

Primary Mental Health Care in Australia: The Next Ten Years



Australian Divisions of **General Practice**

**MENTAL HEALTH POLICY STATEMENT
CONSULTATION DRAFT**

March 2003

ABOUT ADGP

Australian Divisions of General Practice Ltd. (ADGP) is the peak national body representing 121 Divisions of General Practice across Australia, and was established in 1998. About 94 per cent of GPs are members of a local Division of General Practice.

ADGP was established after a 1998 Commonwealth Government General Practice Strategy Review recommendation that ADGP be funded as the national organisation of Divisions.

The objectives of ADGP are to:

- ensure that there is communication with Divisions of General Practice, directly or through State Based Organisations;
- represent Divisions of General Practice across Australia;
- be the voice of Divisions of General Practice to the Commonwealth of Australia;
- support Divisions of General across Australia;
- advocate for Divisions of General Practice;
- inform the public about issues affecting General Practice;
- promote the exchange of skills, information and ideas between Divisions of General Practice.

ADGP is one of Australia's largest representative voices for General Practitioners. As part of ADGP's representation program, grass roots GPs sit on approximately 60 key decision-making bodies in the health sector, having direct input into general practice financing, GP workforce and training, clinical practice and practice management and other key issues influencing the future of General Practice.

ADGP also coordinates a number of National Programs through Divisions of General Practice to improve the health of all Australians. ADGP's programs cover a broad range of primary care issues, including immunisation, youth health, mental health and practice nursing. These programs aim to strengthen primary health care to better meet the needs of the Australian community. Many of the programs are overseen by committees made up of GPs from Divisions and other stakeholders such as academics, allied health professionals and consumers. ADGP also works closely with the State Based Organisations (SBOs) and Divisions in implementing national programs to ensure they meet the local needs of their communities.

EXECUTIVE SUMMARY

2003 will see the endorsement of a new mental health policy and a further five-year program of action under the *National Mental Health Strategy*.

Australia has only just begun to develop reforms in primary mental health care with the National Primary Mental Health Care Initiative and *Better Outcomes in Mental Health Care* Initiative being the first government measures to dedicate funding to promoting change and capacity in primary mental health care. This was affirmed in community consultations conducted by the Mental Health Council of Australia (MHCA) where participants indicated that, of all the existing National Mental Health Strategy goals, the increased role of general practitioners was endorsed as not having been significantly implemented.

This draft policy statement sets out ADGP's priorities for primary mental health care over the life of the next mental health policy and plan 2003-2008 and beyond.

If we are to have a sustainable and effective primary mental health care system in Australia, it is imperative that primary mental health care be a **key policy priority** in the new national mental health policy and plan with **quarantined funding**, that **reform in mental health care is accelerated** particularly around supporting general practice, and that **the resource base is more adequate**.

ADGP has identified the following areas of priority action as crucial to a future primary mental health care agenda for Australia:

- Investment in capacity and quality
- Improved service integration and responsiveness
- Innovation and best practice
- Services across the lifespan

We will be consulting widely throughout 2003 about the challenges and opportunities for future primary mental health care reform. As part of that process, we will be looking at the impact of *the Better Outcomes in Mental Health Care* initiative. Based on what we find, we will refine the ideas in this paper and provide governments with a ten-year *Agenda for Primary Mental Health Care*.

The primary care setting is, in fact, the place where mental health services are most needed”

T Bedirhan Ustun, Division of Mental Health, World Health Organisation, Switzerland, 1998

INTRODUCTION

Mental health disorders and problems are common. The 1997 National Survey of Mental Health and Wellbeing of Adults (ABS, 1997) found that almost one in five of the adult population had a mental disorder at some time during the 12 months prior to the survey. The prevalence of mental health problems in children and adolescents is 14 per cent. Higher prevalence exists among children living in low income, step/blended and sole-parent families (Sawyer, et al 2000).

The majority of mental health care in Australia is delivered through general practice and other primary care services. General practitioners (GPs) provide mental health care to 75 per cent of those who seek help – either through direct care, shared care or referral. Yet policy and planning has traditionally focused on reforming the specialist mental health system, leaving general practice isolated and without effective support.

