

26 May 2025

Ms Vivienne Browne
Director Policy and Engagement
Orygen
35 Poplar Road
Parkville VIC 3052

Via email: engagement@dandolo.com.au

Dear Ms Browne,

Re: Models of Care Consortium

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the models of care consortium. We provide our comments to the survey questions below.

1. *Please tell us about your perceptions of / experience with the youth mental health system.
You might like to comment on your relationship to the youth mental health system or how you view the state of youth mental health service provision in Australia.*

The role of general practice

Every year 22 million Australians see a GP for their essential healthcare, making them the most accessed health professionals in the country. As the most accessible entry point to healthcare for families, general practitioners (GPs) are critical to providing mental health care for young people and key to providing equitable access to care. The ongoing relationships fostered in general practice are particularly vital for young people. They build trust, offer a safe environment outside of the family, encourage proactive help-seeking behaviour, facilitate early intervention, and support effective management of chronic illness. In rural areas and to individuals and families 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 backgrounds) general practice is often the only service available.

The majority of mental health care in Australia is provided in general practice.¹ Consistently 71% of GPs report psychological issues in their top three reasons for patient presentations² and 36.1% of Australians aged 16–34 with a 12-month mental disorder¹ consulted a GP for their mental health,³ more than any other profession. Most mental health problems in adults begin during adolescence and young adulthood (ages 12–25), making early identification and diagnosis in young people essential for timely support and improved long-term mental health. GPs play a crucial role in this process, often serving as the first point of contact for young people and providing initial assessment, early intervention, and referral to appropriate mental health services.⁴

The GP role includes early identification of emerging mental health issues, assessment, management, referral and coordination of care across health and social care sectors.⁵ Young people require comprehensive care that general practice offers, addressing not only their mental health, but also their physical wellbeing including sexual health, substance use, immunisations, and chronic disease management. Mental health issues often present with physical symptoms that can resemble other serious conditions, and GPs are well-equipped to differentiate and diagnose these complex presentations. Furthermore, mental illness is often closely linked to social determinants

ⁱ People who met criteria for a mental health diagnosis and had symptoms of that disorder in the previous 12 months.



such as housing instability, unemployment, and financial hardship. In these cases, GPs frequently play a vital role in providing documentation, care coordination, and advocacy to support young people in navigating the health and social system.

It is, therefore, critical for general practice to be effectively integrated into models of care for young people. As the key health professional providing mental and physical health services, GPs need resourcing and support to effectively address the growing needs of young people.

2. *What is going well? You might like to comment on services, models or approaches that are working well and that are accessible, effective and responsive to the needs of young people, as well as any enablers of system coordination.*

- General practice is effectively managing the vast majority of young people's mental health care needs, often without the need for specialist referral. This is happening despite significant challenges, including underfunding, limited access to specialist support and referral services. The introduction of Better Access and the high uptake of the [General Practice Mental Health Standards Collaboration \(GPMHSC\) Mental Health Skills Training](#), have been important factors.
- Telehealth has the ability to reduce the distance barrier and cost that affect patients, especially those in rural and remote communities.¹ Since the pandemic most GPs now offer telehealth services, providing a more accessible service.
- Embedding primary care services within schools is greatly improving access and suitability of care to the needs of young people by reducing barriers to access and enhancing coordination of care (eg. liaising with teachers, school social workers, counsellors).
- Secondary consultation models, involving tertiary mental health services such as regional psychiatry advice lines, are proving effective in expanding access to timely expert input on medication management and treatment planning for complex cases.
- There are strong models within Aboriginal Community Controlled Health Organisations (ACCHOs) that provide comprehensive primary care with a social and emotional wellbeing team. The team often includes psychologists or counsellors, mental health nurses, drug and alcohol workers, and Aboriginal Health Practitioners, working together to provide culturally safe support and care coordination.

3. *What isn't going well? You might like to comment on gaps in service provision, models, services or approaches that are limited in their accessibility, effectiveness or responsiveness to the needs of young people, areas of duplication, areas of fragmentation, and barriers to system coordination.*

Barriers to care

- Patients often face barriers to receiving timely diagnosis and care, including cost, difficulty in accessing non-GP specialists, and unclear referral pathways. Long wait times to access mental health support and treatment are a barrier to treatment uptake in young people.⁶ These barriers can be even more significant in rural and remote areas where it is more difficult to access services. Access issues to diagnosis and support for ADHD patients is an example where regulatory issues are presenting as a barrier to care, preventing GPs from playing a greater role and patients accessing the care they need.

Service provision

- The current headspace model faces significant challenges to deliver the best outcomes and expanding its footprint will not address the limitations. There is insufficient resourcing to support the needs of a complex and diverse youth population, and restrictions which prevent them from seeing young people with high-risk behaviours. There is almost no access to adolescent and young adult social prescribing initiatives that could play a vital role in addressing issues such as loneliness, cyberbullying and a feeling of disconnect that is affecting young people.
- GPs are frequently a referral point for patients who are too complex to be addressed in the headspace model of care, yet do not have the funding arrangements or full multi-disciplinary team support that headspace has access to, to be able to deliver affordable care.
- There is geographic inequity in accessing mental health support across Australia, particularly in areas near the borders of different hospital catchment areas.^{7,8} GPs face challenges when referring patients in urgent need of mental health support. Mental health units at hospitals often reject cases that fall outside their designated service area and referrals may be rejected based solely on the patient's postcode. Despite GPs clearly indicating these referrals as urgent, they are frequently returned with instructions for the GP to re-refer elsewhere, rather than being redirected to the appropriate mental health unit.
- Another challenging aspect of youth mental health care includes having over-restrictive age limits for specific services, such as headspace, leading to disruption when transitioning to adult services.

