The Royal Australian & New Zealand College of Psychiatrists

5 August 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

By email to: community.affairs.sen@aph.gov.au

Dear Committee,

Re: Inquiry into Commonwealth Funding and Administration of Mental Health Services

Please find enclosed a submission from The Royal Australian and New Zealand College of Psychiatrists (RANZCP) in response to the Senate Community Affairs Committee Inquiry into Commonwealth Funding and Administration of Mental Health services.

The RANZCP welcomes the increased investment in mental health as outlined as part of the 2011 Federal budget. Ensuring that this investment is delivered in a way that best meets the needs of the population affected by mental illness requires commitment to implementation of appropriate services that address problems at the core of mental health services. This submission outlines areas that require further attention to implement effective mental health reform.

The RANZCP thanks the Senate Community Affairs Committee for the opportunity to make a submission to this important matter and looks forward to working with the Australian Government in the development and implementation of improved systems to support those affected by mental illness

The RANZCP would welcome the opportunity to discuss this submission with the committee further at a public hearing. If you require any further information, or would like to schedule a meeting, please contact Ms Felicity Kenn, Manager, Policy

Yours sincerely,

Dr Maria Tomasic
President

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The Royal Australian & New Zealand College of Psychiatrists

Inquiry into Commonwealth Funding and Administration of Mental Health Services

Submission to the Senate Community Affairs Committee, August 2011

working with the community

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1. Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to comment on the Senate Community Affairs Committee Inquiry into Commonwealth Funding and Administration of Mental Health services. The RANZCP has addressed the terms of the reference of the inquiry in part 3 of this submission.

Mental illness is a serious issue in our community with a least 20% of the population experiencing mental ill health in any 12 month period and 45% having a mental disorder at some time in their life, greatly impacting families, friends, workplaces and communities. Approximately two-thirds of people with mental illness do not receive any treatment in a 12 month period. Funding shortages, limited access to services, discrimination and services unable to cope with demand have faced people with mental health problems in Australia.

The RANZCP welcomes the increased investment in mental health, as outlined as part of the 2011 Federal budget, and, in this submission, addresses areas that require attention to effectively implement mental health reform and meet the needs of the population affected by mental illness.

The RANZCP believes that with appropriate commitment and investment it is possible to improve the mental health of the Australian community. The RANZCP looks forward to working with the government towards achieving this aim, and ensuring that the needs of the population suffering mental illness are met.

For information and reference, a copy of the RANZCP 2011 pre-budget submission is available here: http://www.ranzcp.org/images/stories/ranzcp-attachments/Resources/Submissions/sub54.pdf

2. About the RANZCP

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and has responsibility for the training, examining and awarding the qualification of Fellowship to medical practitioners. There are approximately 3000 Fellows of the RANZCP who account for approximately eighty-five per cent of all practicing psychiatrists in Australia and over fifty per cent of psychiatrists in New Zealand.

Through its various structures, the RANZCP accredits training programs and administers the examination process for qualification as a consultant psychiatrist; supports continuing medical education activities at a regional level; holds an annual scientific congress and various sectional conferences throughout the year; publishes a range of journals, statements and other policy documents; and liaises with government, allied professionals and community groups in the interests of psychiatrists, patients and the general community.

The RANZCP is a leader amongst Australasian medical colleges in developing partnerships with consumers and family and other carers in respect to excellence of service provision. The Board of Practice and Partnerships includes consumer and carer representatives from a variety of backgrounds who contribute extensively to the development and management of RANZCP programs and activities. The RANZCP also has a community representative who sits on its overarching governing body, the General Council.

3. Terms of reference of the inquiry

The RANZCP has addressed the terms of the reference of the inquiry below.

