
The Royal Australian College of General Practitioners

# SUBMISSION TO THE SENATE SELECT COMMITTEE ON MENTAL HEALTH

MAY 2005

Royal Australian College of General Practitioners
College House
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## Summary of Recommendations

### Provision of Services to Special Needs Groups

1. The RACGP recognises that Aboriginal and Torres Strait Islander people experience worse general health and mental health outcomes than non-Aboriginal and Torres Strait Islander people and recommends that increased and dedicated funding be made available for programs that are culturally appropriate and empower communities

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2. The RACGP recommends the review and development of health care policies for the delivery of health care for refugee and asylum seekers in both the Australian community and Australian run detention centres. In the first instance the RACGP recommends that all asylum seekers be given access to Medicare entitlement rebates until their refugee determination process has been fully completed.

3. The RACGP recommends that dedicated funding be provided to encourage research into the mental health care needs of refugees and asylum seekers.

4. The RACGP recommends that primary health care provided within detention centres conform to the RACGP Standards for General Practices (3rd Edition) to ensure that basic standards of primary medical care are provided.

5. The RACGP recommends that support be provided for collaborative and multidisciplinary approaches which complement specialist geriatric and palliative care services to meet the increasing need for psychogeriatric care for mental illness, dementia and end-of-life mental healthcare.

6. The RACGP recommends that strategies (such as telepsychiatry and e-technology) to increase access to specialist mental health services be made available all Australians in rural and remote areas.

7. The RACGP recommends that a National Mental Health Summit on Infant, Child, Adolescent and Family Mental Health to develop a dedicated Infant, Child and Adolescent Mental Health Plan be convened.

8. The RACGP recommends that education and training programs that improve the knowledge, skills and capacity of general practitioners in the prevention and management of mental health co-morbidities be funded.

## Summary of Recommendations continued

### Investing in Capacity and Quality for Mental Health Services in General Practice

9. The RACGP
   (1) Recognises the important role general practitioners play in primary mental health care especially in the early prevention, detection and management of high prevalence disorders such as depression, anxiety and sleep disturbances
   (2) Recommends that the current Medicare Benefits Schedule be restructured as it discourages long general practitioner consultations and works against quality primary care
   (3) Recommends that multidisciplinary, practice-based models of care be implemented to strengthen the role, skills and capacity of general practice teams and
   (4) Recommends ongoing education and continuing professional development in mental health in general practice be incorporated into curricula at all levels of medical education to ensure high quality clinical practice.

### Coordination with Secondary and Tertiary Levels of Care

10. The RACGP recommends the establishment of a time limited Taskforce with representation from key stakeholders to undertake a review of public mental health services with the view to
    (1) Improving the standard of care delivered in public mental health services
    (2) Improving access to public hospital beds for mentally ill patients

### Retaining the Better Outcomes in Mental Health Care Initiative

11. The RACGP recommends the expansion of the Better Outcomes in Mental Health initiative to engage all general practitioners.

12. The RACGP recommends that the General Practice Mental Health Standards Collaboration continue to be auspiced by the RACGP, with the long- term view to incorporating this work into the core functions of the College.

### Strengthening Mental Health Research in General Practice

13. The RACGP recommends that the general practice research capacity, particularly with regard to mental health, be expanded through funding of
    (1) University appointments in Departments of General Practice with a specific focus on mental health
    (2) Support for scholarships, grants and awards through the RACGP Research Foundation that encourage research into the management of mental health problems in general practice and
    (3) Funding to create additional Academic Registrar positions that have a mental health focus.

## 1. Introduction

The Royal Australian College of General Practitioners (RACGP) (the College) welcomes the opportunity to make a submission to the Senate Select Committee on Mental Health. The College is committed to collaborating with patients; the profession and other key stakeholders to improve the mental health of all Australians and further develop the mental health agenda in Australia.

## 2. Background to the RACGP

The RACGP is the acknowledged body which defines the nature of general practice, sets and maintains the standards for high quality Australian General Practice, leads the education, training and assessment processes, advocates on behalf of the discipline, and supports this country's general practitioners in meeting the primary medical health care needs of all people in Australia.

The RACGP has over 11,600 financial members including over 3,200 rural general practitioners, and over 95% of all general practice registrars. Approximately 22,000 medical practitioners participate in the College's Continuing Professional Development and Quality Assurance Program and the College's publication, Australian Family Physician, is distributed to over 33,000 medical practitioners.

