



RACGP

Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

Submission to the Select Committee Inquiry on Mental Health and Suicide Prevention

April 2021

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade, East Melbourne VIC 3002

Tel 1800 4RACGP | 1800 472 247 Fax (03) 8699 0400 Email racgp@racgp.org.au
racgp.org.au ACN 000 223 807 ABN 34 000 223 807

Contents

Contents

Contents	2
1. About the RACGP	3
2. Introduction	3
3. Central role of general practice	3
3.1 Primary care approach to mental health services	3
3.2 Service integration needs in mental health	4
4. Role of general practice to simultaneously manage physical and mental illness	4
4.1 Patient-centred medical care	4
4.2 Suicide prevention.....	5
4.3 Stigma.....	5
4.4 Enhanced role of GPs in natural disaster responses	5
4.5 Role of GPs in Residential Aged Care Facilities	5
4.6 Role of GPs in rural and remote communities with sparse local services	6
5. Workforce.....	6
5.1 GP education and training.....	6
5.2 Importance of interprofessional collaboration.....	7
6. Social prescribing - an additional tool to prevent and manage mental illness and isolation	7
7. Funding.....	7
7.1 Medicare reform	7
7.2 Medicare rebates for GPs and patients to access adequate mental health consults	8
7.3 Supporting Focussed Psychological Strategies	8
8. Telehealth and e-mental health.....	8
9. GP wellbeing.....	9
10. Conclusion	9
11. References.....	10

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. General practitioners (GPs) are at the frontline of Australia's healthcare system. Each year, GPs provide more than 160 million general practice services to more than 22 million Australians, with almost nine in ten people consulting a GP¹.

2. Introduction

The RACGP welcomes the opportunity to provide comments for the Select Committee's inquiry into Mental Health and Suicide Prevention. We outline the central role of general practice, identify some of the key challenges and recommend where reform and investment is needed.

General practice provides care to patients for both their mental and physical health needs. It is essential mental health be included as part of the overall wellbeing of the community and not considered as a separate issue. As we have seen with the COVID-19 pandemic, mental health accompanies many socio-cultural changes. GPs play a central role in the health system and are well equipped to integrate mental health using the stepped care model whilst coordinating care for their patient. The current inequity where general mental health Medicare Benefits Schedule (MBS) consultation items are valued lower than the equivalent physical health MBS items must be addressed. Appropriate funding for longer consultation times is also essential to enable GPs to support and deliver the best care for their patients.

The RACGP has provided submissions into several recent inquiries into Australia's mental health system, that this submission draws from, and maybe of interest to the Committee:

- [Productivity Commission Inquiry Report into Mental Health](#)
- [Royal Commission into Aged Care Quality and Safety on mental health, oral health and allied health services and general practice care](#)
- [Senate Select Committee on COVID-19: Inquiry into the Australian Government's response to the COVID-19 pandemic](#)
- [Royal Commission into National Natural Disaster Arrangements](#).

3. Central role of general practice

General practice plays a central role in the delivery of mental health care. Indeed, the majority of mental health care in Australia is provided in general practice². The vast majority of people with mental illness state that the service they receive from their GP is excellent or very good³.

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.

In 2018-19, more than 10% of the population received MBS-supported mental health specific care, almost doubling the rate from the previous ten years². The majority (8.7%) of these services were provided by a 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.

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.

3.1 Primary care approach to mental health services

GPs provide ongoing mental health care in several different ways: through direct care, shared care, and referral to specialist services. Critically, through general practice, patients receive comprehensive care encompassing both mental and physical health needs. Physical and mental health are inseparable. Unlike many other public and private healthcare 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.

3.2 Service integration needs in mental health

Primary health care is key to building a more integrated and effective health system. Integration ensures the population as a whole has access to the mental healthcare that they need early and gives people the best chance of good health outcomes⁴.

Integration of mental health care into primary healthcare is also a cost-effective solution of 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 patients⁵. General practices require support to integrate available services.

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, as outlined in the RACGP's [Vision for general practice and a sustainable healthcare system](#).

The RACGP's position statement [Mental health care in general practice](#) provides more information on the GP's important role in mental health care.

4. Role of general practice to simultaneously manage physical and mental illness

Easily accessed without referral, general practice is key to providing equitable access to care for mental health issues. GPs provide patients with holistic, comprehensive care across all ages. Ongoing mental health care is provided through direct care, shared care, and referral to specialist services.

GPs have an ongoing relationship with their patient. They are cognisant of anyone living with mental health-related issues, enabling them to provide evidence-based, patient-centred, tailored, and long-term mental health care to their patient. General practice also provides for 'opportunistic' mental health care services, where a patient presents for another (related or unrelated) issue.

