

4 February 2022

Mr Joe Kelly MP
Chair
Mental Health Select Committee

via email: mhsc@parliament.qld.gov.au



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Dear Mr Kelly

Thank you for the opportunity to provide feedback on the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

AMA Queensland is the state's peak medical advocacy group, representing over 9,600 doctors across Queensland and throughout all levels of the health system. Our members, who are on the front line of health care delivery across the state, have provided feedback on the state of the mental health system. The recommended actions contained in this submission for the consideration of this committee are based on that feedback.

AMA Queensland supports the decision of the Palaszczuk Government to hold an inquiry into mental health services in Queensland on the basis that AMA Queensland has seen mental health services deteriorate during the last decade under the watch of successive state governments (labor and LNP) to the point where the Queensland Government spends the lowest amount on mental health per head of population of all the Australian states and territories.¹

AMA Queensland has been working closely with RANZCP in advocating for better support for mental health services given the deterioration of mental health services. The \$7.7 million (over four years) additional funding provided in last year's state budget for perinatal and infant health services, is just a drop in the ocean compared to the amount of funding our system needs to provide quality care. We agree with RANZCP that the Queensland Government needs a recurrent investment of between \$650 million and \$700 million per year to meet current demand.

This level of funding would be consistent with the \$850 million increase per year on a pro rate basis the Victorian Government committed following the Royal Commission into Victoria's Mental Health System, the Victorian Government announced an investment of \$3.8 billion, or an \$850 million increase per year for their mental health services, on a pro rata basis.²

¹ AIHW Mental Health Services in Australia expenditure on mental health services 2018-19 <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/expenditure-on-mental-health-related-services>

² <https://finalreport.rcvmhs.vic.gov.au/recommendations/>

This increased investment by the Queensland Government is even more important as demand for mental health services have increased during the current pandemic. For instance, Queensland Government data indicates 28% more patients have presented to emergency departments since the COVID-19 pandemic started ³ (an increase of over 70% in the last 5 years) and members of the AMA Queensland Council of General Practice report increases of between 30% and 50% for patients presenting with mental health issues of all ages since the pandemic began. The pandemic-related economic downturn has adversely affected the mental health of millions of Queenslanders, due to a range of factors including job losses, restrictions on social interactions, and the lack of affordable housing and stress of moving to remote working. ⁴

The current mental health system in Queensland is not comprehensive and fails to provide the treatment and support for those who need it with limited investment in prevention and early intervention. Currently there is a lack of accountability and insufficient monitoring of the resource allocation and utilisation, quite simply it lacks a robust governance system. The limited focus of the clinical care system on the acute end has led to major gaps across the spectrum of mental illness, including perinatal mental health, children and adolescent mental health, and older people including those presenting with dual diagnoses i.e. mental health issues, comorbidities and substance use disorders.

There is another group which is falling through gaps - the 'missing middle'. These are people who have symptoms that are too complex to be adequately treated by a GP but their condition also does not reach the threshold for access to state- or territory-funded specialised mental health services. Alternative services, such as private psychiatrists or private hospitals, may be inaccessible due to long waiting lists or very high out-of-pocket costs.

Our members highlight the long wait times to see a psychiatrist, and public and private psychologists in Queensland of between 6 months and 2 years, which leaves many patients with limited options to receive specialist care which hasn't been helped by some psychiatrists closing their books. Last year, The Australasian College for Emergency Medicine (ACEM) launched a report called *Nowhere Else to Go*,⁵ which blamed this lack of access to specialist care as the reason why people are presenting to emergency departments.

People with a mental health condition presenting to emergency departments can have their treatment and assessment delayed due to access block (which AMA Queensland highlighted recently and developed an ED Action Plan) which can exacerbate the distress of a patient in ED (with associated effects on other patients, hospital staff and carers, including a heightened risk of occupational violence⁶) and add to overcrowding and access block in the ED.