Governments have only recently taken steps to begin to better resource and support mental health care in general practice with the introduction of the *Better Outcomes in Mental Health Care* Initiative in 2002. This initiative has made some inroads but much more needs to be done to support the primary mental health care system in Australia.

There is no question that general practice has a frontline role in mental health care. Public mental health services focus almost exclusively on low prevalence disorders or acute, high-risk situations. For high prevalence disorders such as depression, anxiety and personality disorders, it is general practice that carries the burden of health care. While general practice is well placed to provide services and, where needed, ongoing management to people with mental disorders or problems, the complexity and difficulty of some mental health presentations often mean that additional support is needed if review or more intensive therapy is required. Often this support is not available in a timely enough fashion or in an appropriate form. The situation is more acute in rural and remote Australia where other services are simply not available.

The World Health Organisation predicts that the level of mental illness in the community is growing – particularly depression which is expected to be a leading contributor to the burden of disease in the 21st century (Murray and Lopez, 1996). Adding to the evidence of the impact of mental disorders on health systems is the fact that, until recently, the burden of mental illnesses such as depression has been seriously under-estimated by traditional approaches that take into account only deaths and not disability. The Burden of Disease Study found mental

disorders to be the third leading cause of overall disease burden in Australia (Mathers et al, 2000). For some groups, such as our young people, the burden is already at disproportionate levels. Mental and behavioral disorders are increasingly recognized as affecting youth disproportionately and account for over half their disease burden (AIHW, 1999).

The co-existence of a mental health and substance use problem presents particular challenges for primary care. The National Survey of Health and Wellbeing indicates that a majority of the 25 per cent of adults that have a mental disorder in any one year, also suffer some form of substance use (Hall et al, 1999). In young adults, these figures may be higher with the Burden of Disease and Injury Study suggesting that up to 90 per cent of the burden of disease in males and 80 per cent in females is related to substance or a mental health disorder (Mathers et al, 2000).

Projected prevalence trends and increasing awareness in the community of mental health issues strongly suggest future increase in demand on a workforce that is already struggling with its current load. If we are to support consumers to access the services they require in a seamless and co-coordinated way, an effective, well supported primary mental health care system is essential to an effective future mental health care system in Australia. This system would include support for prevention and early intervention measures as well as treatment and shared care.

It is imperative that support for a viable and sustainable equality primary mental health care system takes centre stage in future mental health policy and planning, that there is investment in building a comprehensive, integrated system of primary mental health care and that incentives for specialist mental health services and private psychiatry to better support and integrate with general practice are built in.

ABOUT THIS PAPER

2003 will see the endorsement of a new mental health policy and a further five-year program of action under the *National Mental Health Strategy*. This draft policy statement sets out ADGP's priorities for primary mental health care over the life of the next mental health policy and plan 2003-2008 and beyond.

We will be consulting widely throughout 2003 about the challenges and opportunities for future primary mental health care reform. We will be asking what needs to happen to ensure general practice and the health system more broadly can provide relevant, quality primary mental health care to Australians in the future. As part of that process, we will be looking at the impact of *the Better Outcomes in Mental Health Care* initiative (BOMHCi). Based on what we find, we will refine the ideas in this paper and provide governments with a ten-year *Agenda for Primary Mental Health Care*.

POLICY CONTEXT

The *National Mental Health Strategy*, which has guided reform of mental health in Australia over the last decade, is the policy of central interest to primary mental health care reform. The Strategy aims to:

- Promote the mental health of the Australian community and, where possible, prevent the development of mental health problems and disorders
- Reduce the impact of mental disorders on individuals, families, and the community
- Assure the rights of people with mental illness.

The Strategy comprises:

- The mental health statement of rights and responsibilities
- The national mental health policy 1992
- The 2nd National Mental Health Plan 1998-2003
- A mental health schedule to the Australian Health Care Agreements (AHCAs)

The 1st National Health Plan 1993-1998, concentrated on addressing human rights, focused on low prevalence disorders and the need for structural reform of mental health services following the deinstitutionalisation of people from psychiatric hospitals.

Under the second and current National Mental Health Plan, the Strategy now has a broader focus which involves increased focus on high prevalence disorders such as depression and anxiety and an emphasis on population health issues and interventions, including in the general practice setting ([Figure 1](#)). The primary care component is concerned with integration and recognises that the specialist sector cannot respond to mental health needs on its own.