(a) the Government's 2011-12 Budget changes relating to mental health;

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the investment in mental health announced in the federal budget. In the past, mental health has been significantly under resourced, and this new commitment of significant funds, services and resources for mental health is welcome. The mental health reform package of 2.2 billion over five years containing new measures of 1.5 billion over five years is much needed. The RANZCP is optimistic that mental health reforms can improve the lives, wellbeing and positive mental health of Australians. This funding announcement will go some way to improving the lives of people suffering mental illness, their families and carers. The plan to improve coordination and access to services and recognition of complex needs is integral to improving the mental health of Australians

However, there is still a long way to go to improve the lives of those with mental illness. This requires enhancement of integrated specialist mental health services. These underpin services to those who live with enduring mental illness, but have had no major enhancements over the past 20 years. Excellent complementary services have been developed around them, but the core services have seen reductions and minimal expansion to keep pace with expanding populations. Even with better prevention and early intervention practices, a substantial cohort will require ongoing support as they live with enduring mental illness.

The budget announcement is a positive first step in dealing with the current lack of services and demands on the mental health system. The RANZCP believes that with appropriate commitment and investment it is possible to improve the mental health of the Australian community. The RANZCP looks forward to working with the government towards achieving this aim, and ensuring that the needs of the population suffering mental illness are met.

(b) changes to the Better Access Initiative, including:
(i) the rationalisation of general practitioner (GP) mental health services,
(ii) the rationalisation of allied health treatment sessions,
(iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;

RANCZP views as regrettable any cuts to funding for mental health services that results in a reduction in service provision.

The RANZCP acknowledges that there are problems with the Better Access Initiative that do need to be addressed. From the outset of its introduction, the lack of monitoring of the system and the deficiency of safeguards to ensure that funding was being spent a way that would maximise better outcomes for patients affected by mental illness has led to difficulties. The lack of clearly documented evidence about the effectiveness or non-effectiveness of the system also makes evaluation difficult.

Although it is recognised that the quality of Mental Health Care Plans prepared by General Practitioners (GPs) does vary, the RANZCP does not believe that a blanket reduction for the Medicare rebate for GPs

involvement in mental health services is an appropriate solution. The RANZCP believes that this reduction in funding will prove to be a significant disincentive for GPs to become involved with assessment and coordination of mental health conditions, and penalise those GPs who are making an active contribution to the mental health care system. This is of concern particularly in areas where it is difficult to access specialist services.

The RANZCP believes that there are ways to develop and improve GPs involvement in the system to better meet the needs of those with mental illness, and to ensure quality care. One way to do this is to ensure that GPs who are involved in assessment and treatment of those with mental illness have appropriate training. The RANZCP would recommend that, in order to access Medicare rebates relating to mental health care, GPs should be trained to level 2 for mental health care. The RANZCP would be pleased to assist in providing advice and developing such training to ensure that appropriate training standards are met.

In respect of allied health treatment sessions, the RANZCP again acknowledges that there are problems with this aspect of the Better Access Initiative. Although recognised that allied health includes social workers, occupational therapists and psychologists, RANZCP comments on this matter are limited to psychologists who conduct by far the largest proportion of consultations under this initiative. One concern is that the system may not be meeting the needs of population that it was originally targeted to benefit (e.g. those who traditionally had difficulty in accessing treatment). Psychiatrists have also raised concerns about the lack of communication from psychologists when a patient is undergoing treatment from both professions, and highlighted that a lack of collaboration between these two services may limit optimal outcomes for the patient. However, whilst dissatisfaction has been expressed in some cases, it is recognised that, for many, a good service is provided and that this makes a major contribution to improving the lives of those with mental illness.

Similar to the position taken on GP rebates, it is the view of the RANZCP that a blanket cutting of the number of allied health sessions to 10 per year is not an appropriate solution. Furthermore cutting the Medicare rebate for clinical psychologists to bring it down to one level for all psychologists is completely unacceptable. It is the view of the RANZCP that, in general, better outcomes are achieved for those affected by mental illness when they are being treated by a clinical psychologist who has undergone appropriate clinical training in dealing with mental health problems. These psychologists have training that allows them to provide more complex treatment including cognitive behavior therapy (CBT) and ongoing psychotherapy. Reducing the number of available sessions funded, and the level of rebate, will therefore have adverse affects particularly for patients with more complex mental health problems. The RANZCP believes that this rebate should be reinstated to its previous level to support clinical psychologists in their work.

