Improve the mental health of communities
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 6900 members including more than 5100 qualified psychiatrists and over 1800 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

Introduction

In October 2019, the Federal Government announced the Primary Health Care 10 Year Plan as part of Australia’s Long Term National Health Plan (introduced in August 2019). Under the Long Term National Health Plan, the Government aims to reform Australia’s health system to be more person-centred, integrated, efficient and equitable.

The Primary Health Reform Steering Group (the Reform Steering Group) was established by the Australian Government to guide the development and implementation of the 10 Year Plan. The Reform Steering Group is co-chaired by Dr Steve Hambleton, a practicing GP and former federal president of the Australian Medical Association, and Dr Walid Jammal, a practicing GP and Clinical Lecturer at the University of Sydney and Conjoint Senior Lecturer, Western Sydney University. The RANZCP is not represented on the Reform Steering Group, however RANZCP representatives have attended two roundtable meetings as part of the Reform Steering Group’s process for developing the draft recommendations.

In June 2021, the Reform Steering Group released the draft Primary Health Reform Recommendations for public consultation. Feedback on these draft recommendations will inform the Reform Steering Group’s final recommendations to Government.

Organisations have been encouraged to focus on recommendations that are most relevant to them, rather than responding to all recommendations. As such, the RANZCP has responded to 14 of the 20 draft recommendations.

The RANZCP’s responses to the draft recommendations have applied the Quadruple Aim (see page 10) framework as a lens. This framework outlines four principles to focus on when examining models of primary care delivery:

1. Improve the patient experience of care (including quality of care and satisfaction);
2. Improve the health of populations;
3. Improve the cost-efficiency of the health system; and,
4. Improve the work life of health care providers.
RANZCP responses to relevant draft recommendations survey questions

The Reform Steering Group have grouped recommendations into 8 Themes for convenience.

The RANZCP’s responses to questions about each of the recommendations below will be entered into the online survey.

**Theme 1: Person-centred health and care journey, focusing on one integrated system**

**Recommendation 1 (One system focus):** Reshape Australia’s health care system to enable one integrated system, including reorientation of secondary and tertiary systems to support primary health care to keep people well and out of hospital.

1.1. Do you agree with this recommendation?

The RANZCP supports the recommendation. Current deficiencies in the Australian care system include a lack of integration between health, social and education systems. The RANZCP applauds the Reform Steering Group for recommending that primary care incorporates workforces from wider health and social care providers (1.4.1). The RANZCP recommends the Reform Steering Group additionally focus on enabling connections across justice, employment, education and alcohol and other drug (AOD) sectors as well as other social services such as housing.

The RANZCP emphasises that this integrated system must additionally comprise models of clear mental health treatment and referral pathways. These pathways must be available when any person is presenting to a service and must be able to match an intervention level to their mental health needs.

1.2. What do you see as the challenges in implementing this recommendation?

The RANZCP suggests that challenges in implementation may include establishing joint governance across organisations.

The RANZCP advises that the Reform Steering Group consider opportunities for improvement in General Practitioners (GPs) training to further enhance GPs opportunities to gain experience working in a multidisciplinary team.

**Recommendation 2 (Single primary health care destination):** Formalise and strengthen the relationship of individuals, families and carers with their chosen primary health care provider and practice

2.1. Do you agree with this recommendation?

The RANZCP broadly supports the recommendation to enable whole of population Voluntary Patient Registration (VPR). The RANZCP also recommends that alternative solutions be considered to ensure that disadvantaged patients, who may be less likely to register (e.g. people experiencing homelessness, severe mental health disorders), are not disadvantaged further by their lack of registration. The RANZCP also proposes that safeguards are put in place to ensure that there are no barriers to patients changing their GP as required.

The RANZCP has some reservations regarding the achievability of single care plans. In particular, the availability and reliability of care plans to all providers to facilitate care during an emergency will need to be
considered. Practitioners will also require additional time to update health plans, so they are sufficiently clear for other treating practitioners.

To bolster the capacity of GPs to provide coordinated, holistic care for their patients experiencing a mental health disorder, the RANZCP encourages the introduction of new MBS item for a psychiatrist to provide advice to a GP over the phone. The RANZCP supports that item numbers should be available for both the psychiatrist and the GP.

2.2. What do you see as the challenges in implementing this recommendation?

The RANZCP suggests challenges in implementation may include coordination and continuity of care in relation to practitioners who may work flexibly across multiple services.

| Recommendation 3 (Funding reform): Deliver funding reform to support integration and a one system focus |

3.1. Do you agree with this recommendation?

The RANZCP broadly supports the recommendation, noting that governance and funding models need to support and incentivise integrated, patient-centred care, rather than creating competition for funding amongst different services. Funding should initially be directed at existing services experiencing severely limited access and acute need (e.g. hospital inpatient mental health care) to be fit-for-purpose.

