



Consumers Health
Forum **OF** Australia

SUBMISSION

**Senate Inquiry: Accessibility and
quality of mental health services in
rural and remote Australia**

May 2018

Consumers Health Forum of Australia (2018) *Senate Inquiry: Accessibility and quality of mental health services in rural and remote Australia*. Canberra, Australia

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Consumers Health Forum of Australia is funded by the Australian Government as the peak healthcare consumer organisation under the Health Peak and Advisory Bodies Programme

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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers and those with an interest in health care consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF appreciates the opportunity to provide a submission in response to the inquiry into the accessibility and quality of mental health services in rural and remote Australia conducted by the Senate Community Affairs References Committee.

CHF believe all Australians, no matter their location, should have access to safe, good quality and timely health care. Rates of mental health conditions and suicide are much higher in rural and remote areas. Yet, unfortunately we find the mental health workforce unevenly distributed across Australia. In rural and remote Australia mental health specialist such as psychologists, social workers and general practitioners are under-represented in-person, making accessibility very challenging.

The recent announcement by Prime Minister Malcolm Turnbull for additional funding for the Royal Flying Doctor Service will provide a substantial increase in access to mental health services in rural and remote Australia through the employment of more mental health nurses and psychiatrists¹. Furthermore, the use of technology provides better access to mental health services for people living in rural and remote areas. However, significant changes are required to ensure the mental health system is integrated, consumer-centred and the use of technology to deliver mental health services improves patient experience.

At the heart of CHF's policy agenda is patient-centred care. Previous consultations, surveys, feedback from members, roundtable discussions and literature has informed some fundamental principles and key elements that CHF believe should be considered for the inquiry into the accessibility and quality of mental health services in rural and remote Australia. Our response aligns with two of the terms of reference:

- c) The nature of the mental health workforce; and
- f) Opportunities that technology presents for service delivery

C) The nature of the mental health workforce

Consumer-centred mental health workforce:

¹ S, Borys 2018, 'Royal Flying Doctor Service gets multi-million dollar boost for mental health, dental care', *ABC News*, accessed 30 April 2018, <http://www.abc.net.au/news/2018-03-29/funding-boost-to-expand-royal-flying-doctor-service/9599328>

As highlighted by the NSW Agency for Clinical Innovations (ACI), consumers are the only constant throughout the patient journey:

“They are therefore the experts in terms of identifying their desired health outcomes and experiences of illness and care, and their expertise should be sought and respected to improve quality of care. Shared decision-making, support for self-management and proactive communication are key features of person-centred health care²⁷”.

While the practice of patient-centred care has been shown to benefit the health system on a range of levels, from the individual patient to the health system at a macro level³⁴⁵, the degree to which this has been implemented by health professionals remains unclear. In 2016, CHF undertook a survey of 55 health workforce professional organisations in attempt to gain more insight. Among the surveyed organisations, a strong understanding of the principles behind patient centred care was evident, showing that they clearly understand that there is a strong rationale behind patient centred care. However, despite that, organisations do not comprehensively involve consumers in their practice. It should be noted that while this survey was not specifically targeting rural and remote mental health organisations, representative organisations such as the Rural Health Workforce Australia, and Australian Psychology Society were among the organisations who responded to the survey⁶.

Based on the above survey results and other recent work of CHF, we make the following recommendations:

- Accreditation standards should be reformed to include genuine consumer engagement and involvement, create greater consistency and commonality in the development and application of these standards across health professions, including mental health.
- Health workforce organisations should be supported to include consumer centred care principles in their training of health professionals and provide ongoing support to put these principles into practice.

Integrated mental health services:

Many reviews, including the National Mental Health Commission review⁷ have confirmed the mental health system is fragmented and has fundamental structural shortcomings. Most importantly the Review showed that these problems had a negative impact peoples’ wellbeing and participation in the community—on jobs, on families, and on Australia’s productivity and economic growth. The Review

² NSW Agency for Clinical Innovation (ACI) 2015, ‘Patient Experience and Consumer Engagement: A Framework for Action’, ACI, Chatswood, p3.

³ Australian Commission on Safety and Quality in Healthcare (ACSQHC). Safety and Quality Improvement Guide Standard 2: Partnering with Consumers. 2012.

