



***Inquiry into the Commonwealth's
Funding and Administration
of Mental Health Services***

Submission by Medibank

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Introduction

Medibank welcomes the opportunity to make a submission to the Community Affairs References Committee inquiry into the Commonwealth's funding and administration of mental health services in Australia. Medibank's submission is informed by our expertise as a leading provider of face-to-face and telehealth based mental health services and as a major funder of acute mental health treatment.

Medibank welcomes the \$2.2 billion in mental health initiatives announced in the 2011-12 budget. We acknowledge the growth in demand for mental health services over the last decade is placing considerable pressure on the public health budget and understand the Commonwealth's desire to rationalise services to ensure health funding remains on a sustainable footing. However we urge modifications to existing services be reviewed once an appropriate amount of time has passed in order to ensure health outcomes are met.

Our central aim in making this submission is to inform the Committee of the potential benefits of public investment in alternative mental health delivery channels. Our expertise in the delivery of telehealth and workplace based mental health services underpins our belief these channels should be considered for wider application. Both channels can be utilised to address specific limitations in the existing mental health system, including ease and equality of access, workforce issues and the difficulties health professionals in traditional healthcare settings face in delivering care to people living with mental illness. These channels can also help address larger issues of workforce participation, labour productivity and health system sustainability.

Dr Matthew Cullen, Group General Manager of Medibank Health Solutions and practicing psychiatrist, and Catherine McGovern, Group General Manager of Government and Public Affairs, would welcome the opportunity to represent Medibank before the Committee to further discuss the Australia's mental health challenge.

About Medibank

Medibank is Australia's largest integrated private health insurance and health services group.

We have been providing health insurance to Australians since our inception in 1975 and currently cover 3.4 million members, around 32% of the national private health insurance market. In addition to our resident members, we also cover over 200,000 overseas visitors and students and provide access to life, pet and travel insurance.

In the last two years, Medibank has undergone a dramatic and exciting transformation, growing the role we play in our customers' health and evolving into a provider of broad range of health services, including mental health services.

In 2009, we acquired Wollongong-based private health insurer Australian Health Management (ahm) and merged with another Government Business Enterprise, Health Services Australia (HSA). Renowned as a leader in customer service and customer satisfaction, ahm introduced around 200,000 people to our customer base. More importantly, it also brought ahm's pioneering health coaching and disease management business, Total Health, into the Medibank family.

The amalgamation of Total Health and HSA, together with Medibank Private’s legacy health and wellbeing programs, led to the creation of Medibank Health Solutions, energising our health services capability and marking our transformation into a health company.

Following this, in 2010, we acquired the telephone and online health service provider, McKesson Asia-Pacific, further expanding our health and wellbeing capability. As a result today we offer one of Australia’s largest range of telehealth programs, ranging from online health and wellbeing services to help individuals achieve their health goals through to intensive telephone based support services for people living with chronic disease and mental illness.

The transformation which we have undergone is most visibly expressed through our staff. In just two years, our workforce has dramatically expanded, growing to over 4,400 people. Most telling is the expansion in our clinical staff – we now have over 1300 clinical staff responsible for delivering health services across Australia and New Zealand.

Medibank as mental health funder and provider

In preparing our submission to the Committee, we have incorporated our experience both as a funder of acute care mental health services to our private health insurance members and as a direct provider of workplace and telehealth based mental health services under our Medibank Health Solutions brand.

In 2009-10, our private health insurance customers accessed 56,000 same-day, overnight and non-admitted hospital based mental health services at a total cost of \$106 million. Demand for hospital based mental health services is growing with episodes increasing by over 9% from 2008-09. Members seek hospital treatment for a wide spectrum of mental health related conditions, ranging from alcohol and drug dependency treatments and eating disorders to severe and chronic mental illness.

Our expansion into the provision of face-to-face, telephone and online health services via Medibank Health Solutions has made Medibank a major provider of mental health services to clients including public sector healthcare, national and state governments, health providers, other private health insurers and some of Australia’s largest corporations.

Mental health service delivery

Face-to-face workplace mental health services provided by Medibank Health Solutions include psychological assessment, psychological training for managers and individuals, cognitive behaviour therapy for conditions including anxiety and depression, and training in resilience building techniques. All services are evidence based on the latest clinical research and delivered by our team of clinical psychologists, organisational and registered psychologists, mental health nurses and other health professionals.

Our telehealth based services include relapse prevention services and triage and crisis support lines that available 24 hours a day. Across both groups we handle approximately 100,000 inbound and over 30,000 outbound calls annually.

The Relapse Prevention Programs provide patients recovering from a recent mental health related hospital admission with telephone support and coaching designed to prevent relapse and improve self management skills. The program has been demonstrated to reduce re-admission, improve quality of life and reduce symptoms related to participant’s mental disorder. The program is complementary to the routine care provided to patients by their psychiatrist or General Practitioner.

An evaluation of the relapse prevention program found it produced significant declines in psychological distress amongst participants over a period of 12 months, leading to an improvement in individual well-being and decreases in the number of days spent in hospital¹.