Compared to people with other health conditions presenting at an ED, people with a mental health condition are:

- nearly twice as likely to arrive by ambulance

³ <http://www.performance.health.qld.gov.au/>

⁴ The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch *Making Mental Health a Priority* July 2021

⁵ <https://acem.org.au/nowhere-else-to-go>

⁶ People presenting to the ED for mental health care routinely experience unreasonably long delays for transfer or admission. Long waiting times, drugs and alcohol have all been found to contribute to occupational violence in ED settings in Australia.

- ten times more likely to arrive by police or correctional services vehicles
- twice as likely to be in ED for more than 8 hours
- overrepresented among those kept waiting in ED for an inpatient bed
- even more overrepresented among those delayed in leaving ED due to an inpatient bed not being available.

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We agree with the recommendation of the Productivity Commission that each state and territory should provide more and better alternatives to EDs for people with mental health problems. This may include providing separate spaces in or near EDs for people with mental illness, or otherwise creating a more de-escalating environment, such as peer- and clinician-led after-hours services and mobile crisis services. The provision of alternatives to EDs are estimated to be cost-saving and could substantially improve the mental health outcomes for people benefiting from them.

GPs remain the dominant provider of mental healthcare services for the majority of the Queensland population, with approximately 75% of the population accessing a GP in the first instance for their mental health condition.^{8 9} Of these people who see a GP 6 in 10 are prescribed medication; 3 in 10 receive some counselling, education or advice and only 2 in 10 receive a referral to a psychologist or a psychiatrist.

Following consultation with our members we are asking the Queensland Government to support the following recommended actions:

Support increased use of technology

The recently reinstated telehealth consults to pre-pandemic levels by the Commonwealth Government will help GPs deliver better health services. We are also calling for the Queensland Government to support the call by AMA and the Productivity Commission for technology to play a larger role by improving assessment and referrals, and increasing access to, and the range of, treatments and online support including psychological therapy via videoconference supported by MBS rebates.

Support additional mental health training and professional development for GPs

We call on the Queensland Government to support additional mental health training and professional development for GPs including approaches to assessing mental health (including consideration of cultural influences, relationships and trauma); inclusion of carers and family in diagnosis and treatment discussions; attitudes to peer workers; and additional training on medication management and de-prescribing and online supports.

Improve the pathway to treatment and care after a suicide attempt

Half of those discharged from hospital after a suicide attempt do not attend follow-up treatment and the responsibility of services and accountability for follow-up is unclear and inconsistent which can lead to homelessness. Queensland Health needs to establish a clearer pathway to treatment and care after a suicide attempt and to work in consultation with homeless support services to ensure people are appropriately supported.

⁷ Productivity Commission 2020, *Mental Health*, Report no. 95, Canberra p45

⁸ Ibid

⁹ Ibid

Establish multi-functional service delivery centres to provide care for people with dual diagnoses

Many people with mental illness and comorbid physical health problems or substance use disorders do not receive integrated care, leading to poor outcomes, including premature death. Mental health services should be required to ensure treatment is provided for both mental illness and substance use disorder for people with both conditions.

Mental health funding models need to be reviewed

AMA Queensland supports three main changes to the way funding for mental health is currently provided:

- i. review the way GPs are subsidised to support mental health,
- ii. an extension of activity-based funding to community ambulatory mental health services, and
- iii. increase funding for community mental health services.

Current funding models to support mental health need to be reviewed as the way most GPs are subsidised for a mental health consult creates a financial incentive for them to limit their discussion time with each person. The funding model needs reassessment to allow GPs to provide longer appointments and address more than one problem at a time.

AMA Queensland also supports the call by the Productivity Commission¹⁰ to extend activity-based funding to community ambulatory mental health services as this would increase their efficiency (by motivating a higher proportion of time to be spent on consumer-related activities) and reduce incentives of local hospital networks to prioritise hospital-based care which may lead to a reduction in the number of people with mental health illnesses being held long term in hospitals.

There has been insufficient investment in community mental health care in Queensland, which is a concern given that community mental health services are increasingly required to support more complex and high-risk patients. Many community health services across Cairns, the Sunshine Coast, Central Queensland, Gold Coast and Brisbane have endured funding cuts, or were completely de-funded.