Crucially, general practice encompasses both mental and physical health needs with no distinction between mind and body. People living with mental illness often have poorer physical health⁶. 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. It is critical that financial support for national, cross-sector coordination is provided. The RACGP supports the implementation of the [Equally Well National Consensus Statement](#) to address this issue.

GPs are the first point of contact for families and are uniquely placed to form an early social relationship with children and their family and/or carer. The GP role is central to supporting young people and providing them with a safe environment outside of their family.

4.1 Patient-centred medical care

The RACGP believes that a patient-centred medical home model establishes the conditions for optimal mental health care. It supports optimal prevention, early intervention and management of mental health issues.

A patient-centred medical home model supports ongoing coordination and integration of care. General practice bridges the gap between the community and institutions, such as hospitals, mental health outpatient services, drug and alcohol rehabilitation facilities and prisons⁵. A patient's ongoing relationship with their GP and the general practice team for the provision of continuous, interconnected care, can ensure use of the most appropriate services.

The RACGP advocates for new funding models to support this model of care. 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.

4.2 Suicide prevention

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 risk⁵. Suicide prevention starts well before symptoms are evident. Longer quality patient consultations can help identify and address early warning signs before they become complex and difficult to manage.

In general practice, there are unique opportunities for suicide prevention⁷. GP training in this area has been identified as a key factor in reducing suicide deaths in Australia⁸. The RACGP is supportive of training initiatives that aim to support GPs in providing care to help reduce the incidence of suicide⁹.

It is crucial that all primary care services are accessible to all, affordable and are culturally safe to maximise the likelihood of attendance for those at risk. The RACGP's submission on [Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy](#) provides specific information about the need for culturally safe healthcare.

4.3 Stigma

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 wellbeing¹⁰.

4.4 Enhanced role of GPs in natural disaster responses

In times of natural disaster and emergencies, the health impact on people and communities is significant. GPs are essential in supporting individuals and communities before, during and in the aftermath of natural disasters and emergencies, such as the 2019-20 Australian bushfires and the COVID-19 pandemic^{11, 12}. Patients will experience increased mental health issues following natural disasters. These often arise in consultations where mental health is not the primary presenting problem.

The [Royal Commission into National Natural Disaster Arrangements Report](#) recommends that mental health support following natural disasters, including bushfires and pandemics, should be primarily delivered and coordinated through primary care. GPs are locally situated with local knowledge, have strong pre-existing connections with their patients including around mental health, have experience in dealing with distress and lesser traumatic events in their patients as part of usual business, and will still be in the community when other responders have left.

Efforts should be made to embed GPs in the wider healthcare response during such times for both physical and mental health. General practice is federally funded, and may be disconnected in this healthcare response, partly because it is linked to the response via the primary health networks which are still establishing links in emergencies with the local health districts/ local health networks that are responsible for emergency planning. General Practice is still poorly written into the planning and so the RACGP is working to bridge these gaps. It is essential GPs be supported and included in national and state/territory natural disaster arrangements across prevention, preparedness, response, and recovery. The RACGP recognises the important phase in establishing these connections is planning and preparedness which will require ongoing formal general practice representation on planning groups and committees.

4.5 Role of GPs in Residential Aged Care Facilities

GPs are the main providers of medical care in Residential Aged Care Facilities (RACFs). 87% of people in permanent residential aged care have had at least one diagnosed mental health or behavioural condition¹³.

Social isolation is a contributor of ill health and early mortality and it disproportionately affects older people with a mental health condition¹⁴. As an example, the increased isolation and loneliness brought on by COVID-19 may have significant consequences for residents' mental health. The RACGP has long advocated for residents to have access to mental health care on the MBS and welcomed the Australian Government's recent initiative for new items for the preparation and review of mental health treatment plans for people in RACFs.

4.6 Role of GPs in rural and remote communities with sparse local services

The RACGP has over [20,000 rural members](#) of which more than 9500 live and work in rural and remote Australia. Mental health care in rural and remote areas can be challenging. The impacts of mental illness are great in rural and remote areas due to:

- high number of socio-economically disadvantaged people
- stigma attached to seeking help in small communities where confidentiality can be more difficult to maintain
- poor service integration
- fewer mental health professionals and/or lack of access to services
- delaying diagnosis and intervention
- workforce support and access to ongoing training and education for GPs
- restrictive funding approaches¹⁵.

GPs are often the only service available as there is a lack of specialists and support services in these communities. This has significant impact on access to support for both patients and GPs. As GPs are the first point of contact for the majority of patients, they must be able to diagnose and manage a wide range of mental health issues across all ages, referring to other health practitioners only when necessary¹⁵.