The triage, early intervention and suicide prevention services are a first point of contact for eligible people to access a mental health professional to be assessed for further need and referral. The services provide immediate and clinically rigorous assessment on a call-in basis, rating callers for urgency of response and guiding patients down the most clinically appropriate care pathway. Callers arrive at the services by a combination of referral by GP’s or local mental health services and through self-selection.

Telephone based mental health services are delivered by a mix of mental health professionals including psychologists, mental health nurses, social workers and occupational therapists based in New South Wales, Victoria and Western Australia. Clinical staff are supported by our industry-leading Aladdin™ mental health triage and care support software and by senior psychologists and psychiatrists.

National challenges in the funding and administration of mental health

Medibank recognises the need to develop Australia’s mental health system and supports calls for improvements to access and services for people experiencing a mental illness. As a funder of health care, we also understand the cost pressures the Australian Government faces and the imperative to ensure mental health programs are cost-effective and sustainable.

The Better Access initiative is a central element of the mental health system, providing access to psychiatrists and psychologists via their GP. This program is aimed at people with mild to moderate forms of mental illness - the severity at which most Australians experience mental illness, whether in themselves or others. A Department of Health and Ageing (DoHA) review of the Better Access program found it has improved access to and uptake of mental health services and that patients reported an improvement in their mental health.

Since its inception, the Better Access program has run consistently over budget. Despite its benefits, Medibank recognises the cost overruns associated with the program are of concern and that changes need to be made. In this context, rationalising the services provided under the Better Access program would appear logical.

Restricting the number of sessions for patients per calendar year to an initial six, with the option for four more when required, also better reflects clinical practice. However, evidence also shows efficacious treatment is improved with duration of session. It would therefore be positive if, once sufficient time has passed, a review is conducted into the impact of two fewer sessions on patient health outcomes.

Other ways also exist to improve the Better Access program, particularly in relation to the role played by General Practitioners. Currently GPs initiate patient involvement in the Better Access program by completing GP Mental Health Care Plans, which are the administrative instrument that refers patients to an allied health provider and triggers Better Access funding. While this is an essential function, the GP Mental Health Care Plan could be made more flexible with the option to navigate the patient towards the care pathway best suited to their needs. This care may well be the Better Access program, but it could also be other mental health resources and programs.

The GP Mental Health Care Plan should also encourage greater engagement between GPs and patients. According to the Department of Health and Ageing’s (DoHA) review of the Better Access initiative, only a minority of patients return to their GP for a post-program assessment following the completion of their Better Access sessions.

Equity of access

A key issue for the Commonwealth to tackle is the equity of access to mental health services. DoHA’s review found the Better Access program to be an effective mechanism to boost access to mental health services for people in areas well served by psychologists and psychiatrists, but less effective where access to these providers is more limited, for example in disadvantaged communities and regional and regional areas.

The decision to increase funding to the Access To Allied Psychological Services (ATAPS) program has the potential to help address the equity issue. One of the chief benefits of ATAPS is its flexibility: ATAPS utilises a broader range of clinicians compared with the Better Access program, such as mental health nurses, social workers and Aboriginal and Torres Strait Islander health workers. This improved use of the available resources in disadvantaged areas lessens the impact caused by shortages of psychologists and psychiatrists.

However more can be done. Investment into telehealth based services, including services delivered online and via telephone, represents a superior option for improving access to effective mental health services, at a sustainable cost, for people living in disadvantaged communities and rural and remote locations. In addition to ease of access, telehealth based mental health services offers an immediacy of help that face-to-face services cannot match as well as the option of anonymity, making it attractive to those people enduring a mental health crisis or who are reluctant to seek help from traditional channels.

Generating better mental health outcomes

1. Single point of contact

Medibank welcomes the \$2.2 billion in mental health initiatives announced in the 2011-12 budget, in particular, the commitment to introducing a single point of contact for the mental health care needs of people with severe mental illness. However, as currently described, this concept is limited and introducing a single point of contact for all users of the mental health system, including mentally ill people, their families, friends and carers, and health professionals, deserves consideration and prioritisation. Such a national single point of contact would help users navigate the mental health system, which currently presents to many users, especially novice users, as fragmented and opaque.

While there are a variety of ways a single point of contact could be achieved, the most equitable and cost-effective contact point would be via a national telehealth based service. Medibank has practical experience in this field, as the operator of a national telehealth service (*healthdirect Australia*) and as the provider of mental health access lines in parts of Australia and New Zealand, efficiently delivering expert advice, information and referral on any mental health issue. We are therefore confident a national, single point of contact mental health service could be developed and operated relatively easily and at reasonable cost.

For many people with disabilities, especially those for whom mobility is an issue, telehealth based health services are of particular benefit. Services delivered online or via telephone allow permit patients to remain in their home. Carers too benefit from the ready access to advice and information telehealth permits.

