

Australian Physiotherapy Association  
Submission



# Select Committee on Mental Health and Suicide Prevention

Submission by the  
Australian Physiotherapy Association

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## Executive Summary

The Australian Physiotherapy Association (APA) welcomes the opportunity to make a submission to the House of Representatives Select Committee on Mental Health and Suicide Prevention.

The APA submission provides constructive recommendations and considerations designed to improve mental health care provided in Australia, and in particular deliverable and proven approaches that will enhance care during and after major events, such as natural disasters and threats to public health.

The APA also welcomes the findings of the Productivity Commission Inquiry Report into Mental Health, the Report of the National Suicide Prevention Officer, the Victorian Royal Commission, the National Mental Health Workforce Strategy and other recent strategic reviews of the current mental health system.

The many reports this inquiry will reference, and the dozens of other inquiries, investigations and reports (such as the landmark Senate inquiry into suicide in Australia – *The Hidden Toll*, June 2010), all reach a similar conclusion – Australia’s mental health care system is failing to provide the holistic care consumers need.

A reoccurring theme of these major inquiries is that addressing mental illness and suicide prevention must progress beyond the rigid bio-medical framework.

All health providers have an important role to play in mental health.

All Australians with mental health issues should have access to appropriate and professional mental health care based on their individual circumstances and needs. This includes access to allied health services that support people across the whole continuum of care.

The role of physiotherapists and other allied health providers in managing and treating pain, improving mobility and function, and enhancing quality of life, has not been properly recognised and incorporated in mental health and suicide prevention strategies.

APA members see clients experiencing a range of mental health issues. It is not unusual for patients/clients to disclose their personal and other health concerns to a treating health provider. This is particularly relevant in circumstances where stress and anxiety is heightened and exacerbated, such as the devastating bushfires and the global coronavirus pandemic.

Addressing mental illness and suicide prevention, however, remains predominantly within the GP-mental health specialist domain.

Transformational change is required to strengthen the care provided to Australians with mental health issues.

Governments and providers of mental health treatments and prevention services need to shift their thinking towards a wellness approach to help individuals manage and get the best out of life. There is an urgent need to begin the fundamental shift towards collaborative care that is personalised, coordinated and enabling.

There is also a need to extend treatment options to establish accessible community-based alternatives to hospital treatment. The COVID-19 pandemic and deadly bushfires highlighted the criticalness of investing in these types health services.

The APA calls for investment in public health messaging to improve the understanding of the link between physical pain, mental health and pain management.

In mental health care, there is clear evidence that current treatment models do not adequately support the complex challenges. Alternatives to hospital treatment and medication are often more conducive to supporting this priority cohort.

The APA calls for investment in expanding multidisciplinary mental health teams that offer diverse skills and expertise.

A properly funded and managed health system would see coordinated multidisciplinary and multi-sector teams that include general practitioners, psychiatrists, paediatricians and mental health nurses working alongside Allied Health practitioners (physiotherapists, psychologists, social workers, and rehabilitation counsellors).

Funders must also be enabled to make key shifts in mental health care service provision.

The APA supports stronger collaborative care models commissioned by Primary Health Networks (PHNs).

These types of multidisciplinary models are accepted internationally as delivering higher quality health care and better outcome measures. PHNs need to be more engaged and work collaboratively with the Allied Health sector on innovative models that address mental health treatment from both mental and physical perspectives.

The APA calls for the formalising of the role of physiotherapy in addressing the physical well-being of people with mental health conditions from across the lifespan.

The physiotherapy workforce is well positioned to deliver this care. A highly pain-literate community will produce more effective health outcomes and reduce the demand on already stretched services.

We know that by enhancing physical health, we also promote mental well-being. It's time to unlock these benefits by formalising physiotherapy as part of the multidisciplinary team through Medicare access to private physiotherapy.

## Summary of Recommendations

### Recommendation 1

Physiotherapists are recognised and included as valued participants of multidisciplinary mental health care.

### Recommendation 2

Physiotherapists are employed in mental health services, recognising that holistic health care involves physical and mental health diagnosis, treatment and management.

### Recommendation 3

Investment in education across the mental health sector to raise understanding of the important role of physiotherapy in recognising, assessing and treating many physical illnesses and painful conditions.

