

MEETING VICTORIA'S FUNDED SPECIALIST MENTAL HEALTH WORKFORCE NEEDS

**A consultation paper to inform the development of the
Victorian mental health workforce strategy (2012-15)**

**Australian Medical Association (Victoria)
Response**

ORGANISATIONAL INFORMATION

Please insert:

Name of stakeholder / organisation making this submission:	Australian Medical Association (Victoria)
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The comments provided in this submission are from the perspective of (please tick those that apply):

- Education providers to the mental health workforce
- Clinical Mental Health service provider
- Non-clinical mental health service provider
- Other health services provider
- Indigenous mental health services provider
- Rural and remote mental health service provider
- A regulatory body
- A professional group

AMA Victoria is the peak body representing Victorian doctors.

- A consumer group
- A carer group
- Government
- Other

(Please specify).....

CONSULTATION QUESTIONS:

GOAL 1: People

To attract and retain a sustainable and balanced workforce with the attitudes, knowledge, values and skills to provide high quality contemporary mental health treatment and care.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

An appropriately sized and skilled workforce must be developed in order for mental health care to be delivered to patients when and where it is needed. Accordingly, a critical element of Goal 1 should be for the workforce to provide continuity of care to patients with mental health conditions – this is an area in need of improvement, and should be further emphasised.

In the public system, continuity of care is very limited for patients. Often patients must start afresh with each admission and there is inadequate provision of long term review. The mental health workforce development strategy should address these shortcomings.

Goal 1 should also recognise that there continues to be problems with community-based mental health services. For people with serious mental illness living in the community, there is a particular difficulty in accessing care by psychiatrists in community-based settings. In particular, many people with mental health issues are diagnosed and cared for in respect of their physical and mental health problems by GPs in the community. Community-based mental health care, including care provided in the community by general practice, must be enhanced, supported, properly funded and better coordinated.

We agree that there should be greater focus on providing support for mental health workers who deserve respect for the care and services that they offer.

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

AMA Victoria supports greater use of telemedicine and e-health initiatives, which could ensure that mental health treatment is given to the right patients, at the right time. This would provide patients with enhanced access to advice from highly skilled and experienced mental health specialists and lessen reliance on mental health nurse practitioners.

We also suggest that there should be improved access to private psychiatrists through sessional and visiting arrangements in community-based facilities.

We would support an examination of a policy to introduce government provided community care homes for the chronically severely ill and disabled patients with psychiatric disorders. These would potentially require adequately trained and supervised full time staff with each home having at least one carer present for 24 hours a day. Management and maintenance staff would also be required.

GOAL 2: Place

To achieve a distribution of the mental health workforce that meets community needs for high quality contemporary mental health treatment and care.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

Rural areas are significantly under-resourced in terms of mental health workers and services. Goal 2 should recognise that, for the mental health workforce to be able to adequately meet community needs in rural and remote areas, it must be adequately resourced to do so.

We would also recommend the inclusion of improved mental health care in prisons under this goal. The mental health of incarcerated people is an area which needs addressing as prisoners have been found to have significantly higher rates of mental illness than other members of society.

Studies among remandees have found prevalence of psychotic illness such as schizophrenia ranging from 5.1 per cent to 9.6 per cent. In the general community, the prevalence rate is 0.3 per cent. Australian and New Zealand studies of prisoners have found prevalence rates of almost double that in the wider community for non-psychotic disorders such as major depression and anxiety disorders (eg. Butler et al, 2005).

With the prison population set to increase by 90 per cent over the next 10 years, the mental health workforce needs to facilitate greater access to mental health services for Victorian prisoners.

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

There must be more access to mental health assessment facilities for public patients, including through more and better resourced mobile outreach teams operating extended hours for high risk patients.

AMA Victoria supports enhanced funding for Psychiatric Crisis Assessment and Treatment teams.

We also recommend that, in order for the mental health workforce to meet community needs, the Government promote that public and private psychiatrists work more closely together in the provision of primary care, as well as teaching and research.