Adequate patient rebates for general practice consultations

- 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.⁹⁷ Longer consultations in general practice will help address inequality in the system, where the most complex and disadvantaged people do not have the financial capacity to access other services, often leaving GPs as the only service provider managing these patients. An 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.¹⁰⁸ This increase would have a significantly positive impact for the thousands of Australians struggling with mental health challenges.

4. What should be changed?

You might like to comment on changes that would improve the effectiveness, accessibility and coordination of services for young people, what is needed to support or implement these changes, or any changes that should be avoided or would make young people worse off.

Integrated mental health care

- The role of primary care in addressing mental health concerns in young people needs to be sufficiently supported. Because of a GP's central role in both physical and mental health care, integration of mental health care services into primary care settings ensures accessibility and will help address issues early and keep patients out of the hospital system at a much lower cost to all levels of government and patients.¹¹⁹ General practices have the skills and capacity but require support to integrate these services.
- Standalone mental health services lead to fragmentation of a patient's healthcare. It is critical that mental health services are supported to be appropriately integrated with general practice and a person's usual GP. When the headspace model is working well, GPs who refer patients to headspace with a Mental Health Treatment Plan are sent brief progress reports, ensuring continuity of care. Any new and/or

refined models of care for youth mental health should be required to share information with the patient's GP, when they have one.

- Multidisciplinary teams that include GPs allow for comprehensive assessment, diagnosis, initiation of treatment and referrals. General practice has mature systems and processes to deliver coordinated multidisciplinary care and can improve patient access to timely advice and services and provides a safe and supportive environment for health professionals working to top of scope. This setting reduces duplication and fragmentation and avoids issues associated with isolated, independent practice and is hence cost-effective.

Communication and collaboration

- 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 between general practice and mental health services. Shared Care Models are patient centred and establish collaborative goals with the patient and all health providers.¹²¹⁰ Shared care between psychiatrists, psychologists, GPs and pharmacists to jointly manage both mental and physical health conditions can be effective and should be encouraged.¹³¹¹ Well-coordinated care will result in cost savings by reducing duplication of scarce health resources and reducing potentially preventable hospital admissions.¹²¹⁰ The RACGP's [Shared Care Model between GP and non-GP specialists for complex chronic conditions position statement](#) and the Mitchell Institute's [Being equally well: A national policy roadmap to better physical health care and longer lives for people living with serious mental illness](#) provide more information.
- Communication is a critical component of effective shared care. An effective multidisciplinary team prioritises communication, continuously monitors and works to improve communication. The [GPMHSC's Communication between medical and mental health professionals](#) provides more information.

Supporting Aboriginal and Torres Strait Islander young people

- ACCHOs must be considered as preferred providers of services contracted to provide mental health care to Aboriginal and Torres Strait Islander young people. This is to ensure culturally safe mental health care is provided. ACCHOs need to be adequately resourced with both workforce and funding, to provide and coordinate effective care. The [NACCHO-RACGP National guide to preventive healthcare for Aboriginal and Torres Strait Islander people](#) provides guidance for supporting the social and emotional wellbeing of young people. It is important for young Aboriginal and Torres Strait Islander people to have access to healthcare that:
 - is culturally safe and trauma-informed
 - uses a model that incorporates social and emotional wellbeing care ((including connections to Country and Culture)
 - is aware of the impacts of racism, discrimination, colonisation and forced removal on mental health
 - is aware of financial, geographic, literacy and technological barriers to accessing care
 - is confidential within the context of families, communities, governments and legal systems.

Strengths-based approaches are the most effective and expected in health service delivery for Aboriginal and Torres Strait Islander people. Youth-friendly and culturally safe engagement with Aboriginal and Torres Strait Islander young people sets a trajectory for their developmental progress and healthcare journey. Co-designing service delivery with Aboriginal and Torres Strait Islander young people is an effective strategy to improve engagement.



- The capacity and reach of Aboriginal and Torres Strait Islander led programs for Aboriginal and Torres Strait Islander young people should be expanded and the Aboriginal Community Controlled Health Services social and emotional wellbeing workforce needs to be increased. Any design of health services for Aboriginal and Torres Strait Islander people should align with the Four priority reform areas under [Closing the Gap](#).

5. *Any other feedback? We are keen to hear your views on the Summary of Consortium Early Advice (attached) which sets out some preliminary ideas about how to refine the youth mental health system. Any feedback on this document?*

The RACGP broadly supports the key points in the Summary of Consortium Early Advice document about integrating psychosocial supports, improving collaboration and using navigators. The current headspace model faces significant challenges to deliver the best outcomes and expanding its footprint will not address the limitations. As indicated in the section under service provision above, there is also a risk of fragmentation of care when young people age out of the headspace service and need to transition to broader community care. Strengthening primary care from the start of the young person's care is key to reducing care fragmentation.

Thank you again for the opportunity to provide feedback on the models of care consortium. 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

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