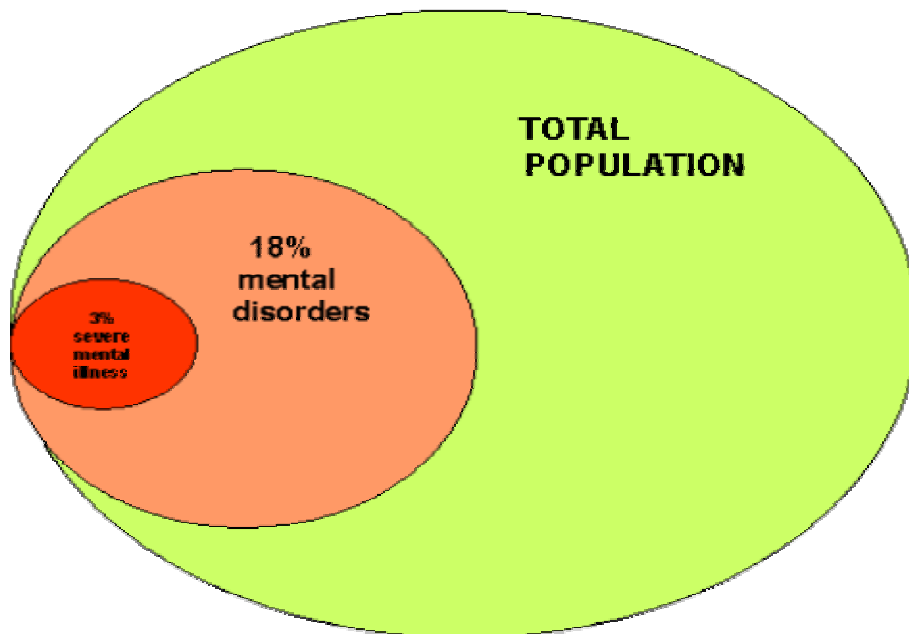


Figure 1: A broader *National Mental Health Strategy*

General practice is an evolving and dynamic sector. The 1992 General Practice Strategy and the 1998 General Practice Strategy Review have significantly shaped contemporary general practice in Australia. The establishment of Divisions of General Practice and the introduction of blended payments are among the Strategy measures of relevance to primary mental health care delivery.

Divisions have provided the mechanism through which much capacity and support for primary mental health care has been delivered through the National Primary Mental Health Care Initiative and allied health projects under the BOMHCi. Similarly, blended payments provided the policy platform for the system of remuneration for registered GPs implementing the 3-step mental health process under the BOMHCi. Many contemporary issues in general practice such as the changing profile of and pressures on the workforce, the growing place of practice teams in primary health care delivery and the evolving role of Divisions will continue to have an impact of how primary mental health care is delivered in Australia.

There are other policy domains that are also relevant to primary mental health care. In particular, the development of a National Agenda for Early Childhood provides opportunity to put our children at the forefront of public policy. For general practice, it is an opportunity for better recognition and support for the role GPs play in giving children a healthy start to life, to supporting the emotional and

social wellbeing of children and to providing advice and referral to parents experiencing difficulties with their children.

PRIMARY MENTAL HEALTH CARE IN PERSPECTIVE

Primary care, by definition, is integrative and co-ordinates different services including protection, promotion, prevention, curative services and rehabilitation (Ustun in Jenkins & Ustun (eds), 1998). Primary mental health care spans the full spectrum of care from prevention to treatment, recovery and relapse prevention as shown in [Figure 2](#). Primary care is comprehensive and continuous: patients are seen from birth to death through regular visits. GPs are responsible for holistic care and primary care is basic to achieving and maintaining good health.

