Productivity Commission Inquiry into Mental Health

Australian Department of Health Consultation

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Improve the mental health of communities

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Royal Australian and New Zealand College of Psychiatrists submission

Productivity Commission Inquiry into Mental Health Final Report

Purpose

The Australian Department of Health (DoH) is conducting a consultation on the recommendations of the Productivity Commission Inquiry into Mental Health in Australia Final Report. Submissions close on Wednesday 10 February 2021.

Background

On 16 November 2020 the Australian Government released the Final Report of the Productivity Commission Inquiry into Mental Health. The Final Report establishes five reform areas and delivers 21 recommendations with 103 corresponding action items to improve population mental health.

The Department has requested feedback to six survey questions in relation to the Final Report recommendations with a recommended limit of 500-words per response via an online Consultation Hub. This submission provides a response to the survey questions. Please note that the following response, once approved, will be submitted via the online survey.

For a list of the Productivity Commission's recommended actions, please see here.

Department consultation questions

1. Of the recommendations made, which do you see as critical for the Government to address in the **short term** and why?

2. Of the recommendations made, which do you see as critical for the Government to address in the **longer term** and why?

3. 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?

4. What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers?

5. Are there clear steps you believe need to be taken to ensure the recommendations are successfully implemented?

6. Do you believe there are any critical gaps or areas of concern in what is recommended by the PC?

1. **Of the recommendations made, which do you see as critical for the Government to address in <u>the short term</u> and why?**

We welcome the Government's commitment to develop a new National Mental Health and Suicide Prevention Agreement to clarify responsibilities for mental health service delivery, funding, monitoring, reporting and evaluation as recommended by the Commission (Action 23.3). This will be critical to ensuring strong and sustainable reform. The RANZCP encourages the Government to take a whole-of-government approach to developing the Agreement.

Funding the mental health system is essential to Australia's economic recovery from the COVID-19 pandemic. The Commission reports economic benefits up to $18 billion per year, with an additional $1.3 billion per year as a result of economic participation and productivity, for expenditure of around $4.2 billion per year (Finding 4.2). Psychiatrists are an essential part of this economic recovery, with a key role to play in service provision and leadership. We recommend DoH engage psychiatrists when planning and implementing Commission recommendations.

The mental health workforce actions must be prioritised to ensure that a redesigned mental health system provides mental health care to people from all cultural backgrounds, and of all ages and stages of mental illness. In particular, the significant challenges regarding the recruitment and retention of psychiatrists must be addressed. Further details regarding workforce actions are outlined below.

The RANZCP supports the Government's ongoing commitment to suicide prevention. The RANZCP emphasises people of all ages who are experiencing suicidal ideation must be offered evidence-based psychological services across all settings. Australian Governments must prioritise the delivery of evidence-based, universal aftercare and assertive outreach for people leaving hospital, GPs or community mental health services following a suicide attempt (Action 9.1). Empowering Indigenous Australians to prevent suicide must occur alongside this as a matter of urgency (Action 9.2). For further details please see the RANZCP's Position Statement 101: Suicide prevention – the role of psychiatrists.

The RANZCP strongly supports expanding access to telehealth (Action 12.2) as an adjunct to face-to-face care. The RANZCP is, however, very concerned by the proposed limit of 12 telehealth consultations per year and removal of the Medicare Benefit Schedule (MBS) loading provided for telehealth consultations undertaken in rural and remote areas (item 288). Further details regarding these concerns are outlined below.

We commend the Commission's recommendation that the Government introduce an MBS item for psychiatrists to provide advice to GPs or paediatricians over the phone or by telehealth (Action 10.3). More support from specialists will ensure best-practice care. However, any new service would have to be affordable whilst avoiding excessive demands on the relatively small psychiatrist workforce.

The RANZCP asks the Government to ensure that mental healthcare in correctional facilities is the equivalent to that in the community (Action 21.4), in line with internationally agreed principles. We recommend that people in different settings such as prisons, aged care and children in out-of-home care, have access to MBS services and access to telehealth.

