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headspace submission:

Commonwealth Funding and Administration of Mental Health Services

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1.0 Introduction

1.1 headspace welcomes the opportunity to submit a response to the Senate Community Affairs Committee's Inquiry into Commonwealth Funding and Administration of Mental Health Services. The inquiry seeks to explore the implications of the Government's 2011-12 budget announcements in mental health funding.

1.2 The 2011-2012 budget announcement saw an increase in funding to mental health and a welcomed investment in early intervention and youth health. The Gillard Government demonstrated a commitment to mental health with a suite of initiatives that acknowledged that people with a mental illness require a range of services and flexible and coordinated care.

1.3 **headspace** welcomes the commitment to youth mental health and the overall increased investment in mental health initiatives across Australia. Mental health has been overlooked for too long to the detriment of the health of the Australian population. This substantial new funding commitment is a positive first step to addressing the inequity in health funding to mental health. **headspace** is of the view that this investment will need to continue to grow to reflect the overall burden of disease of mental health problems in Australia.

1.4 Although many positive initiatives were announced in the budget, **headspace** is concerned about the incentives available to GPs and other practitioners to work collaboratively in youth mental health, including in **headspace** centres. The **headspace** business model is currently reliant on the MBS item numbers to meet the significant mental health needs of the young people in the communities serviced by the **headspace** centres.

1.5 In this submission we will focus on the current challenges facing youth mental health, in particular: attracting GPs and allied health practitioners to work in youth mental health; inequity of access due to current funding models; and the current workforce shortages. We will recommend that further incentives are required for GPs and allied health practitioners to encourage collaborative care to achieve better outcomes for young people.

2.0 Current challenges in youth mental health: the experience of headspace

2.1 **headspace** is an initiative built on the better coordination and integration of existing health and community services and the integration of these services with primary care. The staffing profile of **headspace** centres includes salaried staff employed directly against **headspace** funding (core and Youth Mental Health Initiative (YMHI)), private co-located providers who are self-funded through their billings against the MBS, and co-located workers from consortium members and other agencies. The **headspace** model encourages co-location and integration of sub-contractors (GPs; psychologists; and mental health nurses, social workers and occupational therapists) who bulk bill clients through Medicare or private bill. Currently the MBS item numbers provide the only mechanism to meet the high level of unmet need for services within the community.

Recruitment and retention of GPs and allied health practitioners at headspace

2.2 An important part of **headspace** is collaboration with general practice. Ultimately our aim is to have GPs located within each centre. At present, where co-location is not possible, centres develop close relationships with existing primary care providers and clear clinical pathways between these providers and the **headspace** service.

2.3 In the **headspace** business model, GPs are the gatekeepers to access psychiatry and MBS-funded allied health services. Building a positive relationship with a GP is critical for young people to develop a proactive and holistic approach to their health needs overall.

2.4 Within the **headspace** model, it is noted that GPs spend on average up to an hour with each young person. Unlike older patients, young people often present for the first time with little medical history and no prior physical or other investigations, including those related to substance use, mental health and sexual health. Developing trust in this first encounter is critical to health outcomes and, consequently, more time needs to be spent in this context to complete assessments and undertake a thorough investigation. In order to develop an appropriate clinical impression of the young person, longer session times are essential with this age group. To this end, **headspace** supports the holistic HEADSS psychosocial assessment with young people, through which the GP determines the young person's needs in relation to home/environment, education/employment, activities, drugs and alcohol, sexuality and relationships, and stress (including suicide risk).

2.5 Mental Health Treatment Plans (MHTPs) are a core activity for GPs working with **headspace** centres. For example, analysis from 28 of our 30 centres show that last financial year, Item No. 2710 for

a 40 minute preparation of a MHTP equated to over one quarter of the total GP revenue billed at **headspace** centres. The proposed rationalisation of the Better Access initiative will equate to a projected loss of 20 to 50 percent of income across the different MHTP Item Numbers for GPs working at **headspace** centres (see Table 1).

Such reduction in income will act as a further disincentive for GPs to engage with the **headspace** model. It is likely that any changes to the remuneration levels of GPs will likely result in the GP reviewing the viability of performing MHTPs particularly in an environment where the patient requires a longer consultation and follow up time.

Table 1: Projected reduction in income for GPs at headspace centres

Item Number	Reduction in income
Item 2710 (20 to 39 mins)	47.40%
Item 2710 (40+)	22.60%
Item 2712	37.88%
Item 2713	5.85%

2.6 Attracting GPs is already a considerable challenge, particularly in areas of GP shortage. **headspace**, across its 30 centres, has a full time equivalent of only eight GPs. **headspace** centres are finding it increasingly difficult to recruit GPs as there are not sufficient incentives for GPs to work in youth mental health. We believe that with the current systems and initiatives in place, it is not financially viable for GPs to work with young people. Many GPs are not comfortable working with this client group in general, and financial disincentives exacerbate this reluctance.

