RACGP

Royal Australian College *of* General Practitioners

Submission to the Royal Commission into Victoria's Mental Health System

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Contents

The Royal Australian College of General Practitioners

The Royal Australian College of General Practitioners (RACGP) is Australia's largest medical organisation, representing more than 40,000 members who provide more than 154 million general practice services each year to more than 24 million Australians.

The RACGP's mission is to improve the health and wellbeing of all people in Australia by:

- supporting GPs, general practice registrars and medical students through its principal activities of education, training and research
- assessing doctors' skills and knowledge
- supplying ongoing professional development activities
- developing resources and guidelines
- helping GPs with issues that affect their practice
- developing standards that general practices use to ensure high-quality healthcare.

The RACGP welcomes the opportunity to make this submission to the Royal Commission into Victoria's Mental Health System (the Royal Commission).

1. Reduction of stigma and discrimination

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

GPs are often the first port of call for people seeking help with mental illness. The barriers people face when seeking care are many and varied, and include lack of education, poor emotional literacy and stigma. These barriers must be removed.[1] General practices oversee patients' mental health across various ages and stages. This creates an ideal situation for population-based mental health promotion activities, improvement of emotional literacy and stigma reduction.[2]

In addition to the stigma associated with mental health-related issues, experiences of discrimination in the healthcare system and broader community have adverse effects on the mental health of patients. Discrimination limits access to healthcare programs, community/specialist health services, and social and welfare services. The therapeutic relationship between an individual and their GP presents an ideal situation to identify mental health-related issues, and for GPs to offer education, support and management.[3]

To facilitate improvement of the Victorian community's understanding of mental illness and reduce stigma and discrimination the RACGP encourages the Royal Commission to consider the following:

- Commitment to support GPs and the significant amount of mental health related work already occurring in General Practice. Mental health services need to be supported by Medicare, and item numbers must be reviewed to ensure payments accurately reflect the complexity of services provided by GPs.[4]

- A public education campaign with a focus on improving community understanding of mental illness, and improving emotional literacy beyond just awareness of diagnoses such as depression and anxiety.[5] This should include identifying pathways for treatment with general practice, often, the first port of call.

- School aged learning building on some of the existing primary and secondary level school-based programs, and introducing educational goals to provide students with an opportunity to learn relevant emotional capacities and skills necessary for their age.[6]

2. Prevention and early treatment

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

GPs provide more Medicare-subsidised mental health services than any other health provider; with three in 10 Medicare-subsidised mental health-specific services provided by GPs in 2016–17.[7] Poor mental health is often coupled with physical illness, and mental health–related comorbidity increases with socioeconomic disadvantage.[8] Due to their unique skills and experience dealing with complex multimorbidity and their access to a strong multidisciplinary referral network, GPs are best placed to provide this crucial care.[1]

The RACGP is committed to the development of mental health training initiatives to support its members in all stages of their career – from medical students to general practice registrars to GPs. 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*.[3]

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.

Many GPs choose to build on their existing skills in mental health through short courses. For example: in mental health first aid; focused psychological strategies skills training; or a postgraduate qualification. 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.[9]

Easily accessed without referral, general practice is key to providing equitable access to care for mental health-related issues.[3] However, in Australia, one of the main challenges around the management of mental health-related issues is the fragmentation of the system at all levels, especially the divide between the state/territory[3] and federal initiatives and funding. This fragmentation leads to such obfuscation that mental health care practitioners and patients often experience significant uncertainty due to the lack of system clarity.

In order to better prevent mental illness and to support people to get early treatment and support the RACGP encourages the Royal Commission to make the following considerations:

- Provide strong investment in mental health training and education to support GPs in developing their skills. In particular, more support is needed to encourage GPs to train to become providers in focussed psychological strategies[3]

- Explore processes that aid in addressing the fragmentation of the mental health system, particularly in relation to the divide between state/territory and federal funding.[3]

- Increase practitioner and patient mental health care system knowledge by providing accessible information and by working to restructure and streamline the current system.

3. Suicide prevention

What is already working well and what can be done better to prevent suicide?

Given current rates of suicide in Australia, GPs have an important role in detecting and responding to patients at risk of suicide.[3] Ongoing relationships between patients and the general practice team can facilitate early intervention for emerging symptoms, assessment of suicide risk, and effective monitoring of chronic mental illness.[3]

Suicidal behaviour and thoughts are not limited to those who already have a diagnosis. It is important that people are able to access just-in-time treatment through care such as that provided by general practitioners, where they can readily access help in a last minute situation.