### Recommendation 4

Public awareness campaigns on the positive impact improving physical health can have on mental health problems.

### Recommendation 5

National leadership to ensure chronic pain and physical ill-health is recognised as a condition and should be included in Medicare subsidised treatments.

### Recommendation 6

Independent evaluation of programs and funding in mental health and pain management to better direct funding and resources to meet individual needs.

### Recommendation 7

PHNs be resourced to have the organisational capacity to support greater collaboration between primary health care providers in managing mental illness and pain.

## COVID-19 and mental health

The APA draws the Committee's attention to the impact on patients' health care during COVID-19 lockdowns imposed by some State Governments.

The recent return of lockdown measures across Australia, particularly the tough lockdowns in Western Australia and Victoria, meant that physiotherapists in private practice were prohibited from seeing their patients face-to-face. The APA understands the need for hard measures to manage more virulent strains of COVID-19, however, we have significant concerns about the impact on physical and mental health resulting from these blanket bans on face-to-face care imposed during lockdowns.

The APA wrote to all State and Territory Ministers for Health pointing out the potential short and long-term impacts of a blanket ban on all face-to-face physiotherapy care. There are significant health implications of limiting access to critical and urgent physiotherapy during a lockdown. This applies to natural disasters such as bushfires, where loss of access to physiotherapists left many people in situations where they are likely to experience worsening or exacerbated health problems that may result in unnecessary and avoidable presentation at Emergency Departments of public hospitals.

The effect on the mental health of those unable to access their ongoing care has not been properly recognised. APA members report that for some patients, being denied access to their physiotherapist because of COVID-19 restrictions resulted in prolonged and acute pain.

We also do not have access to data regarding presentations to Emergency Departments, and increases in opioid prescriptions that can be attributed to the inability of patients to receive urgent physiotherapy treatments during COVID-19 lockdowns.

We urge this inquiry to explore how the inability to access urgent physiotherapy (and other allied health) because of lockdowns, evacuations or other such events impacts on the mental health of patients.

## Physiotherapy and mental health

APA members often report that they see clients experiencing a range of mental health issues. It is not unusual for patients/clients to disclose to a treating health provider personal and other health concerns. This is particularly relevant in environments where stress and anxiety is heightened and exacerbated, such as the devastating bushfires and the global coronavirus pandemic.

Physiotherapists see components of mental health in every patient's story, and yet they are unable to provide any assistance or advice other than to recommend their patient 'seeks help'.

When patient's reach out - every door is the wrong door for them.

Governments and providers must work towards an 'every door is the right door' healthcare system to transform the mental health system to one in which people are supported, treated and managed mentally and physically.

Mental illness and chronic pain places significant burdens on individuals and the Australian health care system. Untreated, or inappropriately treated pain can be a factor in mental ill-health. Any person with reduced or poor physical mobility, loss of function or experiencing chronic pain is less able to participate in aspects of life, including work, social activities, exercise and travel.

Physiotherapists are qualified and trained to work with people who have mental illness across all health settings, including hospitals, aged care facilities, disability services, and private practice. They are trained in multidisciplinary and interdisciplinary care, but Australia's mental health system limits this care by not properly investing in, and promoting, team-based care.

Australian Health Practitioner Regulation Agency (AHPRA) accredited physiotherapists know that exercise is incredibly valuable in the treatment of some forms of depression, PTSD and other disorders. Improving mobility and addressing health issues that are barriers to exercise should be recognised as part of assessment and treatments for people experiencing mental illness.

The APA recommends investment in public health messaging to improve the understanding between physical pain, mental health and pain management.

The physiotherapy workforce is well positioned to help build a resilient, educated community. A highly pain-literate community will produce more effective health outcomes and reduce the demand on already stretched services.

Forming trusting and on-going relationships between clients/patients and health care practitioners is the aim of general practice, and developing these continuous relationships is also the goal of physiotherapists.

## **Collaborative, multidisciplinary care**

The APA stresses the importance of promoting multidisciplinary team approaches, such as physiotherapy within the general health settings. Many people experiencing mental ill-health also experience difficulties in accessing appropriate health care treatment. They can also be reluctant to engage with different service providers. Multidisciplinary team approaches, which are used in the UK and other countries, improve access to much needed supports and services.

