



RACGP

Royal Australian College of General Practitioners

Healthy Profession.  
Healthy Australia.

*Submission to Department of Health  
on the Productivity Commission  
Mental Health Inquiry Report*

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## 1. About the RACGP

The Royal Australian College of General Practitioners (RACGP) is Australia's largest general practice organisation, representing over 41,000 members working in, or towards, a career in general practice. Each year, general practitioners (GPs) provide more than 160 million general practice services to more than 22 million Australians, with almost nine in ten people consulting a GP.<sup>1</sup>

## 2. Introduction

The RACGP welcomes the opportunity to provide comments on the priorities and recommendations in the Productivity Commission Inquiry Report on Mental Health (the Inquiry Report). This submission will build on our two previous submissions to the Productivity Commission in [2020](#) and [2019](#).

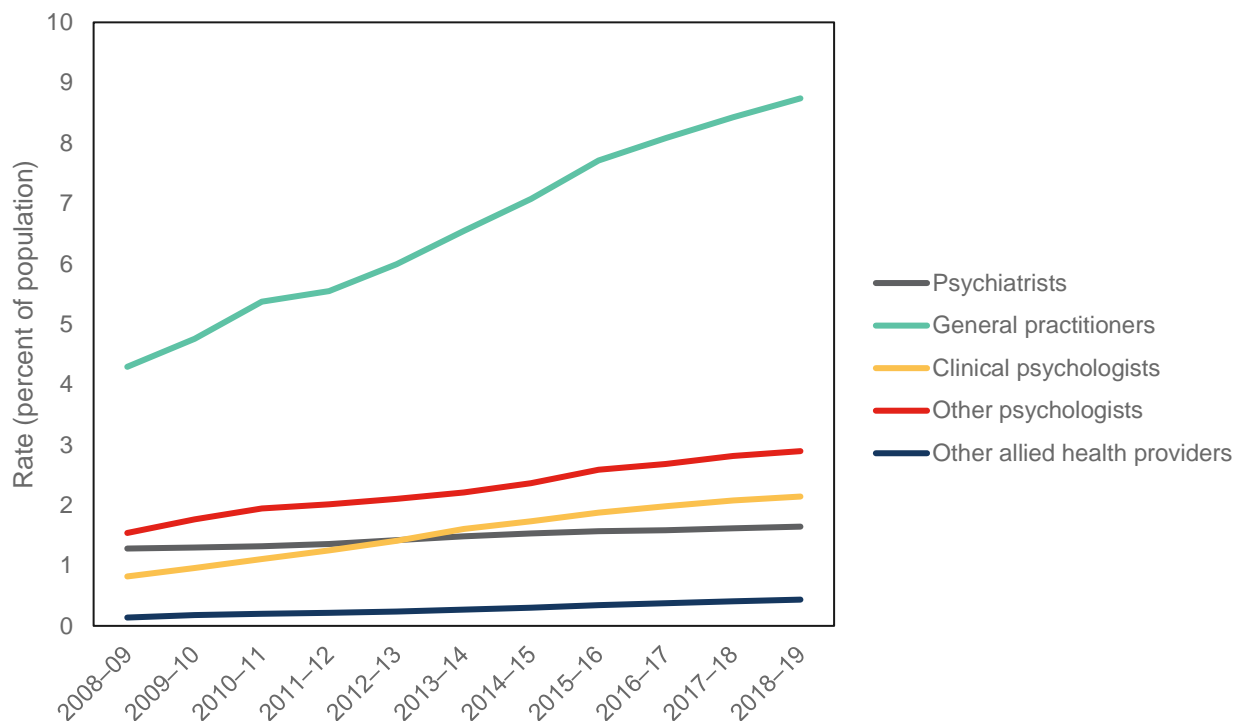
We comment on the Inquiry Report's recommendations that are most pertinent to general practice, highlight the central role of general practice in mental health care and, discuss how health outcomes can be improved in a cost-effective way. Whilst the Inquiry Report acknowledges the role and contribution of GPs and their teams, it fails to grasp the extent of this. It draws conclusions about a lack skills and knowledge in general practice that we would strongly dispute. Primary health care is the key to building a more integrated and effective health system.