2.7 Because of its comprehensive focus, a diverse range of professionals are required for the successful implementation of **headspace** clinical services. These groups include clinical and other psychologists, social workers, and occupational therapists. Over three quarters (77%) of **headspace** centres have private MBS allied health professional working at their centre in some capacity (either part-time or on a sessional basis). Across the 30 centres there is a full time equivalent (FTE) of 34.3 psychologists, 4.3 social workers, 1.5 psychiatrists, and 1 occupational therapist.

2.8 Allied health professionals at **headspace** centres provide clinical treatment including cognitive behavioural therapy (CBT), supportive counselling, interpersonal therapy, cognitive therapy, and

behavioural therapy. In 2010-11, on average 22 percent of **headspace** occasions of services were provided by private MBS practitioners. Allied health workers at **headspace** are treating high prevalence disorders —our data show that the most common mental health problems young people present with are depressive symptoms and anxiety symptoms.

2.9 As with the recruitment of GPs, centres encounter difficulties in recruiting allied health professionals and this is becoming increasingly challenging due to the competitive salaries being offered in state-based mental health services. The proposed reductions in the number of allied health treatment sessions available may act as a disincentive to work at **headspace**.

Inequity of access due to current funding models

2.10 The **headspace** model relies on a range of federally funded mental health initiatives to provide access to mental health services for young people. This includes the Better Access Initiative, Better Outcomes (ATAPS), and the Mental Health Nurse Initiative (MHNI). The Better Access MBS items enable access to mental health assessment and treatment planning through general practice (Mental Health Treatment Plans), and to the provision of evidence-based psychological therapies through access to allied health professionals.

2.11 Access to these initiatives is not uniform across the 30 centres and is influenced by workforce issues and the decisions of Divisions of General Practice (DGP) (in particular to access to ATAPs funding). Staffing at **headspace** centres therefore varies from centre to centre depending on access to different mental health initiatives. This results in equity of access to care for young people across Australia, particularly in regional, rural and remote areas.

2.12 Although the Better Access and Better Outcomes Initiatives have increased access to mental health services for many Australians, they are not meeting the needs of young people. The recent evaluation of the Better Access initiative found that the uptake of the initiative varied for different population groups and that the 15 to 24 age group are not accessing the initiative at the same rate as other population groups.[1] In addition, the evaluation of the Better Outcomes Initiative[2] found that the

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[1] Pirkis, J., Harris, M., Hall, W., and Ftanou, M (2011) 'Evaluation f the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme: Summative Evaluation.' Centre for Health Policy, Programs and Economics.

[2] Pirkis,J., Bassilios, B., Fletcher, J., Sanderson, K. Et al (2010) 'Evaluating the Access to Allied Psychological Services (ATAPS) Component of the Better Outcomes in Mental Health Care (BOiMHC) Program. Sixteenth Interim Evaluation Report.' Centre for Health Policy, Programs and Economics.

initiative was targeting at risk population groups, such as rural and remote communities, but not necessarily targeting young people. Our experience in **headspace** centres of access to the Better Outcomes initiative is varied, and depends on the priorities of local Divisions of General Practice. Only a handful of **headspace** centres have an ATAPS worker.

2.13 **headspace** believes that a different funding model is required for young people, similar to the Mental Health Nurse Incentive Program (MHNIP), which encourages collaborative care. The MHNIP is an innovative funding model that provides a non-MBS incentive payment to community organisations (GP practices, DGPs, and other appropriate organisations, such as **headspace** centres) to engage mental health nurses to provide coordinated clinical care. The intent of MHNIP is to ensure that patients receive case management, outreach support and coordinated care. The nurse works in collaboration with a private psychiatrist and GPs. The program includes a one-off establishment payment to the organisation and claim incentive payments (calculated per session) to meet the mental health nurse's salary and on-costs.

Workforce shortages

2.14 As with any mental health service reform, the ultimate success of the **headspace** initiative is inextricably linked to the supply of qualified, experienced, and skilled professionals. Workforce shortages are fast becoming one of the greatest challenges to the progression of **headspace**. These shortages are particularly intense in outer urban, regional, rural and remote areas in Australia where many **headspace** centres are located.