Since its foundation in 1958, the RACGP has demonstrated its commitment to improving standards in general practice through the development of the Fellowship exam, the RACGP Training Program and the Quality Assurance and Continuing Education Program. These programs have been concerned with the quality of individual general practitioners. However, quality in general practice depends on more than the performance of each general practitioner working in isolation. Efforts to assess and enhance the quality of the structure and organization of general practice have been addressed through the development of standards for general practices. The RACGP *Entry Standards for General Practices* were developed in 1996 and practice accreditation was established in 1997. Since the last edition of the *Standards* was published in 2000 there has been a rapid growth in the literature surrounding quality improvement. A new edition of the *Standards* will be published in 2005.

The RACGP also hosts the General Practice Mental Health Standards Collaboration, the body responsible for determining the education and training standards associated with the Better Outcomes In Mental Health Care Initiative. At 1 November 2004, 3838 general practitioners had registered with the Initiative, representing approximately 17.4% of the total general practitioner workforce. The College also maintains a database of general practitioners who have completed mental health training and has established links with accredited training providers to deliver these specialized training programs to general practitioners.

## 3. Provision of Mental Health Services in General Practice

General Practice is the cornerstone of Australia's health system acting as a gatekeeper to, and a coordinator of, the mix of other public and private medical specialists, health professionals and health providers operating in Australia.

In 2002-03, there were 16,709 Full Time Workload Equivalent [1] general practitioners providing a total of over 97 million services [2] throughout Australia, or approximately 4.9 services per person [3]. The associated costs of patients accessing Medicare benefits for General Practice Services amounted to over $2.8 billion in 2003-04.

The prevalence of mental disorders and mental health problems among general practice patients is high. The Bettering the Evaluation and care of Health (BEACH) data reports that there were more than 10 million consultations sought with general practitioners for a mental health condition in 2002-2003 [4]. Of these consultations, depression accounted for a third of the problems seen by general practitioners. Similarly, data from the National Profile of Mental Health and Wellbeing Study indicated that approximately 20% of the Australian population over the age of 18 years met the criteria for a mental health problem or disorder. These data showed that only 38% of these people sought help and of those who did seek help, approximately 75% saw a general practitioner in the first instance [5].

Between April 2000 and March 2002, psychological problems were managed at a rate of 11.5/100 encounters in general practice. Overall, depression, anxiety and sleep disturbance were the most common psychological conditions treated. General practitioners also commonly treat mood disorders, stress-related disorders, behavioural syndromes and disorders due to psychoactive substances [6]. Literature on general practice psychiatry suggests that the characteristics and presentation of mental disorders commonly treated by general practitioners differ from those seen by other specialist services [7].

General practitioners are valued by the community as important providers of mental health care and have an important role in the early detection of mental health problems and disease management, particularly of high prevalence disorders. General practitioners also have a crucial role in contributing to the de-stigmatisation of mental illness for consumers, carers and the community. Despite this, general practitioners have been criticized for under-recognition and less than optimal management of common mental illnesses at the primary care level [6]. Detection of mental disorders and mental health problems in general practice has been extensively studied worldwide with a series of patient, general practitioner and other practice and business factors contributing to successful detection [7]. Education of general practitioners and support for the systems they require in their practice, is paramount in this area.

General practitioners play a significant role in the recognition and management of common mental health problems, with primary care seen to be one of the strengths of the current mental health system. Patients with mental health conditions consume significant general practitioner resources and time. For the general practitioner workforce to continue to provide this recognized service, the increasing barriers to general practitioners, such as workforce constraints, need to be addressed.

# 4. Provision of Services to Special Needs Groups

## 4.1 Aboriginal and Torres Strait Islander People

Aboriginal and Torres Strait Islander people are experiencing significant challenges to their mental health and have high levels of unmet need. While data are inadequate, evidence suggests that Aboriginal and Torres Strait Islander people have a higher rate of depression compared to non- Aboriginal and Torres Strait Islander people. Self harm, suicide, substance abuse, domestic violence, child abuse and disadvantage leave the Aboriginal and Torres Strait Islander population at further risk.

The RACGP has a clear position statement [8] on Aboriginal and Torres Strait Islander health that recognises improving the health of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities. The College is committed to appropriate education and training for general practitioners in Aboriginal and Torres Strait Islander health and particularly encourages strategic and policy-driven research to inform treatment, focusing on primary care and developing collaborative approaches and the building of research capacity within Indigenous populations and communities.