Australian general practice plays a central role in the provision of mental health care. Indeed, the majority of mental health care in Australia is provided in general practice. It is the most accessible service for those who require mental health care and, in rural areas, often the only service. As the Inquiry Report notes, the vast majority of people with mental illness say that the service they receive from their GP is excellent or very good.

GPs provide patients with comprehensive, whole-patient care that encompasses both mental and physical health needs; general practice does not draw a distinction between mind and body. GPs provide evidence-based, patient-centred, tailored and long-term mental care to people living with mental health-related issues. General practice also provides for 'opportunistic' mental health care services, where a patient presents for another (related or unrelated) issue.<sup>2</sup> The RACGP's 2020 [General Practice: Health of the Nation Report](#) found that psychological issues, including depression, anxiety and sleep disturbance, remained the most common reason for patient presentation reported by GPs.

In 2018-19, more than 10% of the population received Medicare Benefits Schedule (MBS) -supported mental health specific care, almost doubling the rate from the previous ten years.<sup>3</sup> The majority (8.7%) of these services were provided by a GP (Figure 1). This is 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) item number, and therefore are often billed as a general consultation.

Figure 1. GPs provide the majority of MBS-subsidised mental health services, and attendances are rapidly increasing



Source: Australian Institute of Health and Welfare 2021. *Mental health services in Australia*. Canberra: AIHW. Accessed 29 January 2021, [www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia](http://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia)

General practice has long been the most underfunded sector of the healthcare system in Australia, despite overwhelming evidence of the health benefits and economic savings that could be achieved by investing in primary healthcare. It is highly cost effective compared with other specialist or tertiary care. The outcomes of the reforms being considered by government in 2021 – including this Inquiry – will have long-term repercussions on the number of medical graduates who choose our specialty, and on engagement, retention and support for our GP workforce.

The RACGP advocates for a shift in goals and investments, to better harness and support general practice to deliver sustainable, equitable, high-value healthcare, benefiting patients, providers and funders. This vision for general practice is outlined in the RACGP's [Vision for general practice and a sustainable healthcare system](#).

### 3. Summary of RACGP key messages and recommendations

#### Remuneration for longer GP consultation times

- General mental health consultation items are valued lower than the equivalent physical health MBS items, meaning that patients with mental health issues receive a smaller rebate than if their illness was physical. This inequity must be addressed.
- To support and enable GPs to deliver the best care possible, they need to be afforded more time with patients. Innovative MBS reforms, including an appropriately remunerated item number for longer consultation time, is needed to support:
  - a better doctor-patient relationship

- preventive care
- care to complex patients
- early intervention
- suicide prevention
- quality assessment and full consideration of treatment options.

### **Person-centred mental health system**

- A GP-led patient-centred medical home model is cost effective and establishes the conditions for optimal prevention, early intervention and management of mental health issues. This is articulated in the RACGP's [\*Vision for general practice and a sustainable healthcare system.\*](#)

### **Increase integration and collaboration**

- Reforms to support interprofessional collaboration are essential. Conversations between treating professionals and members of clinical teams should be enabled and appropriately remunerated.
- The proposed use of a digital platform to replace the mental health treatment plans needs to be carefully considered. A tight framework needs to be in place to ensure any new platform is fit for purpose. Integration with, rather than replacement of mental health treatment plans, should be considered.

### **Expand supported electronic and online treatment**

- The RACGP recognises and supports a role for electronic mental health (e-mental health) but support of e-mental health should not be at the expense of adequate funding for other types of interventions and patients must retain choice in service.
- Telehealth services should be available for all patients, regardless of where they live.