The RANZCP commends the Commission's recommendation to provide separate beds for children and adolescents, to ensure they are in an appropriate environment (Action 13.2). State/Territory Governments must ensure new service arrangements and models of care are designed appropriately for each developmental stage. The RANZCP notes a strong emphasis in the Final Report on

recommendations for child, adolescent and youth mental health. It is also critically important there is a balance of resources across all life stages and the continuum of care.

Government should support State/Territory Governments to increase funding across bed-based mental health services as an immediate priority (Action 13.3). Day program options should be expanded, and intensive community-based care options should be bolstered to support least restrictive care. Bed shortages, and a lack of alternative services in the community, are resulting in individuals waiting for long periods in emergency departments.

The RANZCP recommends the Government fund greater evidence-based services in the community to avoid unnecessary emergency department (ED) presentations for mental ill-health and take action to make the ED a more therapeutic environment (Action 13.1). Alternatives to ED will need to be adequately staffed by clinicians with appropriate experience and skills. We encourage States/Territories to continue working on this.

2. Of the recommendations made, which do you see as critical for the Government to address in the longer term and why?

The RANZCP is encouraged to see the Commission recognise the multifarious issues faced by individuals requiring care for comorbid substance misuse and mental health issues, including a lack of integration between mental health and alcohol other drug services, and across other related sectors such as housing, employment, social services and the National Disability Insurance Scheme (NDIS). The RANZCP highlights the unclear and often disjointed treatment pathways across these sectors.

Substance-use disorders are a core concern for psychiatrists considering the complex interrelationship between addictive behaviours and other mental disorders. The levels of comorbidity of people with mental illness and substance use disorder is high. We are encouraged by the recommendation to integrate the commissioning and provision of mental health and substance use services (Action 14.2). However, the number of addiction services does not currently meet community needs and we are concerned this has not translated as a recommendation to expand addiction services. Services must be improved and expanded and include evidence-based programs such as residential treatment programs, diversion programs and justice health services, including for young people given their risk of lifetime difficulties.

The RANZCP has long advocated for the physical health needs of people living with mental illness, noting their significantly lower life expectancy. The RANZCP would urge all actions within the Equally Well Consensus Statement, which we have endorsed, be implemented and reported on (Action 14.1).

The RANZCP strongly supports Governments designing emergency departments through collaboration with people with lived experience to ensure their needs are met (Action 13.1). As the Commission has identified this as an action that should be started later, current spaces must be made more appropriate in the interim.

The RANZCP asserts that a greater emphasis on cultural safety and recognition of culture, Country and community in the healing process should form part of improving services for Aboriginal and/or Torres Strait Islander communities. We welcome the recommendation that the Government evaluate best practices for partnerships between traditional healers and mainstream mental health services (Action 8.3). The evaluation should be conducted in accordance with the new Indigenous Evaluation Strategy. In addition, enhancing the cultural safety of services and practitioners supporting culturally and linguistically diverse people must be prioritised.

State/Territory Governments should put strategies in place to reach universal levels of screening for perinatal mental illness (Action 5.1). Adequate funding for mother and baby units must accompany implementation of this recommendation. In addition, routine antenatal screening for risk factors associated with postnatal depression and serious mental illness should continue as part of the base-level services offered to pregnant women and should be conducted at regular intervals. Further, postnatal depression experienced by fathers must be recognised and inpatient services for parents of children aged 1-5 years old are also needed. We would also like to see screening in early childhood to identify problems, as well as services which can provide follow-up of dependants.

The RANZCP agrees that the Government should commission a review into off-label prescribing of mental health medications in Australia (Action 10.2). A review may allow the evidence-base for medication usage to be updated and further understanding of contexts in which certain medications are being prescribed. The RANZCP also strongly supports a review of supported online treatment as a low-intensity option to ensure all services delivered are effective and evidence-based (Action 11.1).

The RANZCP encourages long-term action in supporting people to access the NDIS and other appropriate services within a system which recognises the needs of people who fluctuate between periods of good mental health and times of mental ill-health. The RANZCP urges the Government to ensure that State/Territory Governments and the National Disability Insurance Agency are integrated appropriately to streamline access to psychosocial supports (Action 17.2). The Government should also support State/Territory Governments to increase funding allocated to psychosocial supports to meet the shortfall (Action 17.3).