*Recommendation:*
*The RACGP recognises that Aboriginal and Torres Strait Islander people experience worse general health and mental health outcomes than non-Aboriginal and Torres Strait Islander people and recommends that increased and dedicated funding be made available for programs that are culturally appropriate and empower communities.*

## 4.2 Refugees and Asylum Seekers

Over 50,000 refugees or asylum seekers have entered the Australian community over the past five years. This immigration flow brings regular challenges to Australian medical practitioners in terms of health service provision for asylum seekers and refugees in detention and in the Australian community.

The RACGP has a clear position statement [9] on the treatment of refugees and asylum seekers and believes that access to appropriate; quality health care is a basic human right in any civilised society. The College encourages its members to provide and advocate for compassionate high quality health care services for all people living in Australia. The RACGP has considerable concern that the detention of asylum seekers for prolonged periods of time contributes to further psychological and physical health problems for the individuals concerned. Access to mental health care should be available to all detainees, and refugees and asylum seekers in the community. Initiatives should be developed to provide support and counseling, address existing, and prevent further psychological damage.

As the body representing general practitioners who provide the bulk of medical care to such people, the RACGP encourages the review and development of health care policies and standards of health care delivery for refugee and asylum seekers in both the Australian community and Australian run detention centres. Furthermore, the RACGP encourages research into the health care needs of refugees and asylum seekers and asks for support and training for those who provide the care.

The College is currently in the final stages of revising the RACGP Standards for General Practice after extensive consultation and field-testing. The revised standards will form the basis of general practice accreditation and it is the view of the College that these standards form the basis of accreditation of primary health care services within refugee and asylum seeker detention centres.

*Recommendation:*
*The RACGP recommends the review and development of health care policies for the delivery of health care for refugee and asylum seekers in both the Australian community and Australian run detention centres. In the first instance the RACGP recommends that all asylum seekers be given access to Medicare entitlement rebates until their refugee determination process has been fully completed.*

*Recommendation:*
*The RACGP recommends that dedicated funding be provided to encourage research into the mental health care needs of refugees and asylum seekers.*

*Recommendation:*
*The RACGP recommends that primary health care provided within detention centres conform to the RACGP Standards for General Practice (3rd Edition) to ensure that basic standards of primary medical care are provided.*

## 4.3 Older People

The prevalence of mental disorders among older people will continue to rise as the ageing of the Australian population is accompanied by an increased incidence of vascular, degenerative and other brain disorders [10]. Dementia is a national health priority and psycho-geriatric care for both mental illness and dementia requires collaborative multidisciplinary approaches which complement existing geriatric services. The increasing demand for palliative care and the high incidence of delirium[11] and depression amongst the elderly population is yet another area for collaborative approaches.

*Recommendation:*
*The RACGP recommends that support be provided for collaborative and multidisciplinary approaches which complement specialist geriatric and palliative care services to meet the increasing need for psychogeriatric care for mental illness, dementia and end-of-life mental healthcare.*

## 4.4 Australians Living in Rural And Remote Areas

There are clear differences in the availability and delivery of services to people with mental health conditions in rural and remotes areas. This is often coupled with poor access to psychiatrists and general practitioners for the treatment and management of mental illness. Many of the RACGP's rural and remote Fellows and members report there are fewer options for care available for patients presenting to general practice with sometimes severe mental illness. Access to specialist services is further compromised by the reduced capacity for small hospital emergency departments to deal with psychiatric emergencies and difficulty accessing inpatient psychiatric beds.

*Recommendation:*
*The RACGP recommends that strategies (such as telepsychiatry and e-technology) to increase access to specialist mental health services be made available to all Australians in rural and remote areas.*

## 4.5 Infants, Children and Adolescents

The RACGP supports the view expressed by the Australian Medical Association (AMA) and the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMH) that the Australian Government should convene a National Mental Health Summit on Infant, Child, Adolescent and Family Mental Health including all key stakeholders in order to develop a dedicated Infant, Child and Adolescent Mental Health Plan to complement the National Mental Health Plan 2003-2008.