### **Address the healthcare gaps: community mental healthcare**

- The RACGP is supportive of making telehealth changes that were introduced during the COVID-19 crisis permanent.
- 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.

### **Improve the experience of mental healthcare for people in crisis**

- All hospital emergency departments should have resources and a management plan in place for managing mental health patients

### **Improve outcomes for people with comorbidities**

- GPs provide patients with a comprehensive, whole-patient care that encompasses both mental and physical health needs; general practice does not draw a distinction between mind and body.
- GPs are well placed to engage a patient about any potential or existing mental health-related issues, assist in empowering patients, and address important contributing factors, such as co-morbid physical illness, to improve their overall wellbeing.
- Shared care arrangements should be established between GPs and specialist mental health providers to ensure responsibilities for physical health are clearly understood for patients with mental health issues

### **Link consumers with the services they need**

- A GP-led, patient-centred health system enables GPs to play a coordinating role linking patients to services.
- Social prescribing should be nationally supported and integrate with general practice.

### **Increase the efficacy of Australia's mental health workforce**

- GPs are skilled in mental health care. It is part of the general practice curriculum and the vast majority have also undertaken additional mental health skills training.
- GPs in all stages of their career should have opportunities and be encouraged to undertake mental health training through rotations and training placements to promote exposure to, and interest in, the sector.
- Other mental health professionals, such as mental health nurses and psychiatrists, should be given the opportunity to provide mental health care services in the general practice environment. This will also foster learning across disciplines.

### **Funding arrangements to support efficient and equitable service provision**

- The RACGP supports the co-funding of the delivery of healthcare services by Commonwealth and State governments in general, not just for mental health care or out-of-hours GP services to help reduce the fragmentation of care currently embedded within Australia's healthcare system.

## **4. Priority reforms**

The RACGP is supportive of the Productivity Commission's five priority reforms (listed below) to create a person-centred mental health system.

- Prevention and early help for people
- Improve people's experiences with mental healthcare
- Improve people's experience with services beyond the health system
- Increase people's participation in further education and work
- Instill incentives and accountability for improved outcomes

These priorities are consistent with provision of good general practice and GPs play a central role in the facilitation of each of these. General practice should be central to the implementation of the proposed changes in the Inquiry Report.

### **4.1 A need for longer GP consultations and remuneration**

It is vital that the government supports the chronically underfunded mental health services provided by general practices.

In general practice, evidence clearly indicates longer consultations are key to achieving the priority reforms. Being able to spend more time with their GP will result in better health outcomes for patients. However, longer consultations that involve mental health are currently poorly remunerated. The patient's rebate reduces dramatically per minute if they need to spend more time with their GP. GPs are, therefore, effectively discouraged from providing quality mental health care.

General mental health consultation items are valued lower than the equivalent physical health MBS items, meaning that patients with mental health issues receive a smaller rebate than if their illness was physical. This inequity must be addressed.

Patient-centred care requires the GP to spend time with the patient for better quality assessment and to collaboratively discuss the best treatment options. Shorter consultations leave less time for planning and discourages comprehensive

assessment of the patient's mental health. As clearly stated in the Inquiry Report, complex patients in particular, require longer consults.

As raised in previous submissions to the Inquiry, unlike general consultation items, there is currently no unrestricted item for patients to spend more than 40 minutes with their GP discussing their mental health.

GPs should be afforded the same opportunity as other mental health professionals to routinely provide long patient consultations. This will increase additional psychological services provided to the community and provide greater options for a stepped care approach within the general practice setting.

The [RACGP's federal pre-budget submission 2021-22](#) outlines the costs and benefits of government investment in longer consultation items.

