RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

4 April 2025

Productivity Commission
GPO Box 1428
Canberra City ACT 2601

Via email: mentalhealthreview@pc.gov.au

Dear Productivity Commission,

Re: Mental Health and Suicide Prevention Agreement Review

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback as part of the Productivity Commission's Final Review of the National Mental Health and Suicide Prevention Agreement (the Agreement). We provide comment on the Review's terms of reference most relevant to general practice.

Introduction

The RACGP is supportive of the overarching principles in the Agreement and we have no concerns on the division of responsibilities between jurisdictions. However, we recognise challenges arise in the implementation of the principles and implementation is key to ensuring the appropriate services are delivered to those most in need.

General practice is central to the provision of mental health care. Most mental health care in Australia is provided in general practice[1] but general practice is not recognised in the Agreement. In this submission we make recommendations for how the Agreement could deliver on its ambitions by better recognising and supporting general practice across a number of key areas.

Terms of reference b. the effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations

GPs oversee patients' mental health across various ages, life stages and severity levels and critically, provide care encompassing both mental and physical health needs. General practice bridges the gap between the community and institutions such as hospitals, mental health outpatient services, drug and alcohol rehabilitation facilities, and prisons.[1]

GPs also have an important role in suicide prevention. General practice is the most accessible service for those who require mental health care and, in rural areas, often the only service available.[4] This is particularly pertinent in the current climate where there are mental health professional workforce shortages.

Mental health issues often exist alongside other conditions and people living with mental illness often have poorer physical health.[2] General practice encompasses both mental and physical health needs, with no distinction between mind and body. As 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, financial support for national, cross-sector coordination is needed. The RACGP supports the implementation of the Equally Well National Consensus Statement to address this issue and is pleased to see this has been included in the agreement.

Standalone mental health services lead to fragmentation of a patient's healthcare. This is particularly relevant for people with serious mental illnesses who experience up to a 20 year life expectancy gap mostly due to gaps in treatment to prevent heart disease.[3] It is critical that mental health services are supported and required to be appropriately integrated.

The RACGP supports social prescribing as an additional tool to prevent and manage mental illness and isolation that should be nationally supported and integrated in general practice, with a recognition that social prescribing depends on local services and community resources, which is potentially less in poorer areas. Social prescribing can address key risk factors for poor health, including social isolation, loneliness, unstable housing, multi-morbidity, and mental health problems.[5] People experiencing mental health issues can benefit from a social prescribing approach to help improve their health outcomes. Social prescribing has been embedded in the National Preventive Health Strategy 2021-2030 as an addition to the existing range of health care options and we recommend this be included in the Agreement. Primary Health Networks (PHNs) can play a role locally by acting on social determinants to ensure social prescribing will not worsen inequalities.[6]

RACGP recommendations:

- the Agreement includes the central role of general practice in the provision of mental health care in Australia
- Ensure appropriate integration and sufficient investment in services that provide comprehensive mental and physical health care to prevent care fragmentation
- Include social prescribing in the Agreement as an additional tool to prevent and manage mental health.

Terms of reference c. the opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved

Effective coordination of health services

It is unclear whether all State services (Local Health Districts/Networks) and Federally funded services (such as PHNs) engage in joint planning. PHNs can play a key role in filling the gap between local needs and funded federal government priorities.[7] As regional bodies, PHNs have the potential to make significant improvements to integration between primary and secondary healthcare.[7] This must occur through collaboration with general practice, Local Hospital Networks (LHNs) or regional equivalents. However, to date, PHNs have largely not delivered on this, and GPs lack confidence in their ability to do so. For example, in some instances, PHNs have commissioned stepped care models that have bypassed a patient's usual GP. Any mental health programs commissioned by PHNs should be well integrated to support GPs and referrals to services must not be administratively burdensome.

Improved communication and collaboration between health professionals is essential to the delivery of quality mental health care. The Shared Care Model is an effective option to coordinate and support continuity of care across different services. This should be supported in the Agreement. Shared Care Models are patient centred and establish collaborative goals with the patient and all health providers.[8] Well-coordinated care will result in cost savings by reducing duplication of scarce health resources and reducing potentially preventable hospital admissions.[8] The RACGP's Shared Care Model between GP and non-GP specialists for complex chronic conditions position statement provides more information.