GOAL 3: Environment

To foster learning and working environments that support high quality contemporary mental health treatment and care.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

The medical profession has a key role in responding to the initial presentation of illness, making a clinical assessment and following it through with other health professionals and support services.

Accordingly, it should be further emphasised under Goal 3, that doctors, in particular GPs and psychiatrists, are well placed to identify the gaps in our current health system in the prevention, treatment and management of mental illness and to articulate the solutions that need to be put in place to improve the system for patients and support the medical profession in the medical and psychiatric care that they provide.

We recognise the benefits of multidisciplinary team care arrangements and would recommend that collaboration could be better achieved with the implementation of additional measures (see below).

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

General practice is not well linked into mental health services, despite most people with mental health issues first approaching their GP.

Accordingly, AMA Victoria recommends a part time GP liaison officer in each mental health area, to ensure better links between general practice and mental health services. GP liaison officers have been successful in hospitals, and this success should be replicated in mental health.

These positions aim to bridge the gap between existing GP mental health services and other mental health areas, and will also assist in creating referral pathways and promote access to existing and new services.

Support is also required for better linkage between aged care and mental health services. Especially in light of our ageing population, we must ensure that the elderly with mental illness, who live in residential aged care and in the community, have access to specialised mental health assessment and care, and dementia care services in the public and private settings.

Currently in Victoria, we have 69,000 people living with dementia; this figure is forecast to double by 2030.¹ The individuals living with this condition deserve improved advocacy on their behalf; we suggest that the Government works to empower consumers, provide better quality dementia care, increase awareness and aid for dementia patients, and identify effective strategies for preventing and delaying the progress of the disorder.

¹ Alzheimers Australia.

AMA Victoria supports allocation of specific funding for mental health coordinators working with patients in the community and assisting with transition in and out of acute, subacute care, and residential care.

GOAL 4: Performance

To achieve a high performing mental health workforce that contributes to effective outcomes for consumers, their families and carers.

(a) Are there any key workforce challenges that need to be included or further emphasised under this goal?

Goal 4 should recognise that International Medical Graduates are increasingly being relied on in rural areas to supply communities with mental health care. These doctors must be given greater support to adjust and live in rural and remote areas; they need access to high quality education and comprehensive training, along with adequate ongoing supervision.

An increased number of funded psychiatrist trainee places are also required, and appropriate psychiatrist trainee experience and scope of training must be provided, including through more training in private sector. Education programs should incorporate training as to telemedicine, e-health and related technology.

More continuing professional development and competency training opportunities for the primary health care workforce who choose to access it is very important, including for medical practitioners and practice nurses, at undergraduate and post graduate levels and through online mental health courses and training and peer review groups as part of continuing professional development.

Health support services must be available for mental health workers and doctors.

(c) What past, existing or emerging opportunities or innovation are you aware of that may support the objective of this goal?

There must be engagement of registrars and junior doctors in the treatment of patients with mental illness. In order to attract and retain psychiatrists in training in the sector, a much greater emphasis needs to be placed on their role in providing patient care. For example, initial patient examinations could easily be conducted by a psychiatric registrar or general medicine registrar.

Access to online support needs to be provided for medical practitioners, particularly primary care providers, and consultations should be facilitated via increased access to telemedicine and e-health technology.

FOR THE STRATEGY AS A WHOLE:

(a) Do the goals of the strategy provide clear direction to further develop the specialist mental health workforce?

Given the high proportion of our population suffering from mental illness, it is essential that more resources are allocated to the mental health sector; this is particularly important in light of the fact that as our population ages, the proportion of people with a mental illness will grow.

AMA Victoria welcomes the development of the Victorian mental health workforce strategy. The plan provides good direction for policy development and funding priorities.

(e) Are there any further information or comments you wish to provide?

It should be borne in mind that, while mental health services need a measure of accountability, regulatory requirements should not compromise a doctor's ability to treat. Any additional system and paperwork requirements must be accompanied by corresponding investment into the Victorian public mental health workforce.

Significant regulatory burdens can reduce the time available to psychiatric workers to assess, and treat, patients.