The RANZCP recommends that preventive, low-cost interventions must be provided to people in the early stages of mental illness, to prevent serious conditions from developing and resulting in higher social and economic costs to the person and the community. The RANZCP advises it is crucial that such preventative, wellbeing-based services are accompanied by clear onward pathways which are adequately funded, to accommodate for changes in a patient’s care needs.

3.2. What do you see as the challenges in implementing this recommendation?

While the RANZCP supports that individuals and communities should be involved in the design and delivery of the services they require, the RANZCP acknowledges that defining discrete communities and regions can often be challenging. For example, in Sydney, New South Wales, many boundaries for health services, aged care, Local Government Areas (LGAs) and Primary Health networks (PHNs) do not coincide. The RANZCP suggests careful efforts will be required to address community needs and representation.

The RANZCP emphasises that strong leadership will be needed to ensure funding is commensurate with need. It is important to have experts in leadership positions within health services, given hospital studies suggest an association between the best performing institutions and practitioners in leadership positions.
4.1. Do you agree with this recommendation?

The RANZCP supports the recommendation. The RANZCP applauds the Reform Steering Group for acknowledging the importance of cultural safety across the health system to close the gap in health outcomes between Aboriginal and Torres Strait Islander people and other Australians.

To improve mainstream services for Aboriginal and Torres Strait Islander people (4.6), the RANZCP emphasises there must be system-wide recognition of the role of culture and community in the healing process. As such, local Aboriginal and Torres Strait Islander people must be involved in the design and delivery of the services they require, and to ensure these are tailored to different regions.

4.3. Please provide any examples of best practice for implementation of this recommendation.

The RANZCP emphasises that systems and services must be designed based on evidence and delivered with trauma-informed care and supported decision-making at the heart of the system. Trauma-informed practice also encompasses consideration of health service infrastructure. For example, it is important that buildings are made to be culturally safe and approachable, to ensure people are empowered to seek help wherever possible. For more information, please see the RANZCP Position Statement: Trauma-informed Practice.

For other examples of best practice, the RANZCP recommends the National Framework for Health Services for Aboriginal and Torres Strait Islander Children and Families as well as the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing.

5.1. Do you agree with this recommendation?

The RANZCP broadly supports the recommendation, noting that regional, rural, and remote communities must be provided with clear pathways to access the services they require.

While the RANZCP supports the Reform Steering Group’s proposed introduction of rural generalist training (5.6.3), rural and remote communities also require equitable access to specialist services such as psychiatry. This may involve investing in virtual care facilities and services with a permanent solution for MBS funded telehealth services.

5.3. Please provide any examples of best practice for implementation of this recommendation (from Australia or overseas).

Please see the RANZCP’s Rural Psychiatry Roadmap Blueprint 2021-31: A pathway to equitable and sustainable rural mental health services for more information.
7.1 Do you agree with this recommendation?

The RANZCP broadly supports the recommendation. The RANZCP emphasises that preventative care entails both support targeting prevention across the entire lifespan (e.g. social isolation in older people) as well as support that fosters health in the perinatal period and a child’s early life. The first 1000 days of a child's life, from conception to two years of age, is an important foundational period which shapes a person’s long-term development and wellbeing. However, there are ongoing gaps in access to appropriate perinatal treatments and interventions (for example, there are severely limited numbers of Mother and Baby Units across Australia).

Health promotion programs which emphasise the link between social determinants and mental health outcomes have also been shown to be effective.

7.2 What do you see as the challenges in implementing this recommendation?

As mentioned previously, service models need to focus on integrated, patient-centred care, rather than creating competition for resourcing and support amongst different services. Resourcing preventive, low-cost interventions for people in the early stages of mental illness is crucial to prevent serious conditions from developing. The RANZCP strongly advises that such preventative, wellbeing-based services are accompanied by clear, onward pathways which are adequately funded, to accommodate for potential changes in a patient’s care needs. That is, it is critical that the allocation of resources for preventative approaches should not impact the resourcing of existing services for patients experiencing severe or acute mental health disorders, where there is currently very restricted access.

8.1 Do you agree with this recommendation?

The RANZCP broadly supports the recommendation. The RANZCP strongly recommends the Reform Steering Group consider how primary care can address the needs of additional key vulnerable populations including asylum seekers, refugees, military veterans, prisoners in correctional facilities and victims of family violence. It is critical that primary care services include appropriate preventative approaches and programs to increase awareness of available services.

All primary care reform solutions should be co-designed and co-developed with people with lived experience to ensure they improve the patient experience of care.