3. **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?**

Addressing the current workforce imbalance will take time and considerable investment from Governments. State-based planning processes need to be linked to local planning where workforce issues are more likely to be felt and understood.

We strongly agree with the Commission that workforce planning needs to be undertaken in collaboration with the RANZCP to identify and provide advice on trainee numbers and workforce needs, and strategies to ensure trainees are adequately supported in their fellowship. We look forward to collaborating with the Government to develop a plan to increase the number of psychiatrists, particularly in regional, rural and remote areas, and in sub-specialities including child, adolescent and old age psychiatry (Action 16.2), and to promote mental health as a career option including ongoing support for the Psychiatry Interest Forum (PIF) (Action 16.7). Please refer to the RANZCP's pre-budget submission for further detail regarding these proposals.

The RANZCP must be involved in workforce planning. Health planning agencies need to openly share workforce data and information to enable effective planning, including providing us with access to the National Mental Health Services Planning Framework.

The RANZCP recommends all Governments provide incentives and supports to build a critical mass of psychiatrists (including private psychiatrists) particularly in regional and rural areas where access to basic mental health care lags significantly behind metropolitan areas. Additionally, the RANZCP urges consideration of trainee issues, including supervision and support. Increasing the psychiatrist workforce should occur as part of the broader National Mental Health Workforce Strategy (Action 16.1). The Strategy should establish clear actions for ensuring all medical practitioners are appropriately trained to work with diverse populations. There should be funding to expand the number of workers with specialised skills, such as Aboriginal Health Practitioners and cultural mentors. The RANZCP would also like to see initiatives to increase the number of specialist mental health nurses enacted urgently to bridge

critical gaps in mental healthcare (Action 16.4). Further, the peer workforce must be supported and expanded.

The RANZCP Faculty of Child and Adolescent Psychiatry recommends the number of child and adolescent psychiatrists needs to be significantly increased per 100,000 population to meet basic community needs for the younger population. It is recognised to achieve this increase additional resources are required which recognise regional and jurisdictional variation. Efforts to increase the supply of child and adolescent psychiatrists in regional and rural areas should be in keeping with overall strategies to increase rural workforce, rather than drawing resources away from underserviced areas.

An additional means through which workforce shortages may be addressed is via the use of telehealth as a complement to face-to-face consultations. Future use of telehealth in psychiatry must be informed by the basic principles of equity, accessibility and effectiveness, and consumers must be partnered with in deciding when telehealth is most suitable. Psychiatrists who responded to the RANZCP's member telehealth survey highlighted a lack of consumer access to the required equipment, poor internet connectivity experienced by consumers, and technology failures as key reasons they had needed or opted to use a telephone consultation over a video consultation. Additional funding should be allocated for videoconferencing technology for selected households to ensure equitable access to telehealth. The RANZCP urges consumer views and preferences to inform the future of telehealth in Australia.

The RANZCP further notes the need to address bed shortage. Actions under Recommendation 13 must be implemented. Beds are an essential part of mental health system infrastructure. There should be a range of beds available, with integration of systems to ensure optimal use of the different bed types, including acute beds, intensive care beds, beds in secure extended care units, and community-based beds to ensure rehabilitation opportunities. The RANZCP urges the Commission to establish, in collaboration with the RANZCP, minimum and optimal benchmarks for specialised mental health beds per 100,000 population. Any measures to reduce bed shortages need to consider jurisdictional variations between the State/Territory mental health systems. Community-based care and support options, as well as day programs, must also be available to support inpatient care. It is essential approaches are incorporated into the stepped-care model and developed with stakeholders at Australian and State/Territory Government levels, with consideration of ongoing reforms in certain States and Territories.

4. What do you believe is required for practical implementation of these recommendations? What do you feel are the key barriers and enablers?

Over the past decade, we have seen greater mental health awareness in the general population and a reduction in stigma, some improvement regarding the collection and sharing of data, and increased opportunities for collaboration and balance between lived experience and clinical expertise in guiding system improvements and reform. These important developments will go some way to aiding practical and effective implementation of the required recommendations.