The RANZCP believes that there are better ways to address the deficiencies with the system. Countries such as the United States of America, New Zealand, the United Kingdom and Canada have stricter guidelines about those who are able to practice clinical psychology. It is the view of the RANCZP that appropriate and better training is required for all psychologists who are undertaking clinical work as part of the Better Access Initiative. It is the view of the RANZCP that only psychologists with adequate clinical training should be eligible to receive funding from Medicare as part of the Better Access Initiative. It is the further view of the RANZCP that the receipt of this rebate should also require the clinical psychologist to communicate with a patient's psychiatrists if the patient is seeing both professionals to ensure collaborative care.

Whilst the RANZCP is supportive of the need for improved mental health services where there is documented unmet need, particularly for those with severe and chronic mental illness, the RANZCP

believes that additional and new funding should be made available to deliver these services, rather than a blanket removal of funding from existing mental health programs. The RANZCP also supports further research and evaluation into the effectiveness and efficiency of the Better Access Initiative.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;

The principles behind the Access to Allied Psychological Services program (ATAPS) are broadly supported by the RANZCP. As a program that enables GPs to refer patients who have been diagnosed as having a mental disorder of mild to moderate severity to an allied health professional to provide short term focused psychological strategies, the aims of the program are laudable. As psychiatrists are unable to refer to this program, and because psychiatrists generally see patients with complex and severe mental illness, the RANZCP generally has had limited exposure and information to the adequacy and impact of this service. However, it is understood that, because such services are rationed by the availability of funding at division of general practice level, the impact of this service may presently be limited.

(d) services available for people with severe mental illness and the coordination of those services;

An improved system requires improved health service availability, accessibility and navigability for those who require mental health support, and provision of a range of services across all age groups including hospital, secure and community-based services. These should all offer a range of options for treatment and support, which incorporate the support and views of those with lived experience of mental illness.

Community-based services

The RANZCP supports a focus on community-based services to better support recovery-orientated mental health services. Packages of care that include clinical, non-clinical, supported housing and employment programs for people with severe and persistent mental illness must be considered as an alternative to acute or sub-acute care wherever possible.

The critical role of community mental health services also needs to be addressed. These services provide the backbone to mental health response to serious and persisting mental illness. At the moment, these services, which have not been effectively enhanced for many years, look like falling between Commonwealth and State responsibility. The Commonwealth is not responsible for them, and States claim insufficient funding to commit to improve them.

The most recent National Mental Health Report shows the Australian average for community funded mental health is just 8.3% and most of the increase since 1992 has occurred in the last four years. Without running down the acute sector, investment in community mental health services should be doubled over the next 4-5 years. This will require a balanced process of purposive investment of both new and existing resources. Significant investment in community mental health services should include the specialist mental health sector [State Mental Health Services] as well as the NGO [community managed sector]. The RANZCP further supports creative treatment options that offer realistic, community based treatment alternatives to inpatient care. This includes the implementation o f community crisis services, known as Crisis Resolution Home Treatment Teams, such as in the UK, and Home Based Treatment (HBT), an initiative in New Zealand.

Acute care

The RANZCP recognises however that there is a need for provision of a range of services across all age groups including hospital, secure and community-based services. This includes adequate provision of

acute and sub-acute beds, and an increase in long stay beds and residential facilities. Trying to get an inpatient bed is extremely difficult, and it is generally beneficial for consumers to be admitted early which equates to a shorter length of stay.

Physical health care of mental health patients

Important in mental health care is the need to recognise and detect comorbid mental health and general health problems to assist with the prevention of more integrated care. There is a strong association between impaired mental health and some long-term conditions such as diabetes and cardiovascular disease. There is a need to strengthen the contribution that mental health care can make to the management of long term general health problems.

It is important that sufficient support is put in place to allow for psychiatrists to liaise with general practitioners, and other relevant practitioners, to coordinate management of physical health care for those with severe mental illness.

Prevention and early intervention programs

Prevention and early intervention programs across all age groups are essential. Evidence to support the cost and societal benefits is ever increasing. Investment in prevention is vital to reduce the burden of mental illness across the community. This must include interventions for a range of factors linked to mental disorders such as substance misuse and child abuse. Such prevention and early intervention programs must be systematically evaluated and implemented based on best available evidence.