Longer consultations enable:

- development of a better doctor-patient relationship.
- preventive care and early intervention
- time to engage and present options in line with a stepped care approach with needs assessment at each step to increase or decrease intensity of treatments, to support patients with behaviour change and to adapt to new or difficult circumstances. This mitigates a 'quick fix' approach which is often an option involving medication initiation and preferred by patients.
- motivational interviewing approaches, which are vital for early interventions, preventive care and encouraging lifestyle changes. Lifestyle changes are difficult and this may be a strong reason why many patients discontinue counselling too early.

## 4.2 Prescribing practices

The RACGP recognises there may be an overreliance on medication for the treatment of mental health. However, more evidence is needed to unpack these issues. One issue is likely to be time. GPs need to be able to spend the requisite time with their patient to fully engage in a holistic approach and to discuss the patient's medical, family, social and environmental circumstances required to plan and manage both their physical and mental health. Lack of remuneration is a barrier to enable this in depth consultation to take place.

An advantage of funded longer consultation times is that non-pharmacological alternatives can be fully considered as suitable options. Non-pharmacological alternatives should include social prescribing. Social prescribing is a reform that offers great promise and the RACGP has worked with Consumer Health Forum and Mental Health Australia in advocating for a national social prescribing system. The joint RACGP and Consumer Health Forum [Social prescribing report](#) outlines how social prescribing can be incorporated into the Australian healthcare system.

RACGP's [Handbook of Non-Drug Interventions \(HANDI\)](#) is another initiative that provides more information about 'prescribing' non-drug therapies.

GPs should be better supported and encouraged to undergo the [Focused Psychological Strategies](#) (FPS) training, which is accredited by the [General Practice Mental Health Standards Collaboration](#) (GPMHSC), so they are able to offer their patients these therapies. FPS has not been widely adopted to date because of the poor MBS rebate offered for these services and the fact they are counted towards the ten sessions available under mental health treatment plans (MHTPs). This last point is discussed in more under item 5.1.4.

## 5. Critical recommendations

## 5.1 Critical recommendations to address in the short term

*Referring to survey question: Of the recommendations made, which do you see as critical for the Government to address in the short term and why?*

The following recommendations should be addressed in the short term.

### 5.1.1 Recommendation 4: Create a person-centred mental health system

General practice bridges the gap between the community and institutions, such as hospitals, mental health outpatient services, drug and alcohol rehabilitation facilities and prisons.<sup>4</sup> 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.

Integration of mental health care into primary healthcare is a cost-effective solution of preventing and managing mental health illnesses in Australia. Primary care-led mental health services will help keep patients out of the hospital system at a much lower cost to all levels of government and patients.<sup>2</sup>

The RACGP proposes that 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, can decrease the use of inappropriate services. The RACGP's position statement [Mental health care in general practice](#) and the [Vision for general practice and a sustainable healthcare system](#) provides more information on the GP's important role in mental health care.

### 5.1.2 Recommendation 5: Focus on children's wellbeing across the education and health systems

GPs are the first point of contact for families and are uniquely placed to form an early social relationship with the child and their family and/or carer. This includes 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.<sup>5</sup> If the GP is not involved with children's wellbeing, there is a missed opportunity for early intervention in child mental health.

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;
- self-harm or suicide.<sup>4</sup>

GPs also play an important role with children and adolescents who are undecided regarding their gender or sexuality. These children and adolescents suffer a higher incidence of depression and stress as a result of the social stigma associated with sexuality, gender and variations in sex characteristics. The GP role is central to supporting young people and providing them with a safe environment outside of their family.

More information on the role of general practice with children and young adults can be found in the RACGP's position statement [The role of general practice in the provision of healthcare to children and young adults](#).

Diagnosing and treating mental health issues in children and adolescents is a challenging area and greater support and education in general practice is needed. In recent years, the RACGP has worked as part of the National Workforce Centre for Child Mental Health to support members in this area.



### **5.1.3 Recommendation 9: Take action to prevent suicide**

GPs have an important role in detecting and responding to patients at risk of suicide. Ongoing relationships between patients and the general practice team can facilitate early intervention for emerging symptoms and assessment of suicide risk<sup>2</sup>. Suicide prevention starts well before symptoms are evident. The RACGP believes better support for longer quality consultations can help identify and address early warning signs before they become complex and difficult to manage.

