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To: Committee, Mental Health (SEN)
Cc: Holland, Ian (SEN)
Subject: Mental Health in Australia- the big picture

SUBMISSION TO SENATE SELECT COMMITTEE ON MENTAL HEALTH Parliament House, Canberra.

Further to the Senate Select Committee in Mental Health submission 539, by Dr Juliet Gibson, I forward the following.

If we look at mental health care in Australia over the last decade, 1995-2005, from a statistical view-point, the picture is bleak. With mental illness accounting for 15% of Australia's burden of disease, there are huge unmet needs in city and country alike. The experts tell us that this need is liable to increase dramatically over the next 20 years.

In any one year, 82% of Australians visit their General Practitioner (GP) aka Primary Care Physician. Hence the GP is the key to both diagnosis and treatment for those with emotional distress. If left untreated, emotional disturbance will lead to potential mental illness for the individual, with its attendant morbidity and negative ramifications for that individual's relationship, their children - Australia's future citizens and leaders- as well as for the individuals efficacy in the work-place.

We have to ask why are GP's not picking up on mental illness?

I would consider the main reasons are as follows:

1) KNOWLEDGE. Mental Health training participation determines GP confidence, ability to diagnose and ability to manage common mental health disorders effectively. Such education needs to incorporate skills training and be ongoing to update doctors on the latest treatments.

Nurses with at least 12 months training in primary care mental health could be used as an adjunct to GP services, but their narrower training and experience does not render them suitable to replace GP's.

2) TIME. Mental Health needs to become a sub-speciality of primary care medicine.

In times past, Australians enjoyed care from a group practice of GP's with varied interests in obstetrics, skin problems, surgical procedures, matters psychological etc. Patients valued the opportunity for 'one-stop medicine', being referred to the colleague in the practice who was most suited to their health requirements. However, the system needs to support GP's who are interested in emotional disorders. As outlined, untreated, emotional distress can lead to mental disorder including severe depression, psychosis and post-traumatic stress disorder. This places a significant burden on the family, the community, reduces work-place productivity, increases absenteism and is clearly highly detrimental to the Australian economy- to say nothing of the next generation of young Australians who struggle in life because their parent has mental ill-health. Hence, career structure in primary care for GP's interested in Mental Health should be

available in the same way that procedural GP's and GP's with a subspecialty in skin disease are encouraged.

As a medical practitioner of 33 years standing, I can state categorically that in seeing a patient about their mental illness for the first time, if one is doing one's job properly to really understand what is going on, (which includes a comprehensive mental state examination), it takes 45 MINUTES to ONE HOUR, not 10 or 20 minutes, as GP's are currently pressured to implement. This is broadly the case, even if the patient has been known to the GP for many years.

3) REMUNERATION.

Given the above, the Government gains dollars by paying dollars. The benefit from good primary care is that your relative, your friends, your political mate will be better managed by a primary care doctor with a sub-speciality in Mental Health. The Government needs to look out for primary care doctors in this category and remunerate them through Medicare, such that their income stream is the same as a doctor doing procedural medicine. Government cannot ask doctors to do mental health work for nothing. Currently, many doctors with mental health skills are forced to quit owing to lack of cost-effectiveness in managing the mentally ill, a high debt rate from patients who default on making any payment and this on top of an already weak Medicare remunerative base.

Many recently graduated doctors tell me they may detect a probable mental health issue, but will not go ahead and explore it with the patient as they are aware that it will not be cost-effective in the current scheme of things! Not only are the Australian public missing out, but these enthusiastic young doctors are sacrificing their mental health skills on the altar of fiscal expediency.

Hence encouraging Mental Health as a subspecialty in primary care according to the above principles, will enhance the structure of collegial groups providing mutual support and peer review.

The alternative is that if the status quo is maintained, doctors with Mental Health skills will renounce their medical training to work as a therapist in solo practice with no rebates, no standards, no indemnity insurance, no connection with peers. This becomes a potential recipe for burnout or for disaster in the hands of the unscrupulous, who will inevitably violate boundaries.

Clearly, at a community level, it is preferable that Mental Health trained doctors are in organised professional groups.

4) FOUR-TIERED SYSTEM proposed

Such a system would incorporate GP's as the solid care-base for the mentally ill, supported by mental health nurses, psychologists and psychiatrists, as follows:

GP's with a sub-speciality in Mental Health, facilitated by adequate time and remunerative considerations.These doctors would provide phone support to GP colleagues with a lesser interest in mental health issues.

A support role for Mental Health trained nurse practitioners to liase between primary and secondary care facilities, which, through continuity of care, will reduce duration of hospitalisation.

Allied Health support accorded to GP's who have undertaken the Better Outcomes in Mental Health initiative (BOMHI), has a place, but unfortunately the majority of Psychologists who tender their services are recent graduates with the least experience of life and of patient care, so it is mandatory that they be in regular supervision, as 'the big picture' commonly eludes them.

The most treatable patients are in fact those at the GP end of the spectrum, but the deviant 2% with predominantly psychotic illness whom Psychiatrists treat are accorded the bulk of the scarce mental health dollar for inpatient care!

Finally, it would seem that the health of Australians, which determines the health of the Australian economy, is too large and too vital an area to remain under state control. It is a mega- growth industry requiring Federal funding and Federal management. Consider how much more buoyant the Australian economy-not to mention Australian families- would be, if more than a mere 7% of the health budget went to treating mental illness- an illness to which no one Australian is immune.

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