The RANZCP recommends the Reform Steering Group include advice to Government to ensure that mental health care in detention centres and correctional facilities is equivalent to that provided in the Australian community. The RANZCP believes that people in different settings such as detention centres, prisons and aged care, as well as children in care, should have the same access to MBS services, including telehealth.
8.2 What do you see as the challenges in implementing this recommendation?

The Reform Steering Group advises that primary care reform will be leveraged through successful implementation of the VPR. As mentioned previously, the RANZCP recommends that additional strategies or alternative solutions be considered to ensure that patients with poor access or at risk of poorer health outcomes, who may be less likely to register with VPR (e.g. people experiencing homelessness, severe mental health disorders), are not disadvantaged further by their lack of registration.

**Theme 4: Primary care workforce development and innovation**

**Recommendation 10 (Building workforce capability and sustainability):** Address Australia’s population health needs with a well-supported and expanding primary health care team that is coordinated locally and nationally for a sustainable future primary health care workforce

10.1 Do you agree with this recommendation?

The RANZCP supports the recommendation. As mentioned previously, the RANZCP supports the introduction of new MBS items for psychiatrists to provide advice to GPs over the phone, as a way of promoting better care coordination, where item numbers should be available for both the psychiatrist and GP.

All workforce training and professional development should ensure that those delivering mental health support have adequate capacity to care for diverse community members, including provision of support that is culturally safe, and appropriately supports patients with disabilities. Appropriate training should also address geriatric, child and youth populations to accommodate the needs of our ageing society and the increased proportion of children and youth experiencing mental health disorders.

10.2 What do you see as the challenges in implementing this recommendation?

The RANZCP is concerned about the significant ongoing and forecasted challenge of shortages in the mental health workforce, which directly impacts mental health care capability in the primary care sector. Adequate investment and planning is urgently required to support recruitment, training, and retention. The RANZCP welcomes the opportunity to work with the Government to advise on mental health education, training, and development for primary health care providers.

**Recommendation 11 (Allied health workforce):** Support and expand the role of the allied health workforce in a well integrated and coordinated primary health care system underpinned by continuity of care

11.1 Do you agree with this recommendation?

The RANZCP supports the recommendation. The RANZCP supports a greater role of allied health services in providing care in collaboration with other primary care and specialised practitioners, including psychiatrists. As mentioned previously, integrated and coordinated mental health care could be encouraged by the introduction of new MBS items for psychiatrists to provide advice to allied health providers over the phone. The RANZCP supports that item numbers should be available for both the psychiatrist and allied health provider.
The RANZCP also recommends the Reform Steering Group propose increased funding to incentivise allied health practitioners to gain experience providing mental health care.

Psychiatrists play an important role in building the capacity of other health professionals and providing advice so consumers receive continuity of care and evidence-based treatments. The RANZCP encourages the Government to incorporate more clinical input from psychiatrists when considering how to redesign the architecture of the mental health system in Australia.

**Recommendation 12 (Nursing and midwifery workforce):** Support the role of nursing and midwifery in an integrated Australian primary health care system

**12.1. Do you agree with this recommendation?**

The RANZCP supports the recommendation. The RANZCP supports a greater role of mental health nurses in providing multidisciplinary team care, as well as Maternal Child Health nurses, to improve perinatal health outcomes. The RANZCP strongly encourages the Government to develop initiatives to increase the number of specialist mental health nurses to bridge critical gaps in mental health care.

As mentioned previously, psychiatrists play an important role in building the capacity of other health professionals and providing advice so consumers receive continuity of care and evidence-based treatments. The RANZCP believes the Government should incorporate more clinical input from psychiatrists when considering how to redesign the architecture of the mental health system in Australia.

**Theme 5: Innovation and Technology**

**Recommendation 15 (Digital infrastructure):** Develop digital infrastructure and clinical systems to better support providers to deliver safe and effective care

**15.1. Do you agree with this recommendation?**

The RANZCP supports the recommendation. The RANZCP supports the use of digital infrastructure, including telehealth, where it can improve access to psychiatry services for people in rural and remote areas, and in situations where a digital interface is preferred, or face-to-face consultations are not practicable or possible.

**15.2. What do you see as the challenges in implementing this recommendation?**

As with face-to-face services, the RANZCP suggests care provision should be tailored to meet the needs of each patient and to specific populations including culturally and linguistically diverse (CALD) groups, patients with sensory or cognitive impairments which may impact their use of technology, and Aboriginal and Torres Strait Islander peoples. The use of digital infrastructure with older people, infants, children and adolescents should also be delivered in an appropriate, developmentally modified way and with the support of carers, parents or guardians.