Telehealth based mental health services also possess a level of flexibility that makes them of great value to people in rural and remote locations. Medibank’s response to the flood emergencies in Queensland and Victoria earlier this year are an example. As part of our community response, we worked with the Queensland Government to quickly arrange free access to our mental health support lines for flood affected people across a large geographic area. This quick response flexibility and ability to scale quickly to provide additional capacity is a feature of Medibank’s service in particular and telehealth based services in general².

A key enabling technology for the uptake of telehealth services in rural and remote areas is access to broadband internet. As broadband internet services grow, existing telehealth services will become richer and entirely new services become viable. Key areas for growth will include online consultations, transmission of medical data, remote monitoring and health education. Of these, online consultations hold the greatest potential for transformative change in the health system and Medibank looks forward to working with the Australian Government to deliver these to the Australian public.

2. Workplace mental health

Medibank advocates the workplace be recognised as a locus for the provision of certain health services, in particular those that are preventive in nature or address chronic health issues, including mental illness.

International evidence demonstrates the workplace is a productive, cost effective location for the provision of health services, including some mental health services³. Mental health programs delivered in the workplace can help in the early identification of mental health issues, enabling early intervention to prevent the condition deteriorating. The workplace is also a good location for the delivery of preventative measures. These effects are in addition to the well documented effects of productive employment in preventing and recovering from mental illness⁴.

For the employer, providing access to mental health services enables employees to work to their full potential, which can increase efficiency and productivity, reduces absenteeism and presenteeism and, ultimately, improves organisation performance⁵. As people with mental illness often require a more intensive level of support to find and keep a job, mental health services delivered in the workplace also have the potential to boost labour market participation and equality.

Finally, the National Mental Health Report 2010 noted that of the 732,000 individuals receiving Disability Support Pensions in June 2008, 28% (approximately 202,000) had a psychiatric or psychological condition recorded as their primary condition. Moreover, this group has been growing by an annual average of 5% since 2001, more than twice the overall DSP growth rate. Our experience as a former provider of Job Capacity Assessments for the Department of Education, Employment and Workplace Relations suggests a high potential for targeted workplace mental health services to move people with mental illnesses off DSPs and into the workforce. Were this be achieved the benefits for individuals, the economy and for Government could be significant.

3. More support for mental health professionals

One area of mental health support that receives little discussion is the provision of support to GPs and other health professionals unused to working with mentally ill people. Mental illness presents with a diverse range of symptoms that can be difficult to understand, making dealing with mentally ill people a challenge for many health professionals.

Investigating how to better support GPs and other health professionals is also important and the provision of telehealth based tools could play a central role in that. Timely access to specialist and technical knowledge could assist in making a diagnosis and improve the quality of referrals. By improving the use of existing resources, a well designed support service could produce a net saving to the health system. Such a service could be provided at either a national level or via Medicare Locals.

4. Addressing workforce shortages

As with the health sector more broadly, the provision of cost effective and efficient mental health services is impacted by workforce issues, including shortages of trained staff. As a provider of telehealth mental health services, Medibank utilises range of allied health professionals including psychologists, psychiatrists, mental health nurses, social workers and occupational therapists. Workforce is therefore critical to us and one with which we deal with on a regular basis.

To assist in this, Medibank Health Solutions employs a decentralised service delivery model approach whereby most health professionals delivering our telehealth mental health programs work from home. This enables us to tap into the latent health workforce, engaging health professionals who, for a range of reasons, may otherwise be lost to the workforce.

Delivering services via telephone also allows staff to handle a larger clinical workload, while also being more accessible to patients who are hesitant to engage with mental health workers face-to-face, in particular young people and males.

Conclusion

Medibank recognises the importance of mental health and seeks to play an active and positive role in the ongoing development of Australia’s mental health system. We stand ready to lend our expertise in the delivery of mental health through non-traditional channels and settings, including via telehealth and in the workplace.

We thank the Community Affairs References Committee for the opportunity to contribute to the inquiry over the Commonwealth’s funding and administration of mental health services in Australia and would welcome the opportunity to meet with the Committee to discuss our views in more detail.

¹ Andrews G, Sunderland, A, *Telephone case management reduces both distress and psychiatric hospitalization*, Australian and New Zealand Journal of Psychiatry 2009; 43:809-811

² Other examples include rapidly deploying support services for people affected by the Victorian and ACT bushfires and the Bali bombing.

³ Most notably Black, C. (2008). *Working for a healthier tomorrow;: Review of the health of Britain's working age population*. TSO. but for a more specific discussion of mental health see *Mental Health at Work: Developing the business case* (2007), Policy Paper 8, London: The Sainsbury Centre for Mental Health.

⁴ See *Realising the health benefits of work*, The Australasian Faculty of Occupational & Environmental Medicine, April 2010

⁵ Whiteford HA, Sheridan J, Cleary CM, Hilton MF. *The work outcomes research cost-benefit (WORC) project: the return on investment for facilitating help seeking behaviour*. Australian and New Zealand Journal of Psychiatry 39[Suppliment 2], A37. 1-12-2005.