An understanding of the barriers individuals may face in talking about their psychological symptoms and in receiving care is important in improving access to quality care, particularly for individuals from vulnerable communities,[3] including but not exclusive to refugees and asylum seekers, rural and remote communities, Aboriginal and Torres Strait Islander peoples, people who identify as LGBTI, children and adolescents and adolescent and adult males.

The RACGP encourages the Royal Commission to consider the following to better prevent suicide in Victoria:

- Enabling comprehensive team-based care with strong coordination among providers and flexibility of service funding relevant to needs.[3]
- Working in partnership with vulnerable communities and healthcare workers to co-design mental health interventions.
- Providing specific investments to deliver preventative strategies and supports for all cohorts who are at risk of suicide.[3]

4. System access and service links

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

The RACGP believes a patient-centred medical home model establishes the conditions for optimal prevention, early intervention and management of mental health-related 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.[10]

Mental health-related issues often present with physical symptoms or co-exist with other physical conditions. Research has found that mental health-related comorbidity increases with socioeconomic disadvantage, thus affecting already vulnerable people.[8] These patients will generally require a generalist who is best placed to deal with complex multi-morbidity and who has access to a strong multidisciplinary referral network. GPs are the only profession able to offer patients with mental health-related illnesses true holistic care.[3]

A significant number of mental health discussions and plans tend to be inappropriately skewed towards hospital-based care. This ignores the fact that GPs provide the majority of mental health services in Australia, as they are best placed to provide first-line mental health care and coordinate overall patient care.[3]

The most cost-effective way to manage mental health in Australia is to integrate it into primary healthcare.[2] The productivity gains of treating patients with mental health-related issues early, and the early intervention and prevention of mental health-related issues cannot be overstated. Keeping patients engaged in the workforce is advantageous to both their physical and mental wellbeing.[11]

To improve how people find, access and experience mental health treatment and support the RACGP encourages the Royal Commission to consider the following:

- Prioritise better integration of state and federally funded services with General Practice to eliminate the siloed nature of existing mental health service providers and simplify the referral network.
- Support continuity of care and collaboration between service-providers, along with a 'no-wrong-door' approach where a patient, or a professional's referral to a service on behalf of a patient, is accepted regardless of inclusion criteria.[3]
- Education to support improvements in the community's emotional literacy as poor emotional literacy within our societies means that often those that turn to their friends and family for help come away without useful support and guidance.

5. Vulnerable communities

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Almost half (45%) of the adult population in Australia will experience a mental health-related issue in their lifetime, with one in five people experiencing a mental illness in any given year.[4] Mental health-related issues are particularly prevalent in certain populations including, but not exclusive to: refugees and asylum seekers; rural and remote communities; Aboriginal and Torres Strait Islander peoples; people who identify as LGBTI; children and adolescents; adolescent and adult males; and socio-economically disadvantaged people.

5.1 Refugees and asylum seekers

As a signatory to the United Nations Refugee Convention,[12] Australia resettles a proportion of humanitarian entrants every year, and has obligations to people who arrive in Australia and subsequently claim asylum. These refugees and asylum seekers are likely to have significant physical and mental health problems.[3]

The majority of refugees and asylum seekers have come from areas of conflict, with many experiencing traumatic events and losses, and undergoing hardship during journeys of escape. Consequently, refugees and asylum seekers often have increased rates of certain mental health-related issues (eg anxiety, depression, post-traumatic stress disorders).[13]

5.2 Rural and remote communities

In rural and remote communities, GPs and their practice teams may manage a high volume of mental health work because of geographical barriers and a lack of local mental health practitioners.

Rural and remote GPs face significant barriers in providing services to their communities, including:

- poor service integration
- insufficient workforce numbers
- restrictive funding approaches
- high number of socio-economically disadvantaged people.[3]

Enabling comprehensive team-based care with strong coordination among providers requires flexibility of service funding relevant to need. This includes a consolidation of funding schemes and service innovations in addressing the distance barrier (eg telehealth).

More information on mental health care in rural and remote communities can be found in the RACGP's *Position Statement: Provision of mental health services in rural Australia* [3]

5.3 Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples are less likely to seek mental health care from mainstream health services,[14] and as a result, may delay seeking help until problems are more serious or acute. Many Aboriginal and Torres Strait Islander patients experience complex trauma and the effects of intergenerational trauma.[3,15]

A range of complex factors contribute to the mental health burden in the Aboriginal and Torres Strait Islander peoples, and it is vital that culturally appropriate mental health services are readily accessible.