*Recommendation:*
*The RACGP recommends that a National Mental Health Summit on Infant, Child, Adolescent and Family Mental Health to develop a dedicated Infant, Child and Adolescent Mental Health Plan be convened.*

## 4.6 Alcohol and Drug Co-morbidity

Alcohol and mental health problems are often linked, and community prevalence of these concurrent or co-morbid conditions is common: about one in four people with an anxiety, affective or substance use disorder have at least one other disorder[12]. The high prevalence of co-morbid alcohol misuse and common mental health problems such as depression and anxiety makes general practice a valuable health care setting to identify and treat these conditions.

A robust primary care response is a critical part of a comprehensive, quality approach to the care of people experiencing alcohol and drug problems and common co-morbidities such as depression and anxiety. Building capacity and skills for better prevention and management of co-morbidity in general practice is still seen to be a progressive process and in order to strengthen the level and quality of care for people with co-morbidity in the general practice setting, more systematic and integrated share care program skills development for general practitioners in the area of addictions and mental health and clinical support for general practitioners and practice staff to respond to complex co-morbid presentations are required.

*Recommendation:*
*The RACGP recommends that education and training programs that improve the knowledge, skills and capacity of general practitioners in the prevention and management of mental health co-morbidities be funded.*

## 5. Investing in Capacity and Quality for Mental Health Services in General Practice

By recognising the significant role general practice plays in the delivery of services to people with mental health problems we must continue to promote quality and responsiveness by strengthening the capacity of general practice to fulfill this central role in the mental health workforce. These barriers to service delivery can be addressed by:

### 5.1 Removing Disincentives in the Medicare Benefits Schedule

It has been demonstrated that psychosocial problems are better recognized and managed in longer consultations. Whilst it is possible to manage some aspects of complex chronic problems (such as psychosocial problems) through more frequent, shorter consultations, this ignores the findings that many markers of quality care including satisfaction, patient enablement, preventive care, fewer prescriptions, appropriate referral and investigation, recognition and management of psychosocial problems, are all more likely to occur within longer consultations[13].

The general practitioner consultation item structure currently encourages shorter consultations and discourages longer consultations. This results in disincentives for general practitioners who treat patients with mental health problems, as they often require more time. People from disadvantaged areas are particularly affected as it has been demonstrated that whilst they have a significantly higher need for care, they are less likely to have longer consultations[13]. Financial structures that encourage longer consultations for patients are needed.

Recent steps by the Government to establish separate Medicare Benefits Schedule (MBS) item numbers to encourage a greater general practitioner contribution to the management of some patients with mental health problems, despite initial high rates of uptake and registration, have not proved popular in practice. General practitioners report concern about the increased paperwork and bureaucratic processes required to access these items.

### 5.2 Maximising the Workforce

A key recommendation of the World Health Organisation (WHO) is that the treatment of mental health conditions should be based in primary care [14]. Mental health care in primary care has been defined as "the provision of basic preventative and curative mental health care at the first point of contact of entry into the health care system" [15].

In Australia, the revised 1998 National Mental Health Policy recognised that a well-trained and evenly distributed mental health workforce is essential, with general practitioners as the primary mental health care service provider. In areas of geographic isolation or cultural sensitivity, general practitioners assumed even greater responsibility[16].

The current general practitioner workforce cannot meet the need for patients requiring treatment for patients with common mental health problems[17]. Holmwood cites depression as an example using a research study that proposes a 3.5 hours per person intervention of choice for the management of depression. With 950,000 Australians requiring treatment for depression, the total intervention for this group would be 3.325 million hours per year.

Given this, and evidence that general practitioner workload is also increasing as the age of Australia's population is increasing, the capacity for general practitioners to expand their current role further without substantial systemic changes that might enable such expansion, is extremely limited. These figures demonstrate that even the largest medical workforce in Australia cannot currently accommodate the burgeoning requirements of managing common mental health illness in general practice. Strategies to ameliorate this are required, particularly in rural areas were there are still significant general practitioner and specialist workforce shortfalls.

### 5.3 Developing Practice-Based Models of Care

Given that the current general practitioner workforce cannot sustain the increased workload, alternative practice-based models of care are required. Key roles played by other members of the general practice team need to be acknowledged and promoted.

### 5.4 Providing Education and Continuing Professional Development

In recognising the significant responsibility of general practitioners in the detection and management of mental health conditions, this role needs to be supported by strengthening the skills of general practitioners through education and ongoing continuing professional development, thereby enhancing the quality of mental health care provided by general practitioners in all practice settings or locations. Support for the provision of quality primary mental health education and training across the full spectrum from undergraduate, to postgraduate and continuing professional development is essential.