The RANZCP emphasises that appropriate steps should be taken to ensure that the rendering of health services into digital infrastructure does not further disadvantage groups who may not have access to appropriate technology. For example, in rural or remote Aboriginal communities, technology should be made available in culturally appropriate spaces within public health services by liaising and developing partnerships with local Aboriginal services.
**Theme 6: Research, data and continuous improvement of value to people, population, providers and the health system**

**Recommendation 17 (Data):** Support a culture of continuous quality improvement with primary health care data collection, use and linkage

17.1 Do you agree with this recommendation?

The RANZCP broadly supports the recommendation. The RANZCP emphasises that data collection should be consistent and coordinated, include patient outcome measures, and be used to inform system improvement, as well as be made available for research purposes. The RANZCP recommends the Reform Steering Group consider strategies or solutions to ensure that the data collected is representative of the whole population it will be used to describe by focussing on groups who may be less likely to participate in data collection initiatives (e.g. CALD patients, patients with cognitive disabilities).

There is a need for rapid, readily accessible data on mental health and suicides. The establishment of clinical registries would improve understanding of the factors which contribute to quality care.

17.2 What do you see as the challenges in implementing this recommendation?

The RANZCP suggests that challenges in implementation may include establishing joint governance and data sharing agreements across data custodians. Other challenges may include ensuring that patient groups who may be less likely to register for data collection initiatives are captured in these data so data are representative of the population and these patients do not miss out on benefiting from the knowledge generated.

**Recommendation 18 (Research):** Empower and enable contextually relevant, translational and rapid research and evaluation in primary health care, addressing questions directly relevant to service delivery in localised context

18.1 Do you agree with this recommendation?

The RANZCP supports the recommendation. Research is essential for building knowledge and as an evidence-base to support strategies, service design and delivery, and treatment. It is also an important element in monitoring, evaluating and improving systems. Australia has its own unique cultural, social, legislative and economic structure that influences how health services and support are provided and used by people with mental health problems. Using overseas data to inform our interventions does not always work. Improvements in health services must be informed by evidence, best practice, and evaluation based on Australian research and data.

The opportunity to undertake research builds skills and capacity amongst the health care workforce. It also makes positions more attractive and offers a potential lever for improved retention of clinicians within the public health system.

The RANZCP supports building research opportunities into governance and accountability arrangements associated with receipt of funding, and opportunities for research should be offered as part of employment within services. It is also essential that patients and carers are involved in as many aspects of research as possible, as they can provide valuable input at every stage.
Theme 8: Implementation is integral to effective reform that delivers on the Quadruple Aim

Recommendation 20 (Implementation):
- Ensure there is an Implementation Action Plan developed over the short, medium and long-term horizons
- Ensure consumers, communities, service providers and peak organisations are engaged throughout implementation, evaluation and refinement of primary health care reform

20.1 Do you agree with this Implementation Action Plan approach?

The RANZCP supports that reforms should include clear Implementation Action Plans that guide activities across short, medium and long term. These Action Plans should contain a degree of flexibility to be able to accommodate necessary changes or unexpected needs based on new research or unexpected findings from consultation or co-design activities.

20.2 Do you see any challenges in implementing primary health care reform?

The RANZCP believes a major challenge could be mental health workforce shortages. A robust and multidisciplinary workforce is essential for ensuring a connected and well-functioning primary care system. Current shortages of mental health professionals are placing significant strain on the capacity of the broad health system to deliver high-quality, accessible care.

The RANZCP suggests that implementing the primary health care reform could also be impacted by the number of concurrent Government-led reforms. It will be critical that reforms are coordinated and connected. Examples include the Productivity Commission into Primary and Community Care and Mental Health recommendations, National Disability Insurance Scheme (NDIS) reforms, National Children’s Mental Health and Wellbeing Strategy, Royal Commission into Aged Care Quality and Safety and Vision 2030 National Mental Health Commission.

21. Please provide any additional comments you have on the Primary Health Reform Steering Group Draft Recommendations.

The RANZCP suggests a broad challenge in implementation of the Recommendations will be the intersection of and coordination between state and Commonwealth services.

The RANZCP recommends the Reform Steering Group consider an increased focus on the primary care needs of people with developmental and intellectual disabilities. This should include ensuring the Reform Steering Group’s Recommendations interface with the Australian Government’s National Roadmap for improving the health of Australians with intellectual disability as well as the National Disability Insurance Scheme (NDIS).

The RANZCP recommends the Reform Steering Group consider the impact on staffing and the need for prioritisation of critical capabilities (including mental health) across health service opening hours. There is also a need to identify the workforce that is required for after-hours services which currently might often be provided by casual, temporary or less experienced staff.