Private Mental Health
Consumer Carer Network (Australia)

engage, empower, enable choice in private mental health

SUBMISSION
TOWARD A NATIONAL PRIMARY HEALTH CARE STRATEGY

We thank the Minister for Health and Ageing for the opportunity to provide comment on the consultation to the 'Toward a National Primary Health Care Strategy'.

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who receive their treatment and care, and those that care for them, from private sector settings for their *mental illnesses or disorders.* As our title implies, the Network is the authoritative voice for consumers and carers of private mental health settings.

The Network is committed to working with Government and would be pleased to work with the Minister for Health and Ageing; Dr. Tony Hobbs, and the External Reference Group in addressing the needs of people with a mental illness. Mental Health brings with it many challenges. As a consumer and carer organisation we are in a unique position to provide direct lived experiences to the External Reference Group and would welcome the opportunity to engage in further consultations, either independently or with other relevant organisations.

Introduction

General practitioners are the first port of call for all health requirements; therefore a strong, well functioning primary health care is essential for all Australians. Mental health has some differences from most other health issues. We have seen a number of this Government's initiatives which the Network welcomes and strongly supports, in treating and caring for those with mental health issues. Far more mental health services are delivered by GPs and community services following the decades of institutionalisation.

An increasing larger number of people are being treated in private sector settings. Legislative changes to private health insurers' ability to now fund outside of a hospital setting is very much supported and welcomed by the Network. We are also seeing an increasing emphasis on 'recovery' and 'self management' in mental health and we also strongly support Health Minister Roxon's emphasis on preventative care. The Network strongly supports new innovation in health care delivery by e-health especially for rural and remote communities.

Section 1

Question:

How can we ensure appropriate services for all geographical areas and population groups?

The Network believes that with the rollout of broadband services to rural and remote areas, this provides an innovative way in which to deliver e-health services. These could be tele-health, tele-psychiatry based in GP practices, strategically and centrally located to provide services to a wider geographical area. Another e-health

innovation could be the better use of a person's own computer with web-cam and e-therapy. Clearly medicare item numbers would need to be raised to allow practitioners to delivery these types of services.

Question:
What more needs to be done for disadvantaged groups to support more equitable access?

The Network wishes to raise the issue of people with mental illness who do not have a GP. These people are in shelters, hostels or are homeless and we believe an innovation could be mobile **outreach primary health services** to care for transient individuals.

Section 2

Question:
What is needed to improve the patient and family-centre focus of primary health care in Australia?

The Network is committed to the aspect of mental health 'self management' strategies. We also strongly support the need for families and carers to be engaged and involved in decision making.

Decision making of an individual in mental health is the most challenging of all health areas. Mental illness can rob a person of the ability to make an informed decision about their care. Individual preference is also something which can be struggled with in terms of mental illness. People can be involuntarily admitted to acute services, detained against their will, held in a secure setting, secluded or restrained. They can be forced to take medication or have treatment such as ECT against their will. They can be sought out in their place of residence and forced to have medication, and they can be denied the ability to manage their own finances. Therefore the collaboration of their family or carer is paramount to their ongoing care.

In this sense, the Network strongly supports collaboration of the primary mental health area and mental health services. We have increasing concerns around the workloads of GPs and the choices many are making in terms of part time practice. We believe this is leading to less inclusive practice, in that GPs, unlike a decade ago solely focus on the individual and are unaware of family connections. The Network supports this Government's GP Super Clinics, but acknowledges that the staffing of these practices with greater throughput of patients, will diminish the connection with families.

Section 3

Question:
How could primary health care be enhanced to better support prevention activities?

The Network strongly supports this Government's focus of preventative care, early detection and early intervention. We strongly support a number of key initiatives relating to mental health – ie Better Access, ATAPS, PHaMS to mention just a few.

As mentioned previously, the Network strongly supports the notion of 'recovery' and 'self management'. However, the Network is aware that referrals to specialist health professionals particularly where a chronic illness is present, is a problem. That is, to access specialist care, a referral from a GP is required. The referral is mostly time dependent, and can span a 3, 6 or 12 month period. In terms of chronic illness, the

requirement to see a GP for a renewal of a referral can cause problems. For example, if you see your specialist such as a psychiatrist, frequently over a 12 month period, you may not be aware of the expiration of your 12 month referral. Without an up-to-date referral, a patient cannot access the medicare rebate. We acknowledge that indefinite referrals can be obtained, but the practice seems to be that GPs in general prefer to provide the 12 month referral. This also means that people are taking up precious time with their GPs to obtain renewal of referrals. We believe a review of this system is required to enable the GP to be updated periodically of their patient's progress, yet not be required to see their patient just to renew the referral.

Section 4

Question:

What target groups would most benefit from active clinical care and/or service coordination?

People with chronic mental health are a must for active clinical care and service coordination. Although much has been provided, there is still much to do in these two critical areas.

We believe the GP plays a crucial role here. A GP can and does provide holistic care in terms of physical, emotional and mental health. The Network considers in the first instance, the GP is best placed as the coordinator of that care.

In terms of information and accountability of patients between settings, clearly documented and well followed through transference practices must be initiated and followed.

Section 5

Question: What aspects of performance of the primary health care sector could be monitored and reported against?

Consumer outcome measures are routinely collected across private and public mental health settings. In terms of admission to acute settings; at admission and discharge, and in terms of community settings; again at admission and discharge as well as reviews at three monthly intervals through the episode of care.