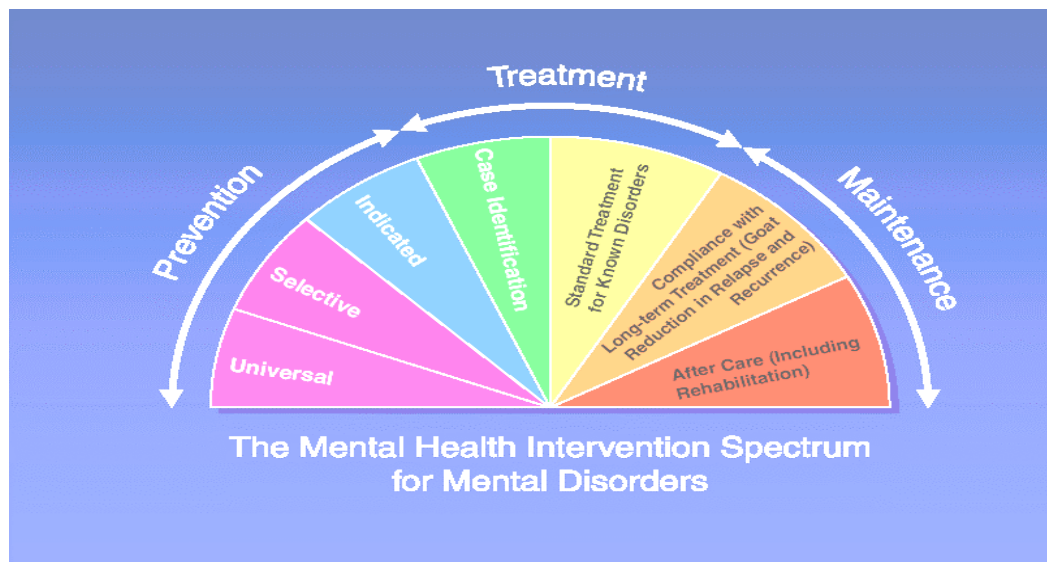


Figure 2: Spectrum of interventions for mental health problems and mental disorders

Psychological problems commonly present and are commonly managed in general practice (Britt et al 2002). However, when it comes to the delivery of primary mental health care GPs experience a number of barriers to delivering quality mental health care:

- Inadequate education and training, at both undergraduate and postgraduate levels
- Inadequate appropriate remuneration
- Limited access to allied health services
- Limited access to specialist support

- Systemic barriers such as workforce shortfalls and capacity within Divisions to provide support (Holmwood, 2001)

The National Survey of Mental Health and Wellbeing yielded findings of great significance to general practice, including population prevalence and help-seeking patterns and high levels of unmet need:

- 18 per cent of Australian adults meet criteria for a mental health problem or disorder
- Only 38 per cent of people with mental disorders access care
- Of those who did seek help, 75 per cent did so in the first instance from a GP.

A consumer study conducted on behalf of the RACGP offers further insight. Despite the fact that the majority of respondents assume that GPs lack the skills necessary to treat depression, those who have first hand experience with depression indicate that the primary course of action was to see their GP (Wirthlin Worldwide Australasia, 2001).

THE NEXT TEN YEARS: PRIORITIES FOR ACTION

Community consultations conducted by the Mental Health Council of Australia (MHCA) indicated that, of all the existing National Mental Health Strategy goals, prevention (12.0%) and the increased role of general practitioners (6.8%) were not endorsed as having been significantly implemented (Groom & Hickie, 2002).

If we are to have a sustainable and effective primary mental health care system in Australia, it is imperative that primary mental health care be a **key policy priority** in the new national mental health policy and plan with **quarantined funding**, that **reform in mental health care is accelerated** particularly around supporting general practice, and that **the resource base is more adequate**.

ADGP has identified the following areas for priority action as crucial to a primary mental health care agenda for Australia:

- Investment in capacity and quality
- Improved service integration and responsiveness
- Innovation and best practice
- Services across the lifespan

INVESTMENT IN CAPACITY AND QUALITY

If we are to support the significant role general practice plays in the delivery of services to people with mental disorders or problems and build a culture where it is well accepted that mental health care is integral to good quality, contemporary general practice, we must continue to promote quality and responsiveness by

strengthening the capacity and skills of general practice to fulfil its central role in the mental health workforce.

We need to accelerate reforms to the way services are funded and configured, overcome barriers to service delivery and continue to support mental health education and skills development at undergraduate and postgraduate levels. It is also vital to continue to develop models that foster improved communication and more effective and timely support by the specialist mental health services. We must also acknowledge and support the key roles played by other members of the practice team and Divisions in building overall capacity and delivering quality. Improving access to resources to support consumers and carers and upholding the rights of mental health consumers and carers is also fundamental to a quality agenda in primary mental health care.