### **5.1.4 Recommendation 10: Increase informed access to mental healthcare services**

Longer consultations should be encouraged so the GP is able to provide a more comprehensive assessment as discussed above. Funding for mental health care in general practice should reflect the time spent caring for individuals with mental health needs.

As described in section 4 of this submission, mental health services provided by general practice are poorly remunerated.

Access to mental health services in general practice will be improved by not counting mental health treatments provided by FPS registered GPs in general practice as part of the capped number of psychologist services that are available to patients. Decoupling item numbers 2721 and 2725 from the pool of 20 allied health services patients are eligible to receive following preparation of a GP MHTP. Currently these MBS items are only available to a subset of GPs (approx. 1200) who have qualified in FPS and registered with Medicare.<sup>6</sup>

This will also support implementation of stepped care models and complement other mental health treatments, for example through telehealth or online electronic mental health (e-mental health).

#### *Action 10.3 Psychiatric advice for GPs and pediatricians*

The RACGP supports the recommendation to create an MBS item to allow GPs to seek advice and input from psychiatrists via a telephone consultation. This would improve both the quality and timeliness of care provided to patients, and increase care coordination if that patient has or will be referred to the psychiatrist.

The RACGP supports interprofessional collaboration but notes that GPs should be remunerated at the same rate as psychiatrists for time spent in consultation.

Care coordination should be recognised as a key component of care and could be rebated as a combined care plan. This would avoid the transactional payment for each call and the associated record keeping and regulation arrangements.

#### *Action 10.4 National digital mental health platform*

The RACGP is concerned with the proposed use of a digital platform to replace MHTPs. This needs to be carefully considered as any new system must be useable by both GPs and patients.

It is crucial that development of a digital platform should be done in close consultation with the RACGP. Any tool should support GPs and patients and not be designed to override clinical expertise or patient preference. In an area which is already chronically underfunded, there is true risk of creating greater barriers to patient access if the platform is not designed and implemented properly; there is also risk of undermining the vital role of GPs.

It is important to ensure its workability and effectiveness, and a framework needs to be in place to ensure the platform is fit for purpose and proven to be effective.

Any such platform must be integrated with general practice clinical information systems and be easy to use. The RACGP's understanding from the Inquiry Report is that the proposed platform is more complex than the existing MHTPs. As such, the government must ensure that GPs are compensated appropriately for the time spent using the platform.

GPs use MHTPs to assist the patient in understanding their mental health needs, contrary to the Inquiry Report's view that these are used as a 'tick-box' exercise. Rather than replace, consideration should be given to integrating new tools and processes into MHTPs. Whilst we recognise this is an excellent opportunity to consider reforms, any changes to MHTPs should not undo the gains achieved of recent years in improving access to care.

Management plans and care arrangements for mental health services should more closely align to those available for providing care for chronic physical health issues. There is a clear discrepancy between patient rebates available for providing care to a patient with an ongoing mental health issue compared to an ongoing physical health issue; combining or aligning the items would go some way towards addressing this.

The current GP MHTP preparation items combine the assessment and planning elements, whereas chronic disease management items cover the planning element only. While it is possible to undertake assessment and planning on the same day, it is not always appropriate or suitable for the patient. Mental health work does not have an equivalent team care arrangement (TCA) item for GPs to use for complex referrals to psychologists and/or psychiatrists (which is the equivalent level of work to referring to multiple providers as a chronic disease management TCA).