The Government must commit to the full implementation of a national youth primary care service (headspace or similar) and a national network of Early Psychosis Prevention and Intervention Centres. However, as well as the focus on youth, there is a need for services for earlier childhood. Mental health improves school attendance, social functioning, and reduces rates of contact with the police and justice system and substance abuse.

(e) mental health workforce issues, including:
(i) the two-tiered Medicare rebate system for psychologists,
(ii) workforce qualifications and training of psychologists, and
(iii) workforce shortages;

This section focuses on mental health workforce shortages more generally, rather than psychologist training and workforce issues.

Psychiatrists have a critical role and responsibility in leading the physical, psychological and social aspects of health care and wellbeing. Australia is currently experiencing an overall shortage of psychiatrists and a mal-distribution of the psychiatric workforce with the shortages particularly severe in rural and remote areas. The RANZCP believes that there is an urgent need to better promote psychiatry as an attractive career option to medical students and recent graduates. This strategy should be targeted to doctors in their first and second years following graduation when they are most likely going to make those choices.

It is also vital that all governments increase the vocational employment of psychiatrists, which would help address the maldistribution of the psychiatric workforce. The funding by State or Federal governments of psychiatry internships for Junior Medical Officers would allow them to work within this area with proper support and in a range of settings.

A current government initiative, the Specialist Training Program, has increased the number of new psychiatrist specialist training positions and enabled psychiatrist trainees to expand their skills and experiences outside of the traditional teaching hospital experience, into a variety of different settings such as rural, remote, community health centres, private and not for profit organisations. As well as allowing a broader experience in psychiatry training such positions also benefit those communities with increased services and specialists. In 2010, 72 specialist training positions in psychiatry were provided and for 2011 there will be 96 positions. This is a substantial addition of extra staff to the mental health workforce, with long term benefits to the mental health system and expanded skills development for trainee psychiatrists. An increase in the number of privately practising psychiatrists, who manage a large number of patients, may go some way towards addressing the unmet need.

An important component of supporting the psychiatric workforce is providing general practitioners, mental health workers, nurses and others with improved skills and training in mental health to ensure that people with mental health problems receive optimum care in the primary care sector and that demands on the specialist psychiatric workforce are reduced. In particular, there is a need for ongoing support to develop skilled recruits into mental health nursing – a profession in which numbers are projected to decline rapidly over the next decade.

(f) the adequacy of mental health funding and services for disadvantaged groups, including:
(i) culturally and linguistically diverse communities,
(ii) Indigenous communities, and
(iii) people with disabilities;

Culturally and linguistically diverse communities

Those from culturally and linguistically diverse communities are at risk of mental health problems and isolation can be accentuated due to an absence of compatriots. Australia welcomes large numbers of immigrants each year but the mental health of migrants in these situations can often be overlooked. Appropriate treatment requires an understanding of an individual's cultural background and experiences, for example, the meaning one gives to violence and trauma can vary depending on culture. Poor working conditions and lack of social supports, can also increase anxiety and depression in these populations. The need for interpreters and socially inclusive services is required.

Indigenous communities

Funding for the specific needs of Aboriginal and Torres Strait Islander people for effective and accessible mental health care is essential. Enlisting existing Indigenous community health services, and providing additional personnel, is an effective way to improve awareness and treatment acceptance. An increase funding for the number of Aboriginal and Torres Strait Islander mental health nurses and mental health workers is required.

People with disabilities

The government commitment to encourage people suffering disabilities, including mental health disabilities, back to the workforce is supported. It is the view of the RANZCP that suitable work can certainly benefit people with mental illness but is essential that appropriate rehabilitation services exist with an understanding of mental health issues. Increased resourcing for vocational and employment assistance for people with mental illness such as skills development, training, job search and then support while in jobs are paramount for such an initiative to be successful.