*Recommendation:*
*The RACGP (1) recognises the important role general practitioners play in primary mental health care especially in the early prevention, detection and management of high prevalence disorders such as depression, anxiety and sleep disturbances (2) recommends that the current Medicare Benefits Schedule be restructured as it discourages long general practitioner consultations and works against quality primary care (3) recommends that multidisciplinary, practice-based models of care be implemented to strengthen the role, skills and capacity of general practice teams and (4) recommends ongoing education and continuing professional development in mental health in general practice be incorporated into curricula at all levels of medical education to ensure high quality clinical practice*

## 6. Coordination With Secondary And Tertiary Levels Of Care

Andrews observes that there are six contributors to Australia's mental health service – general practitioners, private psychiatrists, private psychologists, private hospitals, state inpatient and community services and non-government charitable organizations. The work of these contributors is poorly coordinated and is like "a six-horse chariot with six horsemen who seldom communicate"[18].

Coordination of care is vital and it has been noted that there have been few area-wide attempts to integrate the work of general practitioners, private psychiatrists and psychologists with the work of state inpatient and community services.

General practitioners have an important role in the prevention, early detection and management of people with mental health problems. Whilst general practice is the appropriate environment to provide services to these people, the complexity and difficulty of some mental health presentations often means that additional support is needed if review or more intensive therapy or inpatient admission is required [19]. Public mental health services, mostly provided by the states, focus almost exclusively on low prevalence disorders, or acute, high-risk situations and have emphasised acute care to the exclusion of maintenance over the long-term. Similarly, the lack of access to public hospital beds for mentally ill patients, often results in these patients being managed in hospital emergency departments, which is inappropriate for their specialised needs.

*Recommendation:*
*The RACGP recommends the establishment of a time limited Taskforce with representation from key stakeholders to undertake a review of public mental health services with the view to (1) improving the standard of care delivered in public mental health services and (2) improving access to public hospital beds for mentally ill patients.*

## 7. Retaining the Better Outcomes in Mental Health Care Initiative

The RACGP applauds the Better Outcomes in Mental Health Initiative (BOiMH) and concurs with the AMA that the initiative has been successful, the rationing of funds not withstanding. This program deserves to be expanded and certainly has the potential to be improved further.

Since the introduction of the BOiMH, approximately 1 in 4 general practitioners have received training sourced and adjudicated through the General Practice Mental Health Standards Collaboration (GPMHSC) under the auspices of the RACGP. General practitioners have undertaken more than eight (8) hours of structured mental health training. They have done this in their own time and at their own expense. The GPMHSC is now working with the RACGP to develop ongoing education and support for general practitioners already registered by the BOiMH.

In line with the BOiMH aim to provide better access to psychiatrist support for general practitioners, the RACGP website hosts a national directory of psychiatrists and has worked with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) to develop a training video about working collaboratively.

As the organization responsible for setting and maintaining the standards for high quality Australian General Practice, and given the success of the GPMHSC initiatives implemented to date, the RACGP strongly advocates that it continue to host the GPMHSC beyond June 2005.

*Recommendation:*
*The RACGP recommends the expansion of the Better Outcomes in Mental Health initiative to engage all general practitioners.*

*Recommendation:*
*The RACGP recommends that the General Practice Mental Health Standards Collaboration continue to be auspiced by the RACGP, with the long- term view to incorporating this work into the core functions of the College.*

## 7. Strengthening Mental Health Research in General Practice

The RACGP is committed to research in general practice supporting Fellows and members through the College's Research Foundation, the National Standing Committee for Research, the National Research and Evaluation Ethics Committee, the provision of grants, fellowships, scholarships and awards, mentoring and networking for new and emerging general practice researchers, promotion of academic registrar positions and advocacy of general practice research at the national and state level.

Until there is a significant investment in general practice research both in terms of capacity and development of skills, quality of general practice research will continue to be limited and the deficiency of published research will continue.

*Recommendation:*
*The RACGP recommends that the general practice research capacity, particularly with regard to mental health, be expanded through funding of (1) University appointments in Departments of General Practice with a specific focus on mental health (2) support for scholarships, grants and awards through the RACGP Research Foundation that encourage research into the management of mental health problems in general practice and (4) funding to create additional Academic Registrar positions that have a mental health focus.*

## Further Details

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