The COVID-19 pandemic has brought further belief and evidence that we can effectively work together across public, private, government and not-for-profit sectors, and with community members to meet significant challenges and achieve positive health outcomes. We look forward to continuing to collaborate with all levels of government, stakeholders and communities to implement the reforms and changes needed to drastically improve our mental health system. The Government's appointment of highly respected psychiatrist and RANZCP Fellow, Associate Professor Ruth Vine, as Australia's first ever Chief Medical Officer for mental health demonstrates its commitment to the mental health and wellbeing of all people living in Australia and will be a positive enabler for achieving the recommendations we have identified as being critical to implement.

The expansion of the availability of telehealth in light of the pandemic has been a positive and welcome development. Psychiatrists have highlighted a number of advantages of the use of the temporary telehealth item numbers, including increased accessibility for consumers, improved consumer wellbeing and engagement, increased engagement with hard-to-reach consumers and increased service availability. Consumer feedback received by psychiatrists in relation to the use of telehealth for their psychiatry consultations is also reported as being positive.

However, there are a number of barriers that must be overcome in order to build a more efficient and accessible mental health system. The RANZCP asserts that the key challenges include practical issues around implementation, consumer privacy concerns, current weaknesses in funding arrangements, a lack of data, and the multitude of mental health initiatives currently underway.

Improving the physical health of people living with mental illness is not a 'government only' responsibility. It requires a whole of sector response, including private, NGO, consumer and carer sectors. Equally Well has adopted a Collective Impact approach supported by a very small independent 'backbone team'. It is critical that financial support for national, cross-sector coordination is provided. This very small investment optimises massive potential impact of each of the (90+) organisations that have formally committed to the implementation of the Equally Well National Consensus Statement.

As noted by the Commission, the gaps in Australia's mental health system are not only due to a lack of funding, but due to perverse funding arrangements and unclear government responsibilities. The weaknesses in funding arrangements must be strengthened and sustainable to the services in communities. The ever-changing funding arrangements for community-controlled services and the multitude of mental health initiatives that are currently underway, makes it discriminatory and difficult for consumers to comprehend and have rapport and trust with mental health service providers.

The RANZCP highlights there is also a need for rapid, readily accessible data on mental health and suicide. The establishment of clinical registries would provide the potential to improve our understanding and monitoring of the factors that contribute to quality care.

Whilst the RANZCP highlights in this submission the needs directly relating to the care of mental illness we also wish to emphasise that the social determinants of poor mental health must be addressed. Adequate housing, employment and education opportunities, along with early intervention programs, should be seen as preventative and essential public health measures.

Other important initiatives currently underway must be considered, including Vision 2030, the Royal Commission into Victoria's Mental Health System, the National Children's Mental Health and Wellbeing Strategy, the National Mental Health Pandemic Plan, the National Mental Health Workforce Strategy, and Close the Gap and current broader reforms in primary care, preventative health, disability and aged care. The RANZCP urges the Government to ensure these projects are closely aligned as they progress.

5. Are there clear steps you believe need to be taken to ensure the recommendations are successfully implemented?

Notwithstanding the urgent need for novel, bold and evidence-based solutions to address current major system weaknesses, the RANZCP acknowledges that achieving a fundamental reshaping of our mental health system will require a long-term commitment, strong planning, and co-operation across public, private, government and not-for-profit sectors, and with community members. Support from the health and non-health sector is also required to share the responsibility of improving mental health.

The RANZCP believes service provision, planning and research should be co-produced and designed with consumers (including children and young people), carers and families. It is also important that consumers, carers and families are included in the process of determining the structures and systems which will be used to assure safety and quality within mental health services. The RANZCP urges the Government to ensure people with lived experience are embedded as leaders throughout mental health services to ensure structures and systems create safe, high-quality care for consumers, and continuous improvement activities are undertaken. Carer and consumer advocacy do not require reinvention as implied by Action 22.4, rather there needs to be greater accountability of the existing bodies achieved through a co-design project led by these consumer and carer groups.