The RANZCP also calls for better recognition, services and funding for people who have both an intellectual disability and mental illness. People with intellectual disability have high rates of mental illness, but very poor access to mental health services. They also experience poor general health,

premature ageing and shorter life expectancy, and need the support of carers and disability services. People with both intellectual disabilities and a mental illness often fall through the services gaps between the health and disability systems and their considerable needs are not addressed. It is essential that the ten year roadmap for reform addresses intellectual disability mental health. Having a voice for intellectual disability mental health on the new Mental Health Commission is also vital to ensure an inclusive approach to service planning and delivery for people with intellectual disability mental health issues.

The current mental health system has limited capacity to effectively treat people with intellectual disability. At present, mental health professionals lack confidence, training and expertise in this area. The limited expertise in Australia stands in contrast to that available for people with intellectual disabilities in the UK for example, which has a well developed specialty in intellectual disability mental health. There is a lack of focus on policy, funding and services for intellectual disability mental health in Australia. Funding for specific specialist intellectual disability mental health services, and enhanced training for mental health professionals is required. A more inclusive approach at a policy, planning and funding level is essential.

(g) the delivery of a national mental health commission;

The RANZCP supports the establishment of the Mental Health Commission to advise government on mental health. Any commission needs clearly independent processes and representation. The Mental Health Commission should have the mandate to monitor service provision, and it is important that that there is a significant carer and consumer presence within the Commission. It is imperative that proper resourcing be provided to ensure the effectiveness of the Commission. The RANZCP looks forward to establishing strong relationships with the Commission.

(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups;

The RANZCP endorses the ongoing development and implementation of telehealth and online services in regional and remote communities. Continued development of such services is important to the improvement of the availability of psychiatric services to rural and remote communities, to facilitate capacity building of the existing rural health workforce, and to provide opportunities for professionals to interact with their peers. It can allow people access to specialist services on a regular basis without incurring the related travel costs of travelling to a capital city, or alternatively not obtaining the services they need.

The RANZCP supports the Federal Government commitment of $402.2 million over four years towards Medicare rebates and increased funding for health professionals to participate in delivering Telehealth. The RANZCP's objective is to assist its members through the availability of pertinent information and resources to facilitate a continued uptake of telepsychiatry.

However, more generally, rural and remote areas have had a marked lack of services but high and increasing demand. Workforce shortage in rural areas remains a key issue; there is an overall shortage of psychiatrists and a mal-distribution of the psychiatric workforce with the shortages particularly severe in rural and remote areas. Whilst initiatives that endeavour to improve access to psychiatric opinion and advice are always supported, it is the view of the RANZCP that incentives for psychiatrists, and other health professionals, are still required to encourage clinicians to live and work in rural and remote areas.

Government initiatives like the Medical Specialist Outreach Assistance Program (MSOAP) have sought to improve access to specialist services in rural and remote areas and the program has enabled psychiatrists to provide their expertise and services to these areas. In the year to end June 2011, 216 psychiatry services were provided to different rural and remote locations all over Australia spanning a variety of psychiatric specialties such as general psychiatry, geriatric, neuropsychiatry, child and adolescent, adult, older persons and forensic psychiatry thanks to MSOAP. Continuation of this program is greatly welcomed by the RANZCP.

(j) any other related matter.

In its 2011 pre-budget submission the RANZCP called for improvement in provision of treatment and care services to people with a diagnosis of borderline personality disorder. The RANZCP believes that personality disorders are costly to the community and health services, and treatments are scarce. The lack of coordinated care available to this group is of concern and funding should be made urgency available for improving services in this area. The RANZCP also supports additional funding and further focus on substance abuse intervention as a way of reducing harm to communities.

4. Conclusion

The RANZCP welcomes the further investment in mental health as outlined as part of the 2011 Federal budget, and looks forward to working with the government in implementation of a ten year roadmap for reform. Such reform will require significant capital and recurrent expenditure to achieve the goals set out by the road map and it will only succeed if problems at the core of mental health services are addressed, including workforce development, provision of services to outer metropolitan, rural and remote areas and those with the greatest unmet need, better integration of mental health services, and continued commitment to prevention and early intervention.

For further information in respect of this submission or to schedule a meeting, please contact:
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