⁴ Foot C, Gilbert H, Dunn P, Jabbal J, Seale B, Goodrich J, et al. People in control of their own health and care: the state of involvement. 2014;(November):1–82. Available from: papers3://publication/uuid/9AD8BBE6-B3D5-47A5-9455-25DF87FA2726

⁵ Janamian T, Crossland L, Wells L. On the road to value co-creation in health care: the role of consumers in defining the destination, planning the journey and sharing the drive. *Med J Aust* [Internet]. 2016;204(7):S12 – S. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27078786>

⁶ Consumers Health Forum of Australia 2016, ‘The Patient Centred Workforce Research Report’, CHF, available from: https://chf.org.au/sites/default/files/workforce_survey_-_full_report_for_website.pdf

⁷ National Mental Health Commission (2015) *Contributing Lives, Thriving Communities – Report of the National Review of Mental Health Programmes and Services*

also found that despite almost \$10 billion in Commonwealth spending on mental health every year, there are no agreed or consistent national measures of whether this is leading to effective outcomes or whether people's lives are being improved as a result.

A whole of government approach is required to addressing mental health needs that brings together integrated health services with improved education and employment opportunities to ensure people with mental illnesses have the same opportunities as others in the community. There needs to be a long-term commitment that links funding to demand to ensure the momentum of reform is not stalled.

Key principles and elements to consider:

- Reallocate a proportion of Commonwealth acute hospital funding into more community-based psychosocial, primary and community mental health services. These services should have a focus on social connectedness, lived experience input and peer mentoring and support, helping people to focus on their strengths rather than just treating symptoms.
- Extend the scope of PHNs as the key regional organisations for equitable commissioning, planning and purchasing of mental health programs, services and integrated care pathways in conjunction with consumers and carers.
- Develop and implement place-based models of care for consumers in rural and remote communities to improve access to and equity of healthcare services.
- Improve access to services through developing and leveraging e-mental health services that build sustained self-help, link to biometric monitoring and provide direct clinical support strategies or enhance the effectiveness of local services as one potential mode of treatment and assistance.
- Implement the areas for change outlined in *Equally Well*, particularly the need to strengthen care coordination and regional integration across health, mental health and other services and sectors by:
 - PHNs and LHNs to develop integrated mental health services across hospital and community settings to ensure continuity of care.

F) Opportunities that technology presents for improved service delivery:

Technology is a strong enabler, providing opportunity to improve the delivery of mental health services for people living in rural and remote areas. While CHF supports the use of technology in health care – at the heart of this we must consider how the use of technology will improve patient experience or access.

Initiatives such as telehealth have brought mental health services to the comfort of home via video-conference, allowing people to receive treatment promptly and help overcome barriers such as time and expenses that would otherwise be required to travel to regional areas of major cities to receive care⁸. The recent Medicare rebate which allows people living in rural and remote areas to claim up to seven

⁸ Department of Health 2017, 'Telehealth measure to improve access to psychological services for rural and remote patients', Australian Government, accessed 27 April 2018, [http://www.health.gov.au/internet/main/publishing.nsf/Content/7711F1B8AF63FD55CA2581B50006892D/\\$File/Better%20Access%20Telehealth%20FAQ%20-%202017%20Oct%202017.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/7711F1B8AF63FD55CA2581B50006892D/$File/Better%20Access%20Telehealth%20FAQ%20-%202017%20Oct%202017.pdf)

videoconferencing consultations each year with psychologists and other mental health professionals is an important step towards improving access through better use of technology. This initiative not only reduces the need to travel long distances but ensures people have timely access to mental health services when they need it most.

CHF published an issues paper in August 2017 outlining consumer perspectives on key design principles and elements which should be incorporated in the four pillars envisaged as part of a national health plan for Australia⁹. The following points associated with the use of technology and mental health services were highlighted:

- Implement the actions in the National Digital Health Strategy with priority to accelerating the My Health Record opt out. Critical to the success is consumer awareness and confidence in both security and utility of MyHealth Record and new modes of care delivery that don't involve face-to-face contact with their doctor is going to be critical to success. Improving digital health literacy and making MyHealth Record easy to use will also be important.
- Facilitate and support the development of and implementation of accredited on-line self-management tools and apps for smart phones and other devices across a range of mental health conditions and needs.
- Accelerate and put in place the right mix of incentives to encourage digitally enable models of care delivery including the widespread use of telehealth, telemedicine and remote monitoring.
- Training and education for consumers and health professionals in how to use the tools and incentives put in place to encourage the update and adoption of these – digital health literacy.

⁹ Consumers Health Forum of Australia 2017, *Consumer Priorities for a National Health Plan*, available from: https://chf.org.au/sites/default/files/chf_ministerial_roundtable_issues_paper_final_0.pdf