

**Mental Health  
Australia**

**Submission: Inquiry into the provision  
of GP and related primary health  
services to outer metropolitan, rural,  
and regional Australians**

September 2021



Mentally healthy people,  
mentally healthy communities

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## Introduction

General Practitioners (GPs) are the front door to physical and mental health services in Australia. For mental health, this is largely due to program design, which places GPs as gatekeepers for access to mental health related Medicare service rebates. GPs advise that “psychological issues...remain the most commonly seen presentations in general practice.”<sup>1</sup> In addition, Primary Health Networks (PHNs) manage about 10% of the Australian Government’s mental health expenditure.<sup>2</sup> Given the critical role that GPs and primary health services play in provision of mental health services; it is important that this inquiry considers mental health services. This submission provides recommendations designed to move toward safer and more sustainable delivery of mental healthcare through GPs and primary health services in outer metropolitan, rural and regional Australia.

## Workforce

The way people access primary health care in rural and remote areas often differs to those in metropolitan areas; “facilities are generally smaller, have less infrastructure and provide a broader range of services to a more widely distributed population. Rural and remote populations also rely more on general practitioners... to provide health care services, due to less availability of local specialist services”.<sup>3</sup>

The Productivity Commission Inquiry into Mental Health Final Report found that “Access to mental health professionals, especially specialist care, falls dramatically outside of major capital cities. This includes GPs, notwithstanding some evidence to the contrary...”<sup>4</sup> The Productivity Commission Inquiry into Mental Health Final Report highlighted problems with the datasets, which Australia uses to count GPs. These problems cause confusion around whether sufficient numbers of GPs practice in regional and remote Australia.<sup>5</sup> Although the data around GPs is problematic, the lack of referral pathways to mental health professionals outside major cities is clear. This explains in part why people in remote and very remote areas of Australia are more likely than those in cities to use medication only, rather than accessing psychological support services.<sup>6</sup>

The Productivity Commission Inquiry into Mental Health Final Report made two important recommendations in relation to better support for GPs, which are relevant to this Inquiry given populations outside cities rely more on GPs. Action 16.3 recommends governments improve mental health training for medical practitioners. In response, the Australian Government has committed to provide GPs and other medical practitioners with specialised

<sup>1</sup> Royal Australian College of General Practitioners. (2020). *General Practice Health of the Nation 2020*. Retrieved 3 September 2021 from <https://www.racgp.org.au/getmedia/c2c12dae-21ed-445f-8e50-530305b0520a/Health-of-the-Nation-2020-WEB.pdf.aspx>, p.3

<sup>2</sup> PHN Advisory Panel on Mental Health. (2018). *Report of the PHN Advisory Panel on Mental Health*. Retrieved 10 September 2021 from [https://www.health.gov.au/sites/default/files/documents/2020/11/report-of-the-phn-advisory-panel-on-mental-health\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2020/11/report-of-the-phn-advisory-panel-on-mental-health_0.pdf)

<sup>3</sup> Australian Institute of Health and Welfare. (2019). *Rural and Remote Health*. Retrieved 3 September 2021 from: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/access-to-health-care>

<sup>4</sup> Australian Government Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report Volume 2*. Retrieved 30 September 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report>, p.748

<sup>5</sup> See page 750 of the Productivity Commission Inquiry into Mental Health Final Report for a succinct description of the problem associated with GP datasets.

<sup>6</sup> Australian Bureau of Statistics. (2016). *Patterns of Use of Mental Health Services and Prescription Medications*. Retrieved 10 September 2021 from <https://www.abs.gov.au/statistics/health/mental-health/patterns-use-mental-health-services-and-prescription-medications/latest-release>



training and resources to “enhance their capacity to address mental health concerns of patients”.<sup>7</sup> In order for this to address the needs of GPs in outer metropolitan, rural and regional areas and therefore the needs of people with lived experience and their carers in these areas, it will be important for this training to be cognisant of the unique challenges faced by GPs in these areas.

The Productivity Commission Inquiry into Mental Health Action 10.3 recommends “the Australian Government should introduce a [Medicare Benefits Schedule] MBS item for psychiatrists to provide advice to a GP or paediatrician over the phone on diagnosis and management issues for a person who is receiving care from the GP or paediatrician.”<sup>8</sup> This could be particularly useful for GPs operating in rural and regional areas where face-to-face access to a psychiatrist is less likely to be an option. The Australian Government has committed to consider this change to the MBS through its Better Access Evaluation.<sup>9</sup>

### Recommendation 1

Specialised mental health training and resources for GPs and other medical practitioners, currently under development by the Australian Government, should take into consideration unique challenges faced by GPs and other medical practitioners operating in outer metropolitan, rural and regional areas.