Providing quality mental health care in rural and remote areas is outlined further in the RACGP's position statement [Provision of mental health services in rural Australia](#).

5. Workforce

5.1 GP education and training

GPs are highly trained generalist medical professionals working at the interface between the patient and the broader healthcare system. Their diagnostic and management capabilities, together with their knowledge of individual patients (and their histories), enables them to provide high-quality, individualised and cost-effective care.

Mental health is firmly embedded in GP training and is a core part of 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 should have opportunities and be encouraged to undertake further education and provide mental healthcare services through rotations and training placements to promote exposure to, and interest in, the sector.

Research conducted by RACGP Rural indicates that GPs practising in rural and remote locations would like to engage in advanced mental health training but are deterred by the financial cost and the time away from practice. Incentive schemes equivalent to those for procedural skills would support GPs to develop or refresh advanced skills in mental health¹⁶.

The RACGP also 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*⁵. This level of training should be better supported as discussed in item 7.3 below.

5.2 Importance of interprofessional collaboration

To support integration, collaboration and coordination of services, the RACGP strongly recommends a collaborative care approach. Timely, respectful and relevant communication between professionals assists patients to navigate a complicated health system and improves the quality of their care⁹.

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.

The RACGP also believes in the importance of GP access to support and advice from relevant mental health specialists, such as psychiatrists, on the management of patients with mental health issues. Early career GPs and practitioners in rural areas may find particular benefit in these consultation services.

Currently, the mental health services available for patients are not well-connected, creating significant inefficiencies to the mental health care system. Prioritisation should be given to improving integration between primary care and the rest of the mental health system. 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. It is imperative other mental health professionals provide timely feedback GPs about the outcome of the interventions they are offering (especially in the digital space). This will provide reassurance to GPs to trust in future use of the service. 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.

6. Social prescribing - an additional tool to prevent and manage mental illness and isolation

Social prescribing can provide a valuable addition to the existing range of healthcare options in Australia and should be nationally supported and integrated with general practice. It can address key risk factors for poor health, including social isolation, loneliness, unstable housing, multi-morbidity, and mental health problems¹⁷.

The RACGP has recommended social prescribing be embedded within the upcoming National Preventive Health Strategy. The joint RACGP and Consumer Health Forum *Social prescribing report* outlines how social prescribing can be incorporated into the Australian healthcare system.

7. Funding

7.1 Medicare reform

Increased investment in primary care will lead to savings in the long term through the decreased use of hospital services, improved productivity and illness prevention¹⁸. 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. 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 healthcare¹⁸.

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.

7.2 Medicare rebates for GPs and patients to access adequate mental health consults

Remarkably, general mental health MBS 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.

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. 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. Increased continuity of care, reflected through increased stepped-care, can result in reduced secondary care costs (including admissions), especially for patients who access significant amounts of healthcare¹⁹. Incentives need to be provided to encourage GPs (and patients) to consider less expensive, lower intensity interventions in situations where they are likely to be beneficial.

Funding for mental health care in general practice should reflect the time spent caring for individuals with mental health needs. Being able to spend more time with their GP will result in better health outcomes for patients. Shorter consultations leave less time for planning and discourages comprehensive assessment of the patient's mental health.

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 or early intervention
- suicide prevention
- quality assessment and full consideration of treatment options.

The [RACGP's submission on the Productivity Commission Mental Health Inquiry Report](#) highlights the importance and benefits of longer consultations.

7.3 Supporting Focussed Psychological Strategies

Focussed Psychological Strategies (FPS) refers to specific mental healthcare treatments based on evidence-based psychological therapies that GPs can use to treat common mental health illnesses. 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. Uncoupling FPS item numbers 2721 and 2725 from the pool of 20 allied health services patients are eligible to receive following preparation of a GP mental health treatment plan will augment any additional psychological service provided by other practitioners (e.g. clinical psychologist, social worker or occupational therapist). Currently these MBS items are only available to a subset of GPs (approx. 1200) who have qualified in FPS and are registered with Medicare¹⁰. This will be especially useful for those in rural and remote communities, where GPs can often be the only providers of care.

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).

8. Telehealth and e-mental health

Technology has the ability to reduce the distance barrier and cost that affect patients, especially those in rural and remote communities⁵. Mental health services provided via telehealth is shown to have the same level of effectiveness as face-to-face consultations in achieving improved health outcomes⁵. Telehealth services should be available for all,

regardless of where they live. 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.