More information on mental health care in Aboriginal and Torres Strait Islander peoples can be found in the RACGP's *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*.[3]

5.4 LGBTI community

Lesbian, gay, bisexual, trans and gender diverse and intersex (LGBTI) people experience a greater prevalence of depression and anxiety[16] and report a higher level of substance abuse and mental illness than other communities.

There is a clear need for systems and processes to meet the mental health care needs of LGBTI people, ensuring they receive appropriate and accessible care and promoting mental health for LGBTI people throughout their lives.[17] General practice is in a unique position to provide accessible lifelong support to the LGBTI community.

5.5 Children and adolescents

The level of adversity experienced in childhood is one of the established risk factors in the development of mental health-related issues.

Evidence suggests that adolescents are at significantly greater risk of major depression, anxiety disorders, nicotine dependence, substance abuse and suicide attempts.[18] Two in three children in Australia will experience at least one life adversity over a 12-month period. The accumulation of childhood adversities is likely to lead to serious negative mental and/or physical health outcomes in adulthood (increased risk of heart disease, diabetes, obesity and up to a 20 year reduction in life expectancy).[3]

Headspace is well funded to provide mental health care for this cohort, but are geographically limited in coverage across rural Australia and outreach is virtually non- negotiable. Additionally, the integration of services such as Headspace with existing primary care services (eg general practice) is poor[3] and more support for families and younger children is required.

5.6 Adolescent and adult males

On average, one in eight men will experience depression and one in five will experience anxiety at some stage in their lives.[19] Men make up an average of six out of the eight suicides that occur every day in Australia. The number of men who die by suicide every year is double that of the national road toll.

Boys aged 4–17 years are also more likely than their female counterparts to experience mental health disorders in the past 12 months. Specifically, boys account for 72.1% of children with attention deficit hyperactivity disorder (ADHD) and 62.7% of children with conduct disorders.[20]

Above are just some of the groups at risk of poorer mental health outcomes. The RACGP encourages the Royal Commission to consider the following:

- A streamlined mental health approach that addresses all the social determinants of health, and includes the integration of mental, medical, substance use and social care.
- Specific investments to provide preventive strategies and supports for vulnerable populations.
- Stronger investments in mental health training and education to support GPs in upskilling to meet patient-driven needs.[3]

6. Support for family members and carers

What are the needs of family members and carers and what can be done better to support them?

The role of family members and carers is essential. They should be respected and supported for the work they do and the cost that they save the community. Family members and carers need adequate financial support but also need emotional and other types of support including knowledge and assistance in navigating the healthcare system.

GPs are well placed to provide this assistance, yet they are not supported to do so. GPs are not adequately remunerated for the time it takes to provide counselling and support services for the family members and carers of people with mental health-related issues. Supporting GPs to provide this service would reduce some of the burden shouldered by these community members. This would also mitigate a domino effect of family members and carers becoming patients themselves due to the stress they are under.[21] Respite care is also important especially for those dealing with family members who have chronic mental health-related issues.

The provision of comfortable and desirable respite care that people with mental health-related issues would be happy to go to would mean that the guilt and pressure on family members and carers to always be there would be ameliorated and would facilitate the necessary rest that they require to get back to the difficult task of caring.[22]

The RACGP encourages the Royal Commission to consider the following in order to better support family members and carers:

- Remuneration to accurately reflect the complexity of mental health services provided by GPs.

- Financial support for family members and carers should be commensurate with the time required to provide care.

- Provision of age and condition appropriate respite support for family members and carers.

7. Support for the mental health workforce

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

As mentioned under point 2 above the RACGP is committed to the development of mental health training initiatives to support its members in all stages of their career – from medical students to general practice registrars to GPs. 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*.[3]

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.

Workforce shortages in mental health care are not only evident in rural and remote communities, but also manifests in urban communities. Significant funding and resources are required to encourage more GPs to take part in upskilling in mental health care, in particular, in providing focussed psychological strategies.

Many GPs choose to build on their existing skills in mental health through short courses. For example, in mental health first aid, focused psychological strategies skills training, or a postgraduate qualification.[3] 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.[9]

GPs must have access to ongoing training and education in order to competently, confidently and safely address the mental health needs of their community. The provision of ongoing GP training means more mental health conditions can be managed locally at significantly less cost to government. This would allow patients to access mental health closer to home with their GP, as well as allow any visiting mental health practitioners to have more time to deal with the most unwell patients for whom they may be the best service provider.[3]

To retain and better support the mental health workforce the RACGP encourages the Royal Commission to consider the following:

- Programs need longer periods of funding to provide more job security for mental health care workers, rather than relying on short term funding determined by the election cycle.