Multidisciplinary models of care enable the sharing and transfer of skills. Even within Australia's existing system, it is possible to modify the structures to reform how 'responsibility' of patient care is understood and managed. This may require investments in education and training, however that would be a small consideration given that \$10.6 billion was spent on mental health in 2018-19.

Adopting this type of approach better addresses the high rates of mental illness among the cohort of people with long-term physical health problems. As noted, people experiencing more severe types of mental illness have a reduced life expectancy and commonly report poor physical health and lack of appropriate exercise and activity.

According to an AIHW report, *Physical Health of People with Mental Illness* (July 2020) people experiencing mental illnesses are more likely to develop physical illness and tend to die earlier than the general population<sup>1</sup>.

From available data, such as the National Health Survey, we know that Australians experiencing mental illness are much more likely to report having a chronic medical condition such as chronic back problems, arthritis, and pain.

It is, to use a colloquialism, a 'no brainer' to support people with psychological conditions along with their physical health. This is cost effective. It is also far better for the patient/consumer to have holistic, team-based care rather than navigate between the mental and physical arms of the health system.

Multidisciplinary and interdisciplinary teams working together to understand, diagnose and treat individuals can only be achieved if primary care and MBS reform includes allied health practitioners, such as physiotherapists.

The APA acknowledges that part of the problem in reforming primary care and the MBS is the paucity of robust data on the physical health and well-being of people experiencing mental illness. This lack of information, also identified by the AIHW, is not, however, a legitimate reason to exclude physiotherapy and other allied health providers from funded multidisciplinary team care. The lack of data reflects historic under-investment in research.

Too many inquiries and investigations into mental health, including those referenced in the Terms of Reference, remain too tightly focused and have not examined how co-design can improve outcomes and reduce costs. This is particularly relevant to community-care and the way PHNs commission and fund services.

We recognise the obstacles and barriers that are thrown up when allied health group such as the APA propose team-based care and working alongside medical practitioners to improve patient health. But budgets, payment systems, demonstrating outcomes and decades long cultural and practice 'fences' that relegate allied health are not benefitting patients.

Across Australia, there is a pressing, critical need to integrate community care through the funding of services that make available appropriate mental health and physical health services and treatment, working in a coordinated, integrated environment.



## Terms of Reference

On 10 December 2020, the House of Representatives resolved to establish a Select Committee on Mental Health and Suicide Prevention to inquire into the findings of the Productivity Commission Inquiry Report into Mental Health, the Report of the National Suicide Prevention Officer, the Victorian Royal Commission, the National Mental Health Workforce Strategy and other recent strategic reviews of the current mental health system in light of events such as the 2019 bushfires and COVID-19 pandemic, including the capacity of the mental health workforce to respond to such events; and

It was also established to inquire into other matters not addressed by these recent reviews, including:

- emerging evidence-based approaches to effective early detection, diagnosis, treatment and recovery across the general population and at-risk groups, including drawing on international experience and directions;
- effective system-wide strategies for encouraging emotional resilience building, improving mental health literacy and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services;
- building on the work of the Mental Health Workforce Taskforce and forthcoming National Medical Workforce Strategy, the roles, training and standards for all health and allied health professionals who contribute to mental health care, including peer workers, that are required to deliver quality care at different levels of severity and complexity, and across the spectrum of prevention, early intervention, treatment and recovery support;
- the funding arrangements for all mental health services, including through the MBS and PHNs, and whether they are structured in a way that supports safe, high quality and effective care in line with the qualifications of practitioners and needs of consumers across whole of population;
- the use, standards, safety and regulation of telehealth services and the role and regulation of domestic and international digital and online mental health service providers in delivering safe and high quality care in Australia; and
- any related matters.



## **Australian Physiotherapy Association**

The APA is the peak body representing the interests of Australian physiotherapists and their patients. We are a national organisation with state and territory branches and specialty subgroups. The APA represents more than 29,000 members who conduct more than 23 million consultations each year.

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

## References

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<sup>1</sup><https://www.aihw.gov.au/reports/australias-health/physical-health-of-people-with-mental-illness>