In addition to the above-mentioned Productivity Commission recommendations to support GPs, Mental Health Australia recommends addressing the root cause of the issue – that is the lack of a comprehensive, multidisciplinary mental health workforce in rural and regional Australia, providing both clinical and non-clinical services and capable of holistic care, which addresses both medical and psychosocial needs.

The Productivity Commission Inquiry into Mental Health Final Report found that “There are many government programs aimed at alleviating these shortages [to mental health professionals], but there are practical and budgetary obstacles to ensuring that physical access is equal across different locations.”<sup>10</sup> It will be important for these issues and relevant solutions to be explored through the development of the National Mental Health Workforce Strategy.

### Recommendation 2

The National Mental Health Workforce Strategy should outline specific actions to increase the multidisciplinary mental health workforce available in outer metropolitan, rural and regional Australia, including but not limited to across primary mental health care and allied health.

<sup>7</sup> Australian Government. (2021). *Prevention Compassion Care National Mental Health and Suicide Prevention Plan*. Retrieved 30 September 2021 from <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>. p.22

<sup>8</sup> Australian Government Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report Volume 2*. Retrieved 30 September 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report>. p.472

<sup>9</sup> Australian Government (2021). *Prevention Compassion Care National Mental Health and Suicide Prevention Plan*. Retrieved 30 September 2021 from <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>

<sup>10</sup> Australian Government Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report Volume 2*. Retrieved 30 September 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report>. p.755



## Primary mental health care funding structures

Funding for primary mental health care is largely delivered through the MBS and federal funding for primary mental health services commissioned through PHNs. The Productivity Commission Inquiry into Mental Health Final Report found that “Primary mental healthcare funding arrangements:

- do not fully reflect differences in needs between regions
- incentivise an overreliance on Medicare Benefits Scheme-rebated care, which is not suited to all consumers’ needs
- rely too heavily on centralised decision-making, when regional decision-making would be more appropriate.”<sup>11</sup>

One of the largest government primary mental health investments is the MBS Better Access Initiative (‘Better Access’). The Initiative provides MBS rebates for a limited number of individual and group mental health services.<sup>12</sup> To access rebates people need to obtain a diagnosis of a mental disorder and have a Mental Health Treatment Plan created.<sup>13</sup>

This initiative has several key limitations, which affect outer metropolitan, rural and regional Australians. For example, studies have found that “activity rates for Better Access and related mental health care MBS items decline with increasing remoteness” and that “Better Access activity rates are typically greater in more advantaged areas.”<sup>14</sup> Studies have flagged potential causes for this disparity including the lack of availability of mental health specialists in rural and remote areas in comparison to cities and the likely barrier created by sometimes expensive co-payments for those living in more socio-economically disadvantaged areas.<sup>15</sup> In short, the Better Access Initiative has not provided equity of access to mental health care across locations.

In addition, there is little flexibility afforded to rural and regional areas, around which health professionals can create a Mental Health Treatment Plan. This potentially disadvantages some rural and regional areas, which may not have ready access to a GP or psychiatrist, but may have access to other health professionals. The Senate Community Affairs References Committee Inquiry into Accessibility and quality of mental health services in rural and remote Australia Final Report recommended that “the Commonwealth Government consider pathways for allied health professionals and nurses in rural and remote Australia to refer patients under the [Better Access] initiative.”<sup>16</sup> More recently the MBS Review Taskforce Mental Health Reference Group Report recommended that a new working group be

<sup>11</sup> Australian Government Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report Volume 3*. Retrieved 30 September 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report>. p.1133

<sup>12</sup> Australian Government Department of Health (2020). MBS factsheet for practitioners: Additional 10 MBS mental health sessions during COVID-19 under the Better Access Pandemic Support measure. Retrieved 20 September 2021 from [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/240DC3AF97EEAF79CA2585BC00827909/\\$File/Factsheet-Practitioners-Mental-Health-Services-COVID-19.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/240DC3AF97EEAF79CA2585BC00827909/$File/Factsheet-Practitioners-Mental-Health-Services-COVID-19.pdf)