#### **5.1.5 Recommendation 11: Expand supported online treatment**

E-mental health treatment options often relate to online interventions for the prevention and management of mental health illness.<sup>2</sup> While there is evidence to suggest that e-mental health can be used effectively to manage mild-to-moderate depression and anxiety, consideration must be given to the patient's literacy skills and mental capacity before they are enrolled for e-mental health and other online interventions.<sup>2</sup> The RACGP supports the intention of e-mental health as a complementary activity to face-to-face services, but not as a substitute for all patients. Additionally, support of e-mental health should not be at the expense of adequate funding for other types of interventions, in particular those done face-to-face.

Technology has the ability to reduce the distance barrier and cost that affect patients, especially those in rural and remote communities.<sup>4</sup> The current evidence base points to the same level of effectiveness of telehealth mental health services conducted between a patient and their usual GP and face-to-face consultations in achieving improved health outcomes.<sup>4</sup> Telehealth services should be available for patients who have difficulty accessing face-to-face services, regardless of where they live.

There is a need for a national framework to identify and regulate such services.

#### **5.1.6 Recommendation 12: Address the healthcare gaps: community mental healthcare**

The RACGP welcomed the federal government's announcement that MBS-subsidised telehealth consultations will remain available for all Australians to consult with their usual GP.

The introduction of MBS item numbers to support telehealth services for focussed psychological services, mental health treatment plans, mental health consultations, and GP after hours attendances will help to address gaps in access to community mental healthcare.

GPs report positive outcomes providing counselling via telehealth to their patients; there are significant benefits in being able to reach patients to discuss their healthcare from a place where patients may feel more comfortable and secure.<sup>7</sup>

The [RACGP's federal pre-budget submission 2021-22](#) outlines several policy considerations that should be considered in designing the future funding framework to support telehealth in general practice.

#### **5.1.7 Recommendation 13: Improve the experience of mental healthcare for people in crisis**

All hospital emergency departments should have a management plan in place for dealing with mental health patients. Patients presenting to emergency departments for mental health care often experience inappropriate, excessive and

unreasonably long waiting times, sometimes in unsafe environments.<sup>8</sup> The Australasian College for Emergency Medicine's [Nowhere else to go report](#) advocates for better models of care and looks at the challenges of ensuring appropriate and timely emergency care.

#### **5.1.8 Recommendation 14: Improve outcomes for people with comorbidities**

GPs provide patients with a comprehensive, whole-patient care that encompasses both mental and physical health needs; general practice does not draw a distinction between mind and body.<sup>2</sup>

General practice is an ideal setting for population-based mental health promotional activities and stigma reduction. GPs are well placed to engage a patient about any potential or existing mental health-related issues, assist in empowering patients, and address important contributing factors, such as co-morbid physical illness, to improve their overall wellbeing.<sup>2</sup> The promotion of physical health, exercise and diet advice, supportive care, coaching and timely treatment and follow up of all type of conditions are all already part of the GP's everyday role.

Shared care arrangements should be established for patients with mental health issues between GPs and specialist mental health providers to ensure responsibilities for physical health checks and that treatments are clearly defined. This includes cardiovascular risk assessments, physical and preventive health assessments and early attention to diet and exercise after antipsychotic medication initiation.

The current funding arrangements do not adequately recognise the time care providers (such as GPs) need to provide comprehensive and integrated care of people living with mental illness.

The [RACGP's federal pre-budget submission 2021-22](#) outlines the recommended pathway to improve funding for GPs to provide coordination of the patient's healthcare journey. As noted in previous RACGP submissions to the Inquiry, there is no MBS item to support care planning for patients with mental health issues, and MBS patient rebates for mental health services are more poorly funded than for physical health. It is vital that these disparities are addressed to ensure that GPs can continue to provide high quality care to patients with mental health needs.

#### **5.1.9 Recommendation 15: Link consumers with the services they need**

Currently, the mental health services available for patients are not well-connected, creating significant inefficiencies to the mental health care system.<sup>4</sup> A GP-led, patient-centred health system where each member of the care team has specified roles and responsibilities is key to managing patient needs. Timely and relevant communication between professionals assists patients to navigate a complicated health system and improves the quality of their care.