Psychiatrists play an important role in building the capacity of other health professionals and providing advice so consumers receive continuity of care and evidence-based treatments. The RANZCP believes the Government should incorporate more clinical input from psychiatrists when developing recommendations and strategies, and when considering how to redesign the architecture of the mental health system in Australia.

As previously highlighted, funding for mental health services comes from diverse sources, which contributes to the fragmentation experienced by consumers and practitioners as they navigate the system. Governance and funding models need to support and incentivise integrated care, rather than creating competition for funding amongst different services. The mental health system needs strong governance to produce structures and systems which assure the safety and quality of mental health services and focus on continuous improvement.

Research is an essential means for building an evidence-base for treatment and service models within all medical services, not just mental health services. The opportunity to undertake research also builds skills and capacity amongst the healthcare workforce. Research opportunities should be built into governance and accountability arrangements associated with receipt of funding, and greater opportunities for research should be offered as part of employment within services. It is essential consumers and carers are involved in as many aspects of research as possible, as they can provide valuable input at every stage of the process.

6. Do you believe there are any critical gaps or areas of concern in what is recommended by the PC?

The RANZCP supports the notion of pooling funds and RCAs (Action 23.4 & Action 23.5). However, the design and implementation of these funding models is of critical importance. Government must consider the other stakeholders in the sector (with operational expertise), such as Primary Health Networks, and the private health sector. Regardless of whether funds are pooled and how services are commissioned, the RANZCP emphasises that current funding is inadequate. It is critical any funding pool be based on community need. The Commission has included MBS funded psychiatry within the calculations for allocating the funding pool, in addition to allied health. This is a significant deviation from the draft report and the impact of this on disincentivising the use of private psychiatry services should be reviewed by the Government.

The RANZCP holds concerns around introducing restrictions on the number of MBS-funded telehealth consults per year, however, understands this recommendation was made in a pre-COVID-19 context (Action 12.2). Flexible access to all types of consultations should be a priority to improve access to private psychiatry services. A restriction on the number of consultations was not supported by the principles outlined within the MBS Review Taskforce Telehealth recommendations, released in December 2020. The RANZCP is further concerned about the Commission's support for the removal of MBS item 288 which will disrupt access to affordable private psychiatry services particularly in rural

areas (Action 12.2). For further details please see page 13 of the RANZCP's submission to the Commission's Draft Report. The RANZCP asks that if the rural loading is removed, it be accompanied by periodic reporting of the results (e.g. how the removal of the loading impacts uptake), or a general mechanism to facilitate monitoring specific outcomes directly.

We are supportive of making it easier for individuals and their GPs to access mental health clinician-supported online assessment and referral (Action 10.4). However, the RANZCP is uncertain about the suitability of an online tool to provide guidance on evidence-based interventions and services to meet an individual's needs. Of potential concern is the proposal that consumers who use the assessment online tool would then be able to access MBS-rebated psychological therapy without a referral from their GP (p.484), leaving a risk that a physical illness manifesting as, or coexisting with, a mental illness may be missed in diagnosis. The Commission further states that diagnosis of a mental illness will be required to access MBS-rebated psychological therapy until the tool is sufficiently developed. Design of the tool is therefore critically important.

The RANZCP is disappointed to see the lack of consideration for the mental health needs of older people within the Commission's Final Report. The focus on a more productive workforce and associated expansion in national income and living standards tends to exclude older people. This view of older Australians as 'non-productive' further adds to the stigmatisation of old age. Older people, who will continue to make up a great proportion of Australia's population, cannot simply be ignored in this equation.

The RANZCP would also like to see greater consideration of the immense mental health effects of family violence and a stronger focus on people with intellectual or developmental disability and mental ill-health particularly in relation to recovery models, participation (especially in-service planning), access to specialists and adequate criminal justice support where needed. We urge the Government to consider these population groups when considering and implementing system reforms.

We look forward to engaging with the Department to implement the Commission's recommendations and would welcome the opportunity to meet to discuss our submission. For any queries please contact Rosie Forster, Executive Manager, Practice, Policy and Partnerships at rosie.forster@ranzcp.org or by phone on (03) 9601 4943.