioners (GPs) are generally the first point of contact for families, providing care through all stages of life. This holistic, patient-centred and relationship-based approach places GPs in an excellent position to connect with children and their families. They provide insight into the child's view of their situation and managing parental concerns in a way that enhances the parents' understanding, self-confidence, and capacity to manage.¹ The GP role is also often central to supporting young people with a safe environment outside of their family.

For this reason, child mental health services and systems should be closely integrated with general practice. If the GP is not involved with children's wellbeing, there is a missed opportunity for early intervention and effective management and care coordination.

Common mental health-related issues in children and adolescents where GP can play a significant role in prevention and early intervention include:

- relationship problems (e.g. family, peers);
- eating or body-image issues;
- bullying (including cyberbullying);
- abuse (e.g. physical, emotional, sexual);
- feeling sad or depressed;
- worry or anxiety;
- indecision regarding their gender or sexuality
- self-harm or suicide.²

Integration of mental health care into primary healthcare is a cost-effective solution of preventing and managing mental health illnesses in Australia. A GP-led patient-centred medical home model establishes the conditions for optimal prevention, early intervention, and management of mental health issues. A patient's ongoing relationship with their GP and the general practice team for the provision of continuous, interconnected care.

Children and young people are particularly susceptible to mental health issues following natural disasters. [The Royal Commission into National Natural Disaster Arrangements Report](#) states that mental health support following natural disasters should be delivered through primary care, given they already have strong connections with local communities and are trusted by their patients.

The RACGP's position statement [Mental health care in general practice](#), the [Vision for general practice and a sustainable healthcare system](#) and the RACGP's position statement [The role of general practice in the provision of healthcare to children and young adults](#) provide more information.

2. Parenting programs

The RACGP agrees that parenting programs are crucial and should be offered to all parents and/or carers. These programs should be easy to access without any barriers such as cost. Subsidies for parents and/or carers should be available if a program is run privately. Introducing an incentive to parents could encourage attendance.

Sustainability of these programs is imperative as parenting needs reinforcement and adaptation to the changing needs of the child and the family. The programs need to be culturally appropriate and sexually inclusive.

GP referral pathways need to be clear and supported by relevant education. Parenting programs should also be incorporated into all antenatal courses and perinatal programs.

3. Integrated care model

The proposed model of integrated child and family care on pages 36 and 37 of the Strategy has the potential to work well. The below should be considered:

- Different providers of child mental health services funded by the Commonwealth or State governments need to be integrated within the broader health system.
- While co-location of services can improve collaboration, this can be challenging to maintain and monitor. There has to be a minimum standard for the type and number of service providers. The integration of this model with other existing services in the locations chosen needs to be carefully considered.
- Many children, such as those with a disability or a chronic health condition, may have other health needs. This model should take this into consideration and how their care would be coordinated. For example, general practice often continues to provide physical care to those also receiving specialist mental health treatment.
- GPs should be included in this model as they have the appropriate skills and knowledge and can help facilitate care and communication across sectors.
- Trained psychologists and psychiatrists may not be easily accessible in rural and remote communities
- There are both advantages and disadvantages for the need of the child to be in attendance for the GP to complete a mental health plan. This will depend on each family's circumstances as it may compromise the assessment the GP makes if they have not previously seen the child. We support the GP having discretion in this regard.

- An alternate model of care could also include support to enable and encourage GPs to diagnose common child mental health presentations (such as autism spectrum disorder or attention deficit/hyperactivity disorder). This would relieve pressure on specialist diagnostic services and improve access to support.

4. Mental health workforce

To support and enable GPs to deliver the best care possible, they need to be afforded more time with patients. Medical Benefits Schedule (MBS) reforms, including an appropriately remunerated item number for longer consultation time, is needed.

The RACGP supports the recommendation to provide more training and strengthen the primary care workforce. Diagnosing and treating mental health issues is a challenging area and greater support and education in general practice is needed, including trauma-informed care. In recent years, the RACGP has worked as part of the National Workforce Centre for Child Mental Health to support members in this area.

Efforts in the draft strategy to support collaborative care and embed specialist mental health professionals in general practice will also help primary care develop greater skills and capacity in this area.

5. Mechanisms for data capture and use

Additional indicators of change that should be included to measure progress against the Strategy's objectives include:

- Children not in education systems
- Number of children entering care
- Number of children that are prescribed psychotropics

6. Improving mental health and wellbeing for all Australian children

The effects of technology on children's mental health needs to be considered. Use of technology has been linked with avoidance, anxiety and family conflict.

Social prescribing can provide a valuable addition to the existing range of healthcare options in Australia. It can address key risk factors for poor health, including social isolation, unstable housing, multi-morbidity and mental health problems, which are often associated with low engagement in preventive activities and low levels of self-management for medical conditions.⁴ The joint RACGP and Consumer Health Forum [Social prescribing report](#) outlines how social prescribing can be incorporated into the Australian healthcare system.

Aboriginal and Torres Strait Islander communities

Kinship carers should be provided with more support and training. This is especially true for those who have children with borderline personality disorder, drug use or other high-risk behaviours, being placed with them.

Rural and Remote Communities

The RACGP supports MBS-subsidised telehealth consultations in all areas of Australia including rural and remote areas. Technology has the ability to reduce the distance barrier and cost that affect patients, especially those in rural and remote communities.² While it is important for GPs to have face-to-face consultations with children, telehealth services should also be available to both children and their families who have difficulty accessing face-

to-face services, regardless of where they live. These services should also be available to support local clinicians to be able to discuss difficult cases that they may have.

Transition from childhood to adulthood

The RACGP recommends consideration be given as to how policy, services and implementation will ensure a seamless transition from childhood to adulthood in the healthcare system. As the Strategy indicates, there is work already being done in child mental health that is underutilised which can be better used, so there is opportunity for this strategy to focus more on implementation.

Thank you again for the opportunity to provide feedback on draft National Children's Mental Health and Wellbeing Strategy. For any enquiries regarding this submission, please contact Stephan Groombridge, Manager, eHealth and Quality Care on 03 8699 0554 or stephan.groombridge@racgp.org.au.

Yours sincerely



Dr Karen Price
President

References

1. Royal Australian College of General Practitioners. The role of general practice in the provision of healthcare to children and young adults. East Melbourne: RACGP; 2012.
2. Royal Australian College of General Practitioners. RACGP Submission to the Productivity Commission Inquiry into Mental Health's Draft Report. East Melbourne: RACGP; 2020.
3. Australian Department of Health. The Royal Commission into National Natural Disaster Arrangements Report. Canberra: DOH; 2020.
4. The Royal Australian College for General Practitioners. Social Prescribing Roundtable November 2019 Report. Melbourne: RACGP; 2019.