ADGP supports:

- The right of mental health consumers and carers to receive equitable, timely and fair access to treatment and support in non-discriminatory service settings
- Action to address the attitudes of the community towards mental health
- Measures to address perceived discriminatory practices that may limit consumer and carer access to key services and supports such as life and income insurance protection
- Improved funding to primary mental health care
- A review of the current relevant Medicare Benefits Schedule item numbers in the context of an overall evaluation of the Better Outcomes in Mental Health Care Initiative
- Support for workforce development through the provision of quality primary mental health education and training across the full spectrum from undergraduate, to post-graduate and continuing medical education programs
- Support for strengthening the role and capacity of general practice teams, including practice nurses, to assist in the care and referral of clients with mental health problems in the primary care setting
- The ongoing review and refinement of the National Primary Mental Health Care Initiative

- Resourcing Divisions of General Practice to provide ongoing support including quality education and training to GPs and other members of practice teams, peer support and local service reforms
- A primary mental health care research agenda to learn more about current practice in the general practice setting and barriers to quality service delivery, to build the evidence base for better practice and to inform future primary mental health care policy and practice
- Ongoing funding and support to continue to build, consolidate and disseminate the evidence base for primary mental health care in the general practice setting through centres such as the Australian Primary Mental Health Care Resource Centre
- Access to quality, evidence-based consumer and carer resources for use in the practice setting, including self-help information and advice

IMPROVED SERVICE INTEGRATION AND RESPONSIVENESS

The role of general practice in the mental health workforce will never be fully optimized unless there are sustainable and well resourced measures in place to promote integration, shared care and improved communication between general practice and other providers in both the mental health system and wider network of relevant community services. This is vital if the consumer is to access a system of care that is co-coordinated and offers a seamless service response. Access to adequate and timely support from allied health, psychiatrists and the public mental health system for those clients requiring a high level of care is foremost among the needs of general practice.

ADGP supports:

- Quarantined incentive funding in the mental health schedule of Australian Health Care Agreements to provide incentives for better integration and communication between the public mental health system and general practice at the State and local levels
- A staged education and training program for the specialist public mental health workforce developed in partnership with Divisions of General Practice and GPs:
 - In primary mental health care
 - To promote and raise awareness of models of successful integrated primary and community-based care

- To provide practical support and solutions for primary and specialist mental health care providers to build clinical attachments and shared care protocols
- Access to timely relevant clinical support including an effective and timely system of emergency specialist psychiatry support for all GPs that is available in all areas
- Incentives and funding for psychiatrists to better support mental health care delivery in the primary care setting, including via direct patient consultation and provision of advice around ongoing management, education and support to GPs and primary care teams
- Improved access to allied health and other relevant community services such as supported accommodation, respite care and rehabilitation services through GPs and Divisions
- Improved access to private psychiatry services including shared care and via reform to Medicare Benefits Schedule item numbers for specialist consultant psychiatrists
- Strengthening collaborative links between emergency departments, acute inpatient units, crisis assessment teams, GPs and other primary care providers
- Incentives for private psychiatrists, GPs and allied health professionals working in a private capacity to work with public sector mental health services
- Supporting Divisions of General Practice to work towards and promote better integration between primary and specialist mental health care
- Support general practice to respond more effectively through evidence-based care and appropriate treatment models and referral pathways to clients with high or complex needs such as children and adolescents, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse populations, and older Australians

INNOVATION AND BETTER PRACTICE

A commitment to and investment in innovation, particularly where current approaches are either absent, outmoded or not appropriate to the population being served such as rural and remote communities and children and adolescents is vital to learning more about what is needed to achieve better health outcomes for consumers and carers and building a sustainable primary mental health care system.