- i. *Make sure effective services support recovery in community* - Community treatments and supports should be expanded for people who do not require hospital care but do require more care and support than provided by a GP. Clinical and community services should be coordinated to create a system of care that promotes recovery, with care coordinators to help people with complex needs
- ii. *Increase funding for community ambulatory services to the level required to meet population needs* – this supports the call of the Productivity Commission Inquiry Report and RANZCP to expand community ambulatory services in order to meet the needs of children, adolescents and older people with mental illness. We know that in 2020-21 Queensland Ambulance Service (QAS) attended 58,213 cases related to mental health, a 3% increase from 2019-20 (but a 70.2% increase in last 5 years).¹¹

More support for perinatal mental health services

¹⁰ Ibid p72

¹¹ Queensland Audit Office Report for 2020-21

AMA Queensland is calling for more support for mothers and their babies during the perinatal period (pregnancy and the first year after the birth of babies) to ensure a secure attachment between parent and baby in the early stages of life which is important to reduce the risk of mental health disease in children.

Our members are reporting an increase in mental health presentations during the perinatal period in the middle of this pandemic as many are reporting being discharged soon after giving birth, sometimes before they have learnt how to breastfeed, settle their baby and recover. Increased support at this time ensures a smoother transition to caring for babies.

The restrictions on social interactions and access to community care during the pandemic have meant mothers are not being exposed to baby groups as they used to be pre-pandemic and essential resources offered for new parents by Community Child Health to teach them how to care for their babies, child health sessions and allowing them the opportunity to connect with other parents have been offered on a limited basis. We call on Queensland Health to increase the level of support for perinatal mental health by reintroducing the sessions by Community Child Health and increase the number of mother-baby inpatient units across the state (eight beds in each of the three regions across Queensland's metro south, metro north and in north Queensland).

Address the gaps in the mental health workforce

The Queensland Government needs to improve the competency of mainstream health services in mental healthcare by providing additional support for GPs and increase the numbers of psychologists, psychiatrists and mental health nurses particularly in regional communities. Even with a recommended ramping up in the use of online mental health assessment, referral and treatment options, GPs will remain the dominant provider of mental healthcare services.¹² The shortages in specialists and disparity in workforce numbers between urban and regional areas of Queensland accentuated during the COVID-19 pandemic has made access to appropriate mental health care more difficult.

Access to *psychiatric care* is particularly constrained, with high costs and long wait times in some areas. The profound difficulty of children and adolescents, people in aged care and people in regional areas in accessing psychiatrists and psychologists, needs to be addressed. When these shortages were raised by RANZCP with AMA Queensland in 2021, we called on the Palaszczuk Government to commit to allocate some of additional 1,500 doctors they have promised in their current term of government be allocated to psychiatry and we repeat that call now.

AMA Queensland considers that technology is a primary means to overcome those gaps in access to mental healthcare in rural, regional and remote parts of Australia that are a result of workforce shortfalls, by encouraging an increased use of telehealth and clinician-supported online treatment options.

Fund clinical treatment from workers compensation schemes

AMA Queensland supports the recommendation from the Productivity Commission for workers compensation schemes to fund clinical treatment (including any required rehabilitation) for all mental health related workers' compensation claims. This should be provided regardless of liability, until the injured worker returns to work or up to a period of six months following lodgement of the claim. At a cost of approximately of 0.6% of the total annual premium revenue received by insurers this is strongly supported by AMA Queensland as a sensible reform.

¹² Ibid

Address occupational violence

Despite the considerable attention which has been given to it, the incidence and impact of occupational violence against GPs, ambulance officers and health workers, including those employed in public hospitals remains problematic.¹³ Occupational violence remains a major issue for staff in emergency departments, psychiatric inpatient units, as well as community settings.

Thank you again for providing AMA Queensland with the opportunity to provide feedback on the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders*.

Yours sincerely



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Dr Brett Dale
Chief Executive Officer
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¹³ *Health Q. Occupational Violence Prevention in Queensland Health's Hospital and Health Services – Taskforce Report*; The Royal Australian and New Zealand College of Psychiatrists (RANZCP) Queensland Branch *Making Mental Health a Priority* July 2021 and AMAQ *Resident Hospital Health Check 2021*