National Mental Health Commission
November 2021

Response to the Primary Health Care 10 Year Plan Consultation Draft

Australian Government
National Mental Health Commission

The National Mental Health Commission's response to the Primary Health Care 10 Year Plan Consultation Draft

Response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care (300 words max.)

The National Mental Health Commission (the Commission) supports the use of safe, quality telehealth and virtual mental health care in the clinical support of people with a mental illness and the need for further development of the evidence base. As previously stated in our response to recommendations of the Primary Care Taskforce Report, the Commission encourages primary care to grow its knowledge of how to suggest and support low intensity mental health care approaches, and in particular how telehealth approaches might be blended with face to face for those who prefer this approach. This should include consideration of user experience, in terms of the usability of the program and the experience of utilising digital healthcare on mental health outcomes, general well-being and welfare. Tighter guidance around best practice for mental health service providers and developers is also required.

The Commission welcomes the use of digital technologies and telehealth as a way of increasing access to services, however, there are significant barriers to accessing digital technology particularly for people living in rural and regional areas and as such these services should not be a substitution for face-to-face care. Barriers can include limited access to quality internet or telecommunications, limited digital literacy and the cost of digital technologies and platforms.

In addition, recent consultations conducted by the National Disability Insurance Agency have identified that for people with a psychosocial disability, key concerns during the COVID-19 pandemic included the difficulties faced in moving to telehealth approaches for service delivery. This action area could be strengthened with a focus on addressing equitable access to digital and telecommunications technologies to ensure the aims of this reform stream are consistently achieved for everyone.

Response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 words max.)

The Commission supports a well-educated and resourced multidisciplinary workforce as essential to the delivery of quality, accessible mental health care. The multidisciplinary mental health workforce includes a wide range of clinicians (psychological, allied health, nursing, midwifery, general practice and medical), as well as community support professionals, and front line or emergency responders. It also includes new and emerging workforces such as Lived Experience (peer) workers, psychosocial support workers, and students in training.

The Commission has recommended the National Mental Health Workforce Strategy (currently in development) clearly define the multidisciplinary mental health workforce to assist in informing national, state and territory policies and plans, data collection, research, and evaluation. The Primary Health Care 10 Year Plan (the Plan) would also benefit from a clear definition of the multidisciplinary primary care workforce, including and beyond the multidisciplinary mental health workforce. This would promote consistency across sectors and acknowledges the multitude of sectors and professions (beyond traditional clinical disciplines) that play a role in health and wellbeing.

A critical step in the support and development of the multidisciplinary mental health workforce is the completion, implementation and evaluation of the National Mental Health Workforce Strategy. The Commission recommends specific inclusion of this in the Plan.

As previously suggested in our response to recommendations of the Primary Care Taskforce Report, the role mental health nurses play in coordinating the care of people with severe mental illness and working as part of a primary care team could be highlighted in the context of multidisciplinary care.

Lastly, while the consultation draft specifies evaluation of integrated multidisciplinary models of care, it could be further strengthened by encouraging collaboration between primary care services, state funded services, private providers and NGOs to develop governance, referral protocols, assessment and planning arrangements for integrated models of care.

Response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 words max.)

The Commission welcomes a focus on workforce issues as a way of improving access to primary health care in rural areas. Key mental health workforce issues in rural areas include workforce shortages, recruitment and retention issues and limited training and development pathways. In addition, there is a need to bolster the capability of both GPs and other primary care professionals to better respond to the mental health challenges faced by people in rural and remote communities.

There is significant potential to strengthen the contribution of the primary care workforce to play a key role in mental health and suicide prevention in rural and remote communities. This action area could be strengthened by the inclusion of appropriate training or upskilling in mental health capabilities across primary care professions, and a greater involvement of communities and the Lived Experience (peer) workforce across primary care.

As part of the development of Vision 2030, the Commission held a rural and remote specific roundtable that included discussion on workforce issues. Key concerns identified included structural design issues for recruitment and retention often based on urban assumptions, the importance of career support and development opportunities (including supervision and mentoring opportunities) and the need for development of a self-sufficient ‘home-grown’ workforce that does not rely on locums.

