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Australian Medical Association submission to Select Committee on Mental Health and Suicide Prevention

Submission via Parliament of Australia submissions portal

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Overview

The AMA supports a commitment to reform Australia's mental health system to be more responsive to individual and community needs. We agree that the system is in long-overdue need of reform and we take this opportunity to note that there must come a time when the reviews and inquiries conclude.

The AMA calls on the Australian Government to consider and respond to the [extensive feedback and recommendations](#) that already arise from the other reviews noted in the [Terms of Reference](#) as a basis to develop a clear and defined reform agenda for Australia's mental health system. We also call on the Australian Government to allocate the necessary budget, time and resources to ensure effective and sustainable implementation of the mental health reform agenda over the years to come.

The AMA is responding to the following three aspects to the Terms of Reference in our submission to the Select Committee:

- emerging evidence-based approaches to effective **early detection**, diagnosis, treatment and recovery across the general population and at-risk groups, including drawing on international experience and directions;
- effective system-wide strategies for encouraging emotional resilience building, improving **mental health literacy** and capacity across the community, reducing stigma, increasing consumer understanding of the mental health services, and improving community engagement with mental health services;
- building on the work of the **Mental Health Workforce** Taskforce and forthcoming National Medical Workforce Strategy, the roles, training and standards for all health and allied health professionals who contribute to mental health care, including peer workers, that are required to deliver quality care at different levels of severity and complexity, and across the spectrum of prevention, early intervention, treatment and recovery support;

Key points

Early detection

The AMA regards the following overall aspects of personalised mental health care as critical to this inquiry and we encourage further consideration of these areas:

1. Importance and value of actual medical treatment for ongoing long term and recurrent mental illnesses;
2. The value of longitudinal treatment and care of such longer-term cases; and
3. The value of a diverse mental health system available in all regions, regardless of geographical location for such cases, which includes private (GPs and Private Psychiatrists, mental health nurses and psychologists) and public systems.

We call on the Select Committee to acknowledge that a stronger focus on youth mental health and complex and acute early detection is needed to support efforts to bolster early detection.

The AMA recommends that there is a specific need for an increased number of child and adolescent psychiatrists per 100,000 population to meet basic community needs for the population of young people in Australia. It is recognised that to achieve this necessary increase, significant additional resources are needed with recognition of regional and jurisdictional variation. Efforts to increase the supply of child and adolescent psychiatrists in regional and rural areas should be in keeping with overall strategies to increase rural workforce, rather than drawing resources away from already underserviced areas.

Equity of access to appropriate, responsive and culturally safe mental health services across regional, rural and remote Australia remains a challenge to service delivery and mental health outcomes that the AMA urges the Select Committee to consider.

In our [10 Year Framework for Primary Care Reform](#), the AMA recognises the essential role of General Practice in responding to mental health needs of the community. We call on the Australian Government to continue to recognise the central role of GPs in coordinating care including supporting young people to access preventive care and early treatment for mental ill-health.

System-wide strategies to improve mental health literacy

The AMA defines health literacy as “the degree to which individuals can obtain, process and understand the health information and services they need to make appropriate health decisions.” ([AMA Health Literacy Position Statement 2021](#)). We recognise that certain groups within our society have additional barriers, such as geographic, cultural, linguistic, physical (disability) or economic barriers to access the mental health care they need. These additional barriers to equity and access can compound mental health problems and diminish the patient-centred model of care we collectively aspire to achieve. The AMA strongly advocates that all efforts to improve mental health literacy must be informed by the needs of different population groups and designed accordingly.

We offer the following recommendations for the Select Committee's consideration regarding improving mental health literacy:

- Increased funding for employers in the health sector to support mental health teams implement evidence-based communication techniques to improve health literacy in their patients. This should include additional resources for staff training and development.
- The Australian Government collaborate with state and territory governments to develop a single national source of mental health information, building on the resources already available on the 'Health Direct' website.
- The Australian Government continues to show leadership around dispelling medical misinformation online, working with social media companies to acknowledge the importance of public health literacy including around mental health.

Building and sustaining a national mental health workforce

The AMA notes the work already underway on the National Medical Workforce Strategy. We take this opportunity to re-emphasise that in addition to workforce growth strategies, it is important for the government to invest in the sustainability and wellbeing of the existing mental health workforce.

A range of additional pressures on mental health services arose from the onset of the COVID-19 pandemic. The AMA is acutely aware of the potential risks that this can place on staff themselves and the ability of the system to delivery quality and responsive care to those in need. We ask that the Select Committee consider this context in deliberations under this inquiry and offer the following additional recommendations:

- Complex mental health consultations not only require more time but can also have effects on the clinician. The AMA suggests that the government may wish to consider options around a formalised process of voluntary clinical supervision to allow debriefing and support for doctors working in mental health.
- The AMA notes that investment in well-designed, medically governed multi-disciplinary teams is more likely to result in better overall health outcomes. Stronger coordination of essential services such as older persons' mental health, mental health nurses, psychologists, paediatricians, counsellors and drug, alcohol and gambling support staff are key aspects to a patient-centred mental health system.
- The AMA emphasises that health planning agencies will need to openly share workforce data and information to enable effective planning, such as the National Mental Health Services Planning Framework. This will include an open disclosure of the National Mental Health Service Planning Tool, together with the scientific evidence behind it, and the necessary assumptions that are the foundation of this algorithm.
- We are supportive of bolstering efforts to develop coordinated models of care at that are appropriate for the needs of communities and regions. The AMA recommends that specific investment in developing capacity in mental health support services within GP and Private Psychiatrist practices such as embedding accredited mental health nurses and social workers would be beneficial. These 'wrap-around' services have the potential to offer better return on investment and health outcomes than investing in siloed service delivery models, particularly in rural, regional and remote areas.

- Similar investment in psychiatry services including private psychiatry through Medicare enhancement to embed mental health nurses and social workers in psychiatric practices will improve complementary (to public mental health service) capacity.

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