The Network considers outcome measure critical components of a quality improvement framework. Additionally, safety and quality performance indicators are being undertaken by the Australian Commission in Safety and Quality in Health Care.

The Network is of the belief that patient outcomes are an indication of the treatment and care they receive. Continuous safety and quality improvements strategies must be initiated in the primary care sector as well. We believe the Australian Government must play a key role in developing a performance framework, as well as taking the lead in supporting health care professionals' involvement in research and innovation.

Section 6

Question:

What is the role for eHealth in supporting the provision of quality primary health care?

On the 8 August, 2008 the Network made a Submission to the *National E-Health Transition Authority Ltd* on the *eHealth Record, Privacy Blueprint for the* ***Individual Electronic Health Record.***

We do however outline some of the key issues from that Submission from the Network's **mental health** consumer and carer perspective.

1. The Network agrees that governing frameworks for privacy in Australia including those relevant to any IEHR must contain and continue to have privacy principles legislated in statues, contained in administrative instructions or government-approved standards across all Australian jurisdictions. These must encompass how health information is collected, used, accessed, shared and disseminated. These must be as relevant to all private providers including private hospitals as they would be for public sector services. We draw attention to the National Privacy Principles and the Privacy Act which very much govern the private health sector, but have lesser relevance to public sector settings where jurisdictional regulations broadly apply.

2. The Network supports a national approach in offering all Australians the choice to access their own health information where, when and as they need it.

3. The Network supports the application of selected portions of an IEHR to contain test results, prescriptions, current medications, allergies and alerts, procedure history etc. We do however have some reservations around hospital discharge summaries specifically from mental health facilities as we believe this could have some future bias in the care received for other medical conditions. We believe the key to this however is that disclosure is to an authorised healthcare provider to **whom the individual gives permission**.

4. We need to reinforce our concerns by advising that when mental health consumers are in the health sector outside of mental health, we know from their many experiences that health professionals just do not understand the nature of mental illness or the use, administration or side effects of psychotropic medications

5**. Two KEY issues of critical importance**

The Network believes that two key critical issues exist, namely:

i) Sensitivity labels – Privileged Care

Whilst this issue has been addressed in a number of sections within the document, there is still some discussion as to whether this function can be incorporated within any IEHR. The Network considers it crucial to the people that we represent that not only is it appropriate, it is crucial to have sensitivity labels with different levels of access for healthcare providers.

We do not consider there is sufficient protection in any IEHR, whether this is opt in plus the ability to withhold information, to obviate the need for the sensitivity label. Many of us would want to have an IEHR for all the benefits this would provide, but need to be very assured that any information about our mental illness would be quarantined if that was determined by us.

ii) Potential Third Party Access

Only brief mention has been made about potential access by third parties most particularly insurance companies and courts. We would require stringent safeguards and assurances that protect all Australians from this type of access. We have grave concerns around potential employers, internet vulnerabilities and many other areas.

Section 7

Question: What advantages/disadvantages would there be if regional organisation were responsible for purchasing some primary health care services for their communities – that is, should they 'hold funding' for health services?

As Divisions of General Practice already have established professional links with the GPs in their defined area, it makes good sense to use this link as currently exists for the ATAPS initiative.

The Network strongly supports a means of developing and providing services to rural and remote communities in particular, and to provide opportunities to reimburse health professionals via the distribution of funds from the area Division of General Practice. This allows greater opportunities for innovation and the ability to provide quality mental health care for those with mental health issues. The limited services particularly in rural, remote and indigenous communities are already a critical issue.

Section 8

Question: How can the general practice nurse role be developed and enhanced? and
How can newer models of care or newer workforce roles (such as nurse practitioners and physician assistants) better support health professionals to meet demands created by a changing primary health care environment?

The Network supports an extended and greater role of nurse practitioners and indigenous mental health workers. We believe this is an essential link and key area of primary health care delivery. We consider that to ensure a high quality service, the elements of sufficient, well qualified, good mix of health professions is essential. To retain these professionals, adequate remuneration and incentive based models of remuneration needs to be considered.

Section 9

Question:
What incentives could be offered to trainees to make settling in high needs/workforce shortage communities more attractive?

The Network would like to raise the issue of financial incentives. Currently we understand that financial incentives are paid to **teachers** for instance, to travel and work in rural and remote communities. We understand this comprises an initial upfront payment currently of around $30,000, followed by a secondary payment upon completion of a 3 year period in these areas also currently around $30,000 – totalling $60,000.

Whether we like it or not, financial incentives are mostly the prompts to sustain workforces of whatever capacity, in areas of high needs or rural and remote communities.

Section 10

Question: Are their other funding models for primary health care that need to be considered?

The Network is always conscious of funding formulas as we strive to ensure that the Australian health sector does not duplicate the USA health system of 'managed

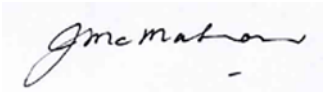
care'. This essentially represents a financial decision to provide a particular service over the clinical imperative.

As long as this does not occur, (ie deference to a financial rather than a clinical decision) the Network considers that performance and activity based funding formulas could be determined.

Conclusion

The Network has been pleased to provide this Submission to inform the 'Toward a National Primary Health Care Strategy. We would be very pleased to discuss this submission or aspects of the mental health perspective as it relates to the primary health care setting directly from a mental health consumer and carer 'lived' experience.

We request the opportunity to expand upon this submission and brief the External Reference Group charged with this initiative.



Ms Janne McMahon
Independent Chair
27 February, 2009