Concerns around the allocation of additional service funding without consideration for the available workforce in those rural and remote communities was also raised. Participants highlighted that this can result in redistribution of the existing mental health workforce without increasing overall capacity. These issues should be considered in the planned evaluations included under this action area as well as consideration of the most appropriate modes of delivery for this population (for example, hub and spoke services, tele-psychology/psychiatry).

Response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 words max.)

As previously stated in our response to recommendations of the Primary Care Taskforce Report, this action area could be strengthened by consideration of the need for better integration of policies and practices within services to plan for and address the needs of people with comorbid mental health and alcohol and other drug (AOD) use at the primary care level.

The Commission welcomes the acknowledgment that people experiencing mental illness also experience poorer overall health outcomes as well as challenges seeking and attaining care for physical health conditions. In line with this, this action area could consider the provision of support for health care professionals to deliver the Equally Well program, which is intended to improve the physical health of those living with a mental illness.

Through the work of the National Suicide Prevention Adviser and broader Commission consultation, including in the development of Vision 2030, we have identified the following priority populations as warranting specific consideration: Aboriginal and Torres Strait Islander people; LGBTQIA+ and other sexuality, gender and bodily diverse people; culturally and linguistically diverse communities; veterans and their families; rural and remote communities; people affected by disasters, children and young people; and people with mental and physical comorbidity. Ensuring tailored and culturally appropriate solutions for each of these groups should form an essential consideration across all aspects of this action area.

Response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 words max.)

While the Commission supports the inclusion of patient reported measures and consumer feedback, a greater emphasis on lived experience participation is still required in this action area. This means going beyond the collection of consumer feedback to encompass the inclusion of lived experience in design, implementation and evaluation of primary care services. As previously referred to in our response to recommendations of the Primary Care Taskforce Report this could include specific reference to the role of Lived Experience workers drawing on successes in the mental health and suicide prevention areas.

This action area could be further strengthened by acknowledgement of the role social determinants play in an individual's ability to support their own mental health as well as inclusion of prevention efforts that are linked to reducing the impact of the social determinants of health that lead to poorer health outcomes. The Commission's recently released National Children's Mental Health and Wellbeing Strategy provides a framework for how Australia can effectively prioritise early intervention with a focus on children from birth through to 12 years of age. The Strategy provides a useful resource for the primary care sector in this area.

Additionally, reference could be made to evidence-based mental health approaches such as low intensity therapies which have an early intervention focus. Education and capacity building opportunities are required in relation to how approaches such as the use of digital mental health tools can provide more streamlined care to patients to support greater adoption of low intensity approaches within primary care.

Response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 words max.)

The Commission supports joint planning and collaborative commissioning and notes this action area should include customisation at a local level in all regions to plan and deliver coordinated care, to tailor services to meet the needs of individual communities and to address particular local challenges. In addition, Primary Health Networks (PHNs) will require the support and input of local primary care services to develop and implement funding reform to support planned integration.

The Commission notes the mention of emergency preparedness in this action area. In our previous response to recommendations of the Primary Care Taskforce Report, we highlighted the impact on the mental health of communities and individuals during disasters and the range of strategies employed in the mental health field to support this, as illustrated by the National Mental Health and Wellbeing Pandemic Response Plan. This action area could be strengthened with specific inclusion of planning for the role of regional primary care in the event of a disaster, and having in place appropriate pathways for referral and additional support, including the use of digital services. The National Disaster Mental Health and Wellbeing Framework is currently with Government for final endorsement. It will offer advice on approaches to supporting the mental health of Australians during times of disaster, including through primary health care.

Response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 words max.)

As previously stated in our response to recommendations of the Primary Care Taskforce Report, this action area could be strengthened by a recognition of the need for cultural change to address stigma within the workforce towards people with mental illness. The National Stigma Reduction Strategy (currently under development by the Commission) will provide a useful resource for the primary care sector in this area.