The RACGP's Shared Care Model between GP and non-GP specialists for complex chronic conditions position statement also supports formalised agreements, such as shared care protocols, between GPs and non-GP specialists, which should be established and embedded in practice to improve care for patients. Good shared care includes communication and information exchange such as greater use of secure messaging platforms and

use of accessible shared care plans to ensure GPs and non-GP specialists have timely access to relevant patient information. Benefits of the Shared Care Model include reductions in hospital admissions related to specific conditions which drives cost savings to the health system; [8] improved patient health outcomes; higher levels of follow-up care and patient adherence to treatment. [8]

RACGP recommendation: Improve coordination of care, communication and collaboration between health professionals using a shared care model.

Terms of reference d. the extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities

Improving access to and affordability of GP mental health care.

A longer consultation is key to achieving improved patient outcomes. Longer consultations will help address inequality in the system, where people with the most complex needs and who are experiencing disadvantage do not have the financial capacity to access other services, often leaving GPs as the only service provider managing these complex patients.

High-quality GP care has also been proven to significantly reduce suicide deaths and attempts, especially when incorporated into a multifaceted suicide prevention program.[9]

The RACGP advocates for a 40% increase in Medicare patient rebates for all standard general practice consultations longer than 20 minutes as a simple and effective way to build additional support for people with complex health needs. Additionally, the application of a 25% increase to all GP mental health MBS patient rebates would significantly increase the viability for GPs to provide these services to patients, ensuring they receive the clinical time they require. This increase would have a significant positive impact for the thousands of Australians struggling with mental health challenges. It would have its biggest impact on patients who have difficulty accessing care anywhere other than their GP. Independently verified economic analysis has shown this will have the effect of increasing bulk billing and reducing out of pocket expenses for those who are not bulk billed. This increased rebate would reduce the number of people delaying vital GP appointments because of cost.[10]

RACGP recommendation: To improve access to and affordability of GP mental health care, provide a 40% increase in Medicare patient rebates for all standard general practice consultations longer than 20 minutes and a 25% increase to all GP mental health MBS patient rebates.

Terms of reference e. whether any unintended consequences have occurred such as cost shifting, inefficiencies or adverse consumer outcomes

and

Terms of reference i. without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon.

Recognition of the importance of social determinants of health

In the Agreement, mental health and suicide prevention are framed almost entirely as health issues, focusing primarily on health interventions and without any consideration given to the social determinants of health. Social determinants have a significant influence on a person's health and needs to be the focus when it comes to

prevention. People who have a lower socioeconomic status are at an increased risk of death by suicide and are more likely to avoid seeking care due to costs.[11] When addressing tangible issues like homelessness, unemployment, poverty or housing insecurity, the Agreement simply refers to linking individuals to pathways rather than committing either level of government to addressing the root causes of these socioeconomic determinants.

RACGP recommendation: the Agreement addresses social determinants of health.

Supporting Aboriginal and Torres Strait Islander people

Suicide prevention for Aboriginal and Torres Strait Islander people is qualitatively different - and this is shown in the markedly different rates and especially age profile.[12] While the Agreement does mention the importance of working with Aboriginal and Torres Strait Islander organisations and services, it could be clearer about the need to support Aboriginal and Torres Strait Islander people and organisations in *leading* suicide prevention programs. Without this, suicide prevention programs for Aboriginal and Torres Strait Islander people will fail, and may even cause harm.[13]

Related to this, the section on evaluation needs to take account of Indigenous Data Sovereignty principles. This is important as it will ensure the data and evaluation considers perspectives of Aboriginal and Torres Strait Islander people.

RACGP recommendations:

- the Agreement is clear about supporting Aboriginal and Torres Strait Islander people and organisations in *leading* suicide prevention programs.
- Indigenous Data Sovereignty principles need to be taken into account in any evaluation that occurs.

Thank you again for the opportunity to provide feedback on the Mental Health and Suicide Prevention Agreement Review. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Michael Wright
President

References

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