GPs play a central role in the patient's care team, are able to navigate the system and can help direct their patient to the most appropriate services, such as psychologists, state health services or community support services. An understanding of the barriers individuals may face in talking about their psychological symptoms and in receiving care is also important in improving access to quality care, particularly for individuals from vulnerable communities.<sup>4</sup>

Almost one in three GPs report that maintaining awareness of community supports available to their patients is challenging.<sup>7</sup> The [RACGP's federal pre-budget submission 2021-22](#) outlines the recommended pathway to improve funding for GPs to improve coordination of the patient's complete healthcare journey and link them with needed services.

#### **5.1.10 Recommendation 18: Support for families and carers**

The RACGP supports the recommendation to amend the MBS to provide rebates for family and carer consultations. This service is an important part of the whole of patient care provided in general practice. Severe mental ill health can have a negative impact on the patient's family and/or carer, which can be mitigated, managed and prevented from escalating through timely intervention.

As noted by the Inquiry Report, carers and family can often provide important insight into a mentally ill patient's progress and home life. Drawing on this insight and designing a care plan in consultation with the patient's family or carer will ensure the care is more patient-centred and more likely to produce the desired outcomes.

## 5.2 Critical recommendations to address in the long term

*Referring to survey question: Of the recommendations made, which do you see as critical for the Government to address in the longer term and why?*

The following recommendations should be addressed in the longer term.

### 5.2.1 Recommendation 16: Increase the efficacy of Australia's mental health workforce

The RACGP supports this recommendation to provide more training and strengthen the workforce.

GPs have embraced their responsibilities in mental health. Mental health is firmly embedded in the [RACGP's Curriculum for general practice](#) and [The Fellowship in Advanced Rural General Practice](#); Advanced Rural Skills Training – Curriculum for mental health. Once qualified, as professionals and generalists, GPs select the training they need to service the needs of their patients.

GPs in all stages of their career, including medical students and interns, should have opportunities and be encouraged to provide mental health care services through rotations and training placements to promote exposure to, and interest in, the sector. It's important to note that GPs in rural and remote setting would require a different skill set.

The GPMHSC program is funded by the Australian Government to establish and maintain standards for continuing professional development in mental health care for GPs. About 90% of GPs have completed the GPMHSC accredited Mental Health Skills Training.<sup>2</sup> Approx. 1200 GPs have completed [FPS](#). training This should be better supported and promoted as recommended by the [GPMHSC](#).

While education is important, it is the systemic underfunding of GP mental health care that is the fundamental barrier to quality in the sector. The RACGP strongly recommends a collaborative care approach where other mental health professionals, such as mental health nurses, should be given the opportunity to provide mental health care services in the general practice environment. This will encourage strong communication between practitioners and allow for more effective use of each practitioner's time and skills.<sup>4</sup>

### 5.2.2 Recommendation 23: Funding arrangements to support efficient and equitable service provision

The RACGP supports the co-funding of the delivery of healthcare services by Commonwealth and State governments in general, not just for mental health care or out-of-hours GP services. This may help to reduce the fragmentation of care currently embedded within Australia's healthcare system and allows an additional much-needed income stream for general practice to better provide essential patient services (e.g. complex case management, care coordination).<sup>2</sup>

Better support for, and use of general practice is associated with:

- lower emergency department presentations and hospital use;
- decreased hospital re-admission rates;
- health benefits for Aboriginal and Torres Strait Islander communities;
- significant savings for the healthcare system.<sup>9</sup>

## 6. Implementation issues

### 6.1 Significant implementation issues

*Referring to survey question: Of the critical recommendations identified in the previous questions, are there any significant implementation issues or costs you believe would need to be considered and addressed?*

Mental health services should be integrated into primary care to ensure successful implementation of the Inquiry Report's recommendations. As stated throughout this submission, mental health services led by primary care is a cost-effective approach in keeping patients out of the hospital system.