- Provide GPs with incentives and access to ongoing training and education in order that they may competently, confidently and safely address the mental health needs of their community.

8. Social and economic participation

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

GPs oversee patients' mental health across various ages and stages, leading to significant potential opportunities to influence their patient's social and economic participation.[3]

The most cost-effective way to manage mental health in Australia is its integration into primary healthcare.[23] The social and economic gains of treating patients with mental health-related issues early, and the early intervention and prevention of mental health-related issues cannot be overstated. Primary care-led mental health services keep patients out of the hospital system at a much lower cost to the government and to patients.[3]

Keeping those with mental health-related issues engaged in the workforce and participating in social or sporting activities is advantageous to both their physical and mental wellbeing. It is important for our workplaces and sporting environments to therefore embrace and support these colleagues and team members and provide access to mental health days during periods of difficulty.

Supporting general practice for the prevention, diagnosis and management of mental health-related issues can provide significant cost effectiveness to the economy. Productivity is limited when large numbers of individuals who need coordinated care are unable to access their GP.[3]

Welfare, including employment benefits, should be seen as supporting basic human rights and a pathway to greater productivity and social participation. However, GPs have reported patients seeking support to deal with the negative mental health effects of interactions with Centrelink, particularly the debt recovery process. While this is not limited to Aboriginal and Torres Strait Islander peoples, its effects are felt strongest in this population group.[3]

To improve the social and economic participation of people living with mental illness the RACGP encourages the Royal Commission to consider the following:

- Address the homelessness problem and ensure interactions with Centrelink are facilitated in a supportive manner.
- Provide easy access and supportive employment services so that people with mental health-related issues can find and maintain good employment opportunities.
- Workplaces and sporting environments to embrace and provide access to mental health days.

9. The ideal system and priorities for reform

Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Currently, the mental health services available for patients are not well-connected, which creates significant inefficiencies to the mental health care system. GPs and healthcare teams need to work through a complexity of different supports – Medicare, Better Access, state health, Access to Allied Psychological Services (ATAPS), Headspace – most working in isolation of the other and often limited in application because of a narrow objective or focus to fix just one service component.[3]

Innovative localised service solutions can be coordinated to lift this burden. It would provide more flexibility and support, falling more in line with the workings of the multidisciplinary team and shared care arrangements. Supports must expand beyond the confines of the Medicare Benefits Schedule. Private practice should be supported in packaging available funding streams to enable service expansion and service continuity.[3]

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.[3] Timely, respectful and relevant communication between professionals assists patients to navigate a complicated health system and improves the quality of their care.[24]

This model of collaborative care involves a structured, team-based, stepped-care approach. Collaborative care has good evidence, and this Inquiry should consider the utilisation of collaborative care as a complement to fee-for-service talking therapies.[25]

Mental health professionals could be embedded within general practice to encourage strong communication between practitioners, facilitate a 'no-wrong-door' approach to mental health, and allow for more effective use of each practitioner's time and skills.[3]

Significant improvements are required to the way secondary and tertiary mental health systems support general practice in the management of patients with mental health-related issues. GP access to support and advice from relevant mental health specialists (eg psychiatrists) on the management of patients with mental health-related issues is valuable but largely missing from the current system.[3] General practice registrars, early career GPs, and rural and remote GPs may find particular benefit in such consultation services.

Areas that the RACGP would like the Royal Commission to prioritise for change are:

- Address fragmentation of the system at all levels especially the divide between state-funded or territory-funded mental health services and federally funded initiatives.
- Investment from all levels of government in collaborative care models. These have a clear evidence base for the management of common mental illness in primary care.[3]
- Integration of mental health services into primary healthcare to facilitate a GP led patient-centred medical home model.

10. What can be done now?

What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

It is important that the system has a memory and this could be achieved by introducing a Mental Health System Standing Expert Committee. This committee should be well-funded and resourced to facilitate the gradual adoption of the findings from the Royal Commission, enabling long-term improvements and the ongoing ability to maintain a world class mental health care system.

11. Conclusion

The RACGP looks forward to hearing about the Royal Commission's progress and outcomes, and further participation in hearings and written submissions.

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