2.15 While **headspace** is working towards local and national solutions, many of the problems are systemic and affect not only **headspace** but youth health more broadly and all mental health. If early intervention in mental illness matters, then funding for this area must take account of the current workforce realities and create affirmative initiatives to support workforce recruitment in this national reform area.

3.0 Discussion and recommendations

3.1 The recent budget announcement saw an increase in funding to youth mental health that will result in **headspace** expanding its reach to 90 centres across Australia. The **headspace** business model requires buy-in and staffing from a range of community agencies and professions and access to a range of funding measures. Currently there is insufficient incentive for GPs and allied health practitioners to work in **headspace** centres and with the proposed changes to the Better Access initiative this will worsen. This will ultimately constrict and disrupt the provision of service to young people within the **headspace** platform. **headspace** is very concerned about anything that reduces its capacity to incorporate general practice within its model, or limits access to allied mental health care.

3.2 Further consideration is required to explore initiatives that will encourage GPs and allied health practitioners to work in youth mental health. Mechanisms to encourage collaborative care and improve outcomes, as well as access, are required. The Mental Health Nurse Incentive Program provides a useful funding model that could be applied to youth mental health. **headspace** believes that youth specific mental health MBS item numbers are needed to ensure equity in access and better outcomes for young Australians. Such items would comprise an affirmative action to encourage GPs and allied health practitioners to work with young people and in organisations such as **headspace**. Consideration should be given to linking these item numbers to working with particular youth organisations, such as **headspace,** to maximise the potential of the Federal government's investment in this initiative.

3.3 In addition to youth specific mental health MBS items, further work is required to enhance practitioners' skills in working with young people. Youth mental health is an emerging field that requires specific knowledge. **headspace** Education and Training team has a range of training programs available. Providing training to GPs and other practitioners will increase their confidence in working with this client group. Again, however, incentives are required to encourage participation in professional development specific to working effectively with young people.

3.4 To address the issues of workforce shortages, further affirmative action is required to build the necessary workforce. **headspace** believes that the Government could provide support to all **headspace** centres to incorporate registrars in training. This could include registrar GPs, psychiatrists, and clinical psychologists. The aim of this initiative would be to build the youth mental health workforce over time, as well as provide additional immediate capacity for clinical service delivery within the **headspace** centres.

Recommendations:

- ***Implement youth mental health MBS items*** - The Federal Government explore incentives for GPs and allied health practitioners to work with young people within collaborative care models, including the consideration of youth specific mental health MBS items. Such items could also be linked to working within specified major government funded initiatives, such as **headspace**.

- ***Facilitate training in youth mental health*** - The Federal Government explore incentives for GPs and allied health practitioners to train in **headspace** youth models to encourage more practitioners to work in youth mental health.

- ***Address workforce shortages impacting on youth mental health care* -** The Federal Government address the issue of workforce shortages in mental health, including youth mental health, as a matter of priority. Specifically, the Federal Government provide, through its specialist treatment programs and Health Workforce Australia, all **headspace** sites with support for including of a psychiatric registrar, a general practice registrar and a clinical psychology intern.

Appendix One: About headspace

headspace, the National Youth Mental Health Foundation, is funded by the Australian Government. Established in 2006, **headspace** has provided services to nearly 50,000 young people at 30 centres in metropolitan, regional and remote areas across Australia.

The national work is driven through four core platforms: community engagement and awareness raising, provision of training and education, driving service sector reform and building knowledge in evidence based treatment.

headspace centres sees young people aged from 12 to 25 years. Our centres provide high quality early intervention services for mental health challenges commonly experience by young adults, with the aim of preventing long-term adverse effects.

headspace centres provide physical health, drug and alcohol and vocational assistance and advice and we aim to empower young people to seek assistance early. Any young person who needs support, advice or just someone to talk to about a mental health problem, can walk into a **headspace** centre and be treated with respect and compassion, within a confidential and safe environment. A family member can also refer a young person to **headspace.**

headspace believes all young people are important and deserve the best care possible. Our workers listen to and try to understand the needs of young people so they can realise better health and wellbeing. We also work with other mental health and community agencies to improve the lives of young people.

The Independent Evaluation of **headspace** [i] was favourable in its view of the **headspace** model, its acceptability among young people, and the quality of care provided across the four core streams.

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[i] Muir K., Powell A., Patulny R., Flaxman S., McDermott S., Oprea I., Gendera S., Vespignani J., Sitek T, Abello D. and Katz I. (2009). Independent Evaluation of **headspace**: the National Youth Mental Health Foundation. Social Policy Research Centre, University of New South Wales.

Available at: http://www.**headspace**.org.au/about/news-and-media/resources/