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Draft National Safety and Quality Health Service Standards user guide for acute and community mental health services

AMA submission to the Australian Commission on Safety and Quality in Healthcare

3 December 2021

Submission via email to: mentalhealth@safetyandquality.gov.au

Dear Colleagues

The Australian Medical Association offers the following brief feedback regarding the Draft National Safety and Quality Health Service Standards user guide for acute and community mental health services (draft standards). Our advice pertains to the provision of mental health care through a range of mental health services *in general*, and we hope you find the following input to be of use.

We provide the following responses to the consultation questions:

1. Will the guide be useful in your service?

The feedback provided by the AMA in this submission has been derived from the perspectives of GPs and psychiatrists who work across multiple mental health service settings. These can include General Practice clinics, private psychiatry practice, public hospitals and community mental health care settings.

2. What else could be included to support improvement in the safety and quality of mental health services?

Investing in long term sustainable mental health care

The 2021 Federal budget announced an investment of \$2.3 billion into mental health and suicide prevention initiatives. While this investment is welcome, the AMA maintains that further investment into existing mental health service delivery models is required to ensure the ongoing safety and quality of mental health services. For example, the AMA suggests a targeted investment into the broader mental health workforce including

mental health nurses, counselling services and other mental health workforce supports would better support GP clinics deliver optimal mental health care.

The National Mental Health Workforce Strategy

The AMA suggests that the draft standards are used to inform the National Mental Health Workforce Strategy, as it continues to be finalised. Workforce undersupply continues to impact on service delivery standards and mental health outcomes.

The AMA maintains that clinical expertise should be at the centre of all mental health service delivery, and we support increased investment into multidisciplinary mental health care teams that are vertically integrated with a GP or psychiatrist.

Mechanisms in place for MDT to link in with GPs and psychiatrists

The AMA suggests that a commitment to investing in multidisciplinary mental health teams supports improved mental health outcomes and redresses some of the access and supply issues to services. We note 'Credentialling and scope of clinical practice' on page 34 cites multidisciplinary reviews as a strategy for improvement in mental health services and reiterate that having GPs and psychiatrists central to this is important for continuity of care and reducing fragmented service delivery.

The AMA wants to see more investment and commitment to grow medically governed multi-disciplinary teams to support mental health care through GP clinics and psychiatry practice. We suggest the draft standards could also consider noting the role of psychiatrists in this section, concerning scope of workforce and multidisciplinary teams.

Public mental health services

While public hospitals are in scope for the draft standards, the AMA emphasises that these environments can be especially challenging to both health workforce and people accessing mental health care. We note that mental health admissions to hospitals are the fastest growing of any hospital admission, and our public health system needs to be adequately resourced to respond to this growing need.

3. Is the format accessible?

We suggest that online formats are the most appropriate where possible, although printed formats can still be required and appropriate for areas with limited digital network coverage.

We offer the following additional comments:

- The AMA acknowledges the commitment within the draft standards to improve mental health service provision for Aboriginal and Torres Strait Islander peoples and we welcome the incorporation of the Gayaa Dhuwi (Proud Spirit) Declaration Implementation Guide into this document. Regarding the point "Ensuring that there is strong presence of Aboriginal and Torres Strait Islander leadership on local mental

health service and related area service governance structures.” – the AMA notes it is important to quantify and define “strong presence” as much as is possible to ensure this target can be measured, evaluated and ultimately achieved.

- With regard to proposed risk management actions under Action 1.10 (pp.20-21), the AMA suggests that actions to reduce risk to workforce could be expanded to include specific provisions to require workplaces to provide a safe psychosocial work environment for mental health staff who may be experiencing physical or mental health risks while providing mental health care. This includes:
 - promoting a healthy workforce culture for and among staff employed to provide mental health care services;
 - implementing evidence-based audits and measures which assess the workplace culture and the psychosocial health, safety and wellbeing of staff;
 - regular public reporting, using comparable measures, of the state of workplace culture and the psychosocial health, safety and wellbeing of staff.
- In the section ‘Strategies for improvement for mental health services’ page 52 – the AMA suggests that checking the person’s My Health Record should be included as a formal step in this process. We further advise that additional information obtained through the taking of best practice medication history (BPMH) should be added to the relevant My Health Record. The final paragraph in this section outlines a process that is already possible under My Health Record.
- Regarding the process for medication reviews on page 55 – the AMA suggests that this section must also specify that any changes to medication must also be reported back to the treating GP or psychiatrist for the person (if they have one).
- The AMA suggests that General Practice should be listed as a care option for consumers on page 57, along with community health care and hospital, given that many people initiate a pathway of mental health care through their GP.

Please contact the AMA on the details below if you have any further questions regarding this submission.

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