E-mental health treatment options often relate to online interventions for the prevention and management of mental health illness. 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 interventions⁵. Significantly, there is currently a lack of evidence for the use of e-mental health treatment options for complex or severe mental illness, comorbid personality disorders, substance dependence, people who have an elevated risk of self-harm or suicide and require urgent clinical management. Any recommendation around the use of e-mental health treatment options must be cognisant of these barriers; there should be better integration between digital and face-to-face pathways to care. The RACGP supports the idea 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.

9. GP wellbeing

GPs are central to providing healthcare and support to patients and the community. The responsibility placed on GPs can lead to a high risk of burnout with increased psychological distress, rate of suicidal thoughts and in some cases substance abuse²⁰. The RACGP recommends investment into GP mental health and wellbeing to ensure GPs are supported to be able to continue to deliver quality care to their patients.

There is currently a legal requirement for treating practitioners to report other registered health practitioners under their care if they have a medical condition or other impairment and are unfit for work²¹. The RACGP has previously expressed concerns on this mandated reporting which can be a barrier for GPs with mental illness to seek access to care.

10. 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. Good quality integrated systems where primary, secondary and tertiary care work in concert ensures the population as a whole has early access to the mental healthcare they need and gives people the best chance of good health outcomes.

The accessibility of general practice to the population, and its holistic care that considers the physical and psychological well-being of their patients, makes it an ideal place for mental healthcare delivery and stigma reduction. An appropriately remunerated MBS item number for longer consultation time, and general mental health MBS consultation items which are equivalent to physical health MBS items will go a long way in ensuring GPs are supported to deliver the best care for their patients.

The RACGP advocates for systems that do not bypass, but promote and support general practice to deliver sustainable, equitable and high-value healthcare.

Thank you again for the opportunity to provide feedback to the Select Committee's Inquiry on Mental Health and Suicide Prevention. 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.

11. References

1. Department of Health. Annual Medicare statistics: Financial year 1984–85 to 2019–20. Canberra: DoH; 2020.
2. Australian Institute of Health and Welfare. Mental health services in Australia. Canberra: AIHW; 2021.
3. Productivity Commission. Mental health inquiry report. Canberra: Australian Government; 2021.
4. Funk et al. Integrating mental health into primary healthcare. *Ment Health Fam Med*. 2008; 5(1): 5–8.
5. The Royal Australian College of General Practitioners. RACGP Submission to the Productivity Commission Inquiry into Mental Health's Draft Report. East Melbourne: RACGP; 2020.
6. National Mental Health Commission. Equally well consensus statement: Improving the physical health and wellbeing of people living with mental illness in Australia. Sydney: NMHC; 2016.
7. Ahmedani BK, Simon GE, Stewart C, et al. Health care contacts in the year before suicide death. *Journal Of General Internal Medicine* 2014;29(6):870-7.
8. Krysinska K, Batterham PJ, Tye M, et al. Best strategies for reducing the suicide rate in Australia. *Aust N Z J Psychiatry* 2015;50(2):115-8.
9. The Royal Australian College of General Practitioners, Mental health care in general practice. East Melbourne: RACGP; 2016.
10. The Royal Australian College of General Practitioners. RACGP Submission to the Productivity Commission Inquiry into Mental Health. East Melbourne: RACGP; 2019.
11. The Royal Australian College of General Practitioners. RACGP Submission to the Senate Select Committee on COVID-19: Inquiry into the Australian Government's response to the COVID-19 pandemic. East Melbourne: RACGP; 2020.
12. The Royal Australian College of General Practitioners. RACGP Submission to the Royal Commission into National Natural Disaster Arrangements. East Melbourne: RACGP; 2019.
13. Australian Institute of Health and Welfare (AIHW). GEN Aged Care Data: People's Care Needs in Aged Care. Canberra: AIHW; 2019.
14. The Royal Australian College of General Practitioners. RACGP Aged Care Clinical Guide (Silver Book). Melbourne: RACGP; 2019.
15. The Royal Australian College of General Practitioners. Provision of mental health services in rural Australia. East Melbourne: RACGP; 2015.
16. RACGP National Rural Faculty. RACGP National Rural Faculty (NRF) Position Statement on the provision of mental health services in rural Australia. Melbourne: RACGP; 2015.
17. The Royal Australian College of General Practitioners. Social Prescribing Roundtable November 2019 Report. Melbourne: RACGP; 2019.
18. The Royal Australian College of General Practitioners. The Vision for general practice and a sustainable healthcare system. East Melbourne: RACGP; 2019.
19. Barker I, Steventon A, Deeny SR. Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. *BMJ*. 2017;356(84).

20. Beyond Blue. National Mental Health Survey of Doctors and Medical Students. Melbourne: Beyond Blue; 2019.
21. The Royal Australian College of General Practitioners. RACGP Submission: Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018. East Melbourne: RACGP; 2018.