<sup>13</sup> Australian Government Department of Health (2021). Better Access Initiative. Retrieved 20 September 2021 from <https://www.health.gov.au/initiatives-and-programs/better-access-initiative>

<sup>14</sup> Meadows, G., Enticott, J., Inder, B., Russell, G., Gurr, R. (2015). Better access to mental health care and the failure of the Medicare principle of universality. *Medical Journal of Australia*, 202(2), 190-195, (p.193)

<sup>15</sup> Meadows, G., Enticott, J., Inder, B., Russell, G., Gurr, R. (2015). Better access to mental health care and the failure of the Medicare principle of universality. *Medical Journal of Australia*, 202(2), 190-195

<sup>16</sup> The Senate Community Affairs References Committee. (2018). *Accessibility and quality of mental health services in rural and remote Australia*. Retrieved 30 September 2021 from [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/MentalHealthServices/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/MentalHealthServices/Report). p.xvi



established to “review access to, and rebates for, Better Access sessions delivered by different professional groups.”<sup>17</sup>

In addition, MBS pricing can have the unintended consequence of encouraging doctors to focus on quick physical health interventions, because this can be more profitable overall than focusing on long mental health interventions. The MBS is also subject to Medicare rebate freezes, which either hit General Practices’ revenue streams or result in higher out of pocket costs for consumers.

The Australian Government has undertaken to evaluate the Better Access Initiative.<sup>18</sup> This evaluation should consider whether the program structure is effective in outer metropolitan, rural and regional areas and recommend improvements (or alternatives) to the scheme that would better suit these locations.

### Recommendation 3

The MBS Better Access evaluation should consider whether the program structure is effective in outer metropolitan, rural and regional areas and recommend improvements or alternatives to the initiative that would better suit these locations.

As mentioned above, primary mental health care is also commissioned by PHNs. The Productivity Commission Inquiry into Mental Health Final Report made a range of recommendations to improve PHN commissioning of mental health services including strengthening cooperation between regional commissioning bodies, introducing more flexibility for funding pledged to certain providers and improving PHN accountability for commissioning evidence based services.<sup>19</sup> Although these recommendations have potential to improve services nationally other recommendations made by the Productivity Commission have potential to impact on the delivery of primary mental health services in outer metropolitan, rural and regional Australia specifically. These include changing the way Government allocates funding to PHNs to support greater regional equity and ensuring Aboriginal Community Controlled Health Services are the preferred providers of services to Aboriginal and Torres Strait Islander people.<sup>20</sup>

The Australian and State and Territory Governments are currently developing a National Agreement on Mental Health and Suicide Prevention, which is anticipated to address the Productivity Commission recommendations around PHN commissioning of mental health services at a national governance level. Mental Health Australia’s advice to the Governments on the development of the National Agreement noted the mental health sector’s desire for clarity of funding responsibilities and accountabilities and strong commitment to delivery of a regionally based program of integrated service development and delivery across the continuum of care.

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<sup>17</sup> Medicare Benefits Schedule Review Taskforce. (2020). *Taskforce Findings: Mental Health Reference Group Report*. Retrieved 22 September 2021 from <https://www.health.gov.au/resources/collections/mbs-review-final-taskforce-reports-findings-and-recommendations>

<sup>18</sup> Australian Government Department of Health. (2021). *Better Access Initiative*. Retrieved 22 September 2021 from <https://www.health.gov.au/initiatives-and-programs/better-access-initiative>

<sup>19</sup> Australian Government Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report Volume 3*. Retrieved 30 September 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report>. p.1134

<sup>20</sup> Australian Government Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report Volume 3*. Retrieved 30 September 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report>. p.1134



## Recommendation 4

The National Agreement on Mental Health and Suicide Prevention should clarify primary mental health service funding responsibilities and accountability mechanisms.

## Models of care: physical and mental health

The lives of people with serious mental illness may be up to 30% shorter than the general population<sup>21</sup> and about 78% of the excess deaths of people with serious mental illness result from physical health conditions not mental illness.<sup>22</sup> It is no longer acceptable to treat health and mental health services as discrete streams of care. They must be integrated at the point of care.