Addressing the physical health of people living with mental illness requires integration of mental health and physical health care, across the public, private (including general practice) and community sectors. While there is a commitment within organisations to address this issue, it requires dedicated support for cross sector and cross organisation coordination and integration. It is critical that financial support for national, cross-sector coordination is provided. The RACGP supports implementation of the [Equally Well National Consensus Statement](#) as a matter of priority.

The joint report by the World Health Organisation and the World Organisation of Family Doctors [Integrating mental health into primary care: A global perspective](#) provides further information about the benefits of integrating mental health care services in the primary care setting.

## 6.2 Practical and successful implementation of recommendations

*Referring to survey questions: What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers? Are there clear steps you believe need to be taken to ensure the recommendations are successfully implemented?*

Increased investment in general practice is required to enable the practical implementation of the Inquiry Report's critical recommendations. Government expenditure per person on general practice is approximately six times less than the expenditure on hospital care, despite general practice being the most accessed and accessible part of the Australian healthcare system.<sup>9</sup> Increased investment in primary care will lead to savings in the long term through the decreased use of hospital services, improved productivity and illness prevention.<sup>9</sup>

If investment is directed towards general practice, GPs will be able to help more people to live healthier lives and reduce:

- disease complications and prevalence of preventable hospital presentations and admissions;
- healthcare expenditure for government;
- future out-of-pocket costs for patients;
- health disparities and inequity to access to healthcare.<sup>9</sup>

The RACGP's [Vision for general practice and a sustainable healthcare system](#) outlines a sustainable model of high-quality and patient-centred care that recognises the crucial role of GPs in the Australian health system.

## 7. Critical gaps

*Referring to survey question: Do you believe there are any critical gaps or areas of concern in what is recommended by the PC?*

GPs provide patient-centred care, which encompasses both physical and mental health, and therefore are best situated in the Australian health system to provide long-term mental health care for their patients alongside other mental health professionals.

Mental health care is consistently ranked as one of the top priority policy areas GPs want to see the federal government focus on.<sup>7</sup>

## 8. Other comments

The Inquiry Report does not always strike the right balance between anecdote and evidence. For example, section 16.3, Gaps in the clinical workforce, page 714, provides some criticism regarding GP use of the patient-centred care approach.

This critique seems to be based largely on a single non-GP, non-clinician submission regarding medical training and after reading through the [original submission](#), it seems to be referring to hospital doctors rather than GPs specifically.

## 9. Conclusion

General practice has embraced its responsibilities in providing mental health care to its patients. Primary health care is the key to building a more integrated and effective health system. Primary care-led mental health services will help to keep patients out of the hospital system at a much lower cost to all levels of government and patients.

Thank you again for the opportunity to provide feedback on the recommendations in the Productivity Commission Inquiry Report on Mental Health. For any enquiries regarding this submission, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0554 or [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au).

## 10. References

1. Department of Health. Annual Medicare statistics: Financial year 1984–85 to 2019–20. Canberra: DoH, 2020
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 Institute of Health and Welfare. Mental health services in Australia. Canberra: AIHW, 2021. Accessed 29 January 2021
4. Royal Australian College of General Practitioners. RACGP Submission to the Productivity Commission Inquiry into Mental Health. East Melbourne: RACGP; 2019.
5. 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.
6. Royal Australian College of General Practitioners. RACGP recommendations on mental health items used in general practice. East Melbourne: RACGP; 2017.
7. Royal Australian College of General Practitioners. General Practice: Health of the Nation 2020. East Melbourne: RACGP; 2020.
8. Australasian College for Emergency Medicine. Nowhere else to go: Why Australia's health system results in people with mental illness getting 'stuck' in emergency departments. Melbourne: Victoria University; 2020.
9. Royal Australian College of General Practitioners. The Vision for general practice and a sustainable healthcare system. East Melbourne: RACGP; 2019.