ADGP supports:

- A planned approach to reviewing, refining and mainstreaming the BOMHCi to ensure its sustainability and acceptability through consultation that fully engages the general practice community in program design
- Investment in designing primary mental health care services that meet the particular circumstances of rural and remote communities
- Access to allied health, other community and acute services for support and advice in managing the particular needs of those with child and adolescent mental health problems and the mental health needs of older Australians
- Support for meeting the needs of Indigenous Australians and Australians from culturally and linguistically diverse backgrounds through Divisions and general practice
- Enhanced shared care arrangements between GPs, psychiatrists, mental health nurses and other members of the mental health workforce
- Improved linkage and support to GPs and other primary care providers by the public and private specialist mental health sector, including better shared care protocols, systems early intervention and referral and relapse management
- Improved support to GPs and practice teams in the routine care and case management of people with mental illness through general practice liaison points within the specialist public mental health system, including improved access and linkage with community crisis assessment teams

SERVICES ACROSS THE LIFESPAN

There are stages in the lifespan where vulnerability to mental health problems is heightened such as retirement, school transitions and divorce or separation. General practice is well-placed to promote mental health and potentially prevent serious mental disorder through effective early intervention for clients at these points in their life. In addition, GPs and other health care providers are well positioned to identify and offer a timely response to people at risk of developing or showing early signs and symptoms of mental health problems.

The GP is the most common first point of professional contact for parents experiencing behavioural and emotional difficulties with their children and adolescents (Sanders et al, 1999; Sanders & Markie-Dadds, 1997). However,

while there is a solid body of evidence that intervention early in the lifespan can reduce mental health burden later in life, and evidence that intervention in general practice can assist overcome risk of mental health disorder or problems later in life, support is needed if this activity is to combine with the already burgeoning demands of clients with established mental health problems or disorders.

Divisions of General Practice are a key part of local health infrastructure and are also well placed to put in place community-based strategies that promote mental health and prevent mental health problems with appropriate support.

ADGP supports:

- Greater investment in mental health promotion, prevention and early intervention in primary care, including strengthening and resourcing the role of Divisions in mental health promotion, prevention and early intervention
- Resourcing and building capacity of general practice and Divisions to deliver evidence-based mental health promotion initiatives in primary care settings eg. local mental health community education and awareness campaigns
- An early childhood agenda for general practice which provides support for GPs in the early detection and management of child and adolescent mental health and behaviour problems
- Evaluation to inform national implementation of the Triple P Positive Parenting Program and Primary Care Teen Triple P through Divisions to increase GPs competence in the identification, assessment and treatment of common emotional and behavioural problems in children and adolescents and to increase appropriate referral pathways to different levels of mental health care for children and adolescents
- Supporting GPs with resources and tools to better respond to the complex needs of young people early in the pathway to developing serious mental health problems
- Supporting general practice to link effectively with and provide quality multi-disciplinary, community-based care to young people at risk through the schools 'gateway', in conjunction with *Mindmatters*, the national mental health promoting schools program.

REFERENCES

- Australian Bureau of Statistics (1997), National Survey of Mental Health and Wellbeing in Adults, ABS, Canberra
- Australian Institute of Health and Welfare (1999) Australia's young people: their health and wellbeing 1999. Canberra, AIHW
- Britt H et al (2,002) General practice activity in Australia 1998-99. AIHW Cat. No. GEP-10, Canberra: Australian Institute of Health and Welfare (General Practice Series no. 10).
- Groom G & Hickie I (2002) Consultation Report : Reviewing the National Mental Health Strategy through Community Consultations. First draft. Unpublished.
- Holmwood C. (2001) Major issues facing primary care in mental health in Australia 2001
- Jenkins R & Ustun T (eds) (1998) Preventing mental illness: mental health promotion in primary care. John Wiley & Sons, Sussex, UK
- Mathers, C. D, Vos E.T & Stevenson C.E (2000) The Australian Burden of Disease Study: Measuring the loss of health from diseases, injuries and risk factors. Medical Journal of Australia, 172, 592-596.
- Murray CJL, Lopez AD, eds (1996a). *The global burden of disease: a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. Cambridge, MA, Havard School of Public Health on behalf of the World Health Organization and the World Bank (Global Burden of Disease and Injury Series, Vol. I).
- Sawyer M. et al (2000), The Mental Health of Young People in Australia: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care, 2000
- Worthlin Worldwide Australasia (2001) National Mental Health Benchmark, prepared for the Royal Australian College of General Practitioners