In 2021, a report from 60 leading Australian health experts titled the *Being Equally Well Roadmap*, made a range of recommendations to address this life expectancy gap, many of which are directly relevant to the role of GPs and primary health services. In particular, the report proposes a model of shared care between General Practice and mental health services, which should be carefully considered by Government, including its applicability in outer metropolitan, rural and regional areas.

## Recommendation 5

Governments should fully implement the recommendations of the **Being Equally Well Roadmap Report**.

## Online and telehealth

Because of the existing gaps in workforce and therefore services outlined above, the Government must be innovative in its delivery of primary mental health care. Online and telehealth services are two ways to reach people in outer metropolitan, rural and regional Australia where face to face options are limited.

The Productivity Commission Inquiry into Mental Health Final Report recommended a range of actions for the Government to expand mental health services online (see Action 11.1) and via telehealth (see Action 12.2).<sup>23</sup> In response, the Australian Government has committed to creating a digital platform to provide online professional counselling, peer support, clinical support, and referrals; is conducting an evaluation of online supported treatment services; is undertaking a digital mental health services awareness campaign and has extended COVID-19 telehealth MBS items to 31 December 2021.<sup>24</sup>

Implementation of these initiatives will provide many people in outer metropolitan, rural and regional areas with access to mental health services who may otherwise not have been able to access them. However, online and telehealth solutions alone will not resolve the issue of access to services in outer metropolitan, rural and regional Australia.

<sup>21</sup> Roberts, R. (2019). *Equally Well: Quality of Life – Equality in Life*. Retrieved 10 September 2019 from <https://www.mentalhealthcommission.gov.au/getmedia/49fed7c5-29ea-49f6-927f-3063c81880a9/Literature-review-EquallyWell>

<sup>22</sup> Lawrence, D., Hancock, K. J., & Kisely, S. (2013). The gap in life expectancy from preventable physical illness in psychiatric patients in Western Australia: retrospective analysis of population based registers. *BMJ*, 364(2539)

<sup>23</sup> Australian Government Productivity Commission (2020). *Mental Health: Productivity Commission Inquiry Report Volume 2*. Retrieved 30 September 2021 from <https://www.pc.gov.au/inquiries/completed/mental-health/report>. p.518 & 555

<sup>24</sup> Australian Government. (2021). *Prevention Compassion Care National Mental Health and Suicide Prevention Plan*. Retrieved 30 September 2021 from <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>





Experience of mental ill-health is prevalent amongst people experiencing other vulnerabilities such as homelessness, unstable housing or poor financial security.<sup>25</sup> People who experience these barriers to social and economic participation may also find it more difficult to obtain reliable internet access<sup>26</sup> and can be less likely to access the internet for health information.<sup>27</sup> It will be important for the National Digital Mental Health Framework currently under development to consider how government can assist to mitigate barriers to digital participation so that people with mental ill-health can fully realise the benefits offered by digital health solutions.

### Recommendation 6

The Australian Government's National Digital Mental Health Framework should outline how government can assist to mitigate barriers people with mental ill health in outer metropolitan, rural and regional areas face in accessing digital services.

## Conclusion

Every Australian should receive safe and adequate mental health care no matter where in the country they live. As outlined above, improving equity of access to mental health support across the country requires multiple systemic interventions in relation to:

- ensuring the workforce is in place to provide the right services
- ensuring the funding structures incentivise the workforce to offer the right services in the right location
- ensuring services are integrated across physical and mental health
- access to digital health services.

Addressing these issues will make a start on improving access to mental health services in outer metropolitan, rural and regional Australia.

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<sup>25</sup> Australian Housing and Urban Research Institute & Mind (2020). *Trajectories: the interplay between housing and mental health pathways*. Retrieved 30 September 2021 from <https://www.ahuri.edu.au/sites/default/files/migration/documents/Final-Report-Trajectories-the-interplay-between-housing-and-mental-health-pathways.pdf>

<sup>26</sup> Rhoades, H. Wenzel, S. Rice, E. Winetrobe, H. & Henwood, B. (2019). No Digital Divide? Technology Use among Homeless Adults. *Journal of Social Distress and Homelessness*, 26(1), 73-77

<sup>27</sup> Yoon, H. Jang, Y. & Vaughn, W. (2020). *Older Adults' Internet Use for Health Information: Digital Divide by Race/Ethnicity and Socioeconomic Status*, *Journal of Applied Gerontology*, 39(1), 105-110





# Mental Health Australia



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