Submission to the Productivity Commission Inquiry into Mental Health

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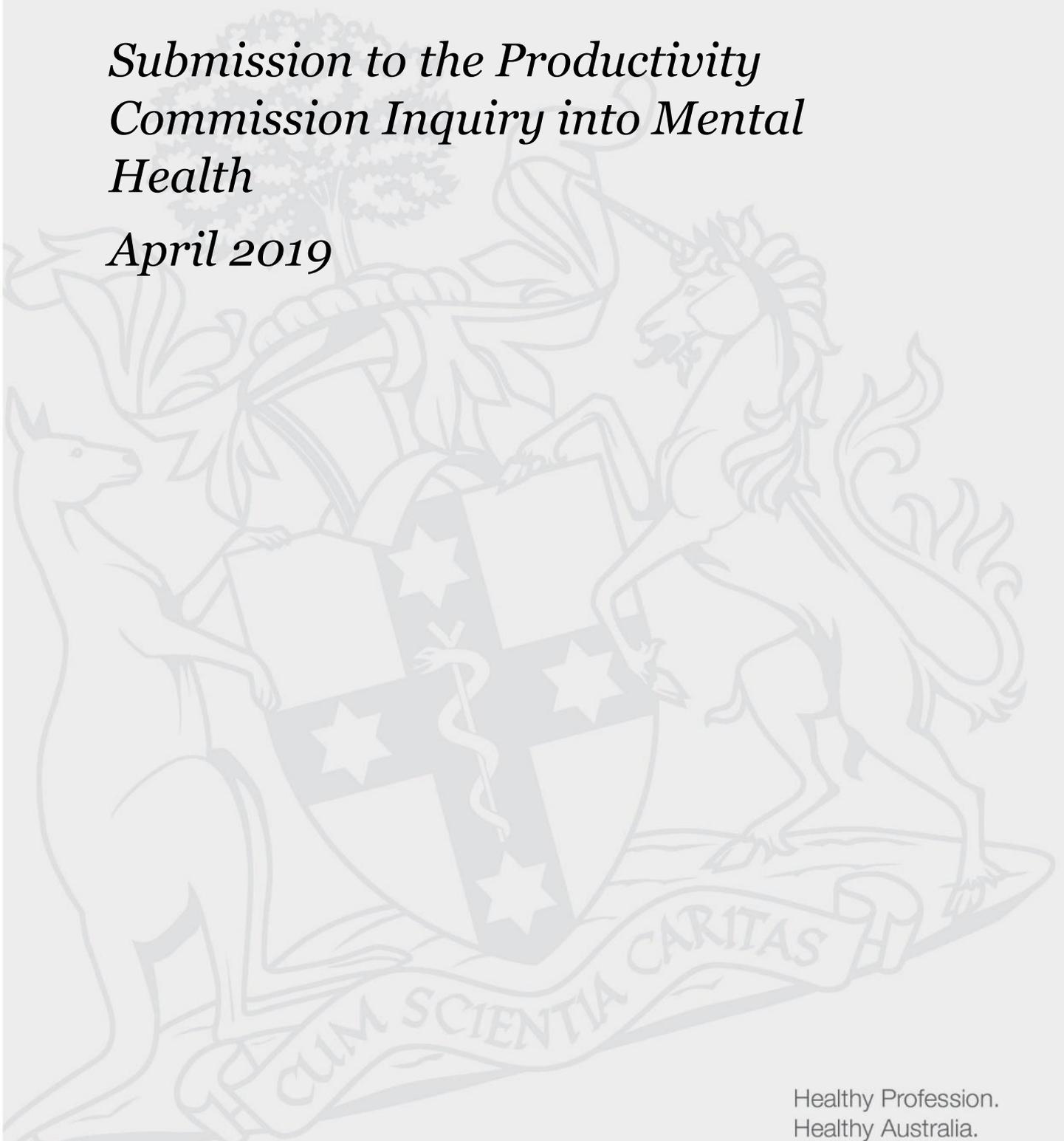
RACGP submission to the Productivity Commission Inquiry into Mental Health

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Key points and recommendations

1. Management of mental health in primary care

- The most cost-effective way to manage mental health is to integrate it into primary health care
- A GP led patient-centred medical home model establishes the conditions for optimal prevention, early intervention and management of mental health issues
- A GP-led, patient-centred health system in which each member of the care team has specified roles and responsibilities is the to key managing patient needs
- There should be investment from all levels of government in Collaborative Care models. These have a clear evidence base for the management of common mental illness in primary care.
- Patients with mental health-related illnesses are more likely to have co-existing physical illnesses. GPs are the only profession able to offer patients with mental health-related illnesses true holistic care.

2. Vulnerable populations

- An understanding of the barriers individuals may face in talking about their psychological symptoms and in receiving care is important in improving access to quality care, particularly for individuals from vulnerable communities
- More resources are also required to improve the numbers and training of professional interpreters for psychological services, to meet the mental health care needs of culturally and linguistically diverse populations, including refugees with low-English proficiency
- Enabling comprehensive team-based care with strong coordination among providers requires flexibility of service funding relevant to need, especially in rural and remote communities
- Governments must work in partnership with communities and healthcare workers to co-design mental health interventions, especially for Aboriginal and Torres Strait Islander patients
- Consideration should be given to the ways policies made outside of health can adversely affect people's mental health and how this may disproportionately affect Aboriginal and Torres Strait Islander peoples
- There is a need for specific investments to provide preventive strategies and supports for Australia's vulnerable populations

3. Education and training

- GPs must have access to the ongoing training and education they need in order to competently, confidently and safely address the mental health needs of their community

4. Funding and remuneration

- Funding for mental health care in general practice should accurately capture the time spent and complexity involved in caring for individuals with mental health needs
- Significant funding and resources are required to encourage more GPs to take part in upskilling in mental health care, and to break down the significant barriers that currently exist
- Medicare benefits paid for GP mental health care services should be commensurate with those for the assessment and treatment of physical health issues

- Significant investments by all levels of government are required to improve the mental health literacy of patients to break down the barriers to accessing appropriate and effective services
- A 'no-wrong-door' approach where a patient, or a professional's referral to a service on behalf of a patient, is accepted regardless of inclusion criteria, has the potential to significantly improve patient needs
- The RACGP urgently recommends the adoption of greater flexibility on the number of sessions of psychological therapy to enable appropriate access to mental health care
- The RACGP urgently recommends a review on the appropriateness of the fee-for-service model with regard to the number of sessions of psychological therapy
- MBS rebates available for some services (eg FPS) provided by GPs who received additional training should be recognised in addition to, rather than in lieu of, the sessions available through a psychologist
- The RACGP recommends GPs have access to Medicare Benefits Schedule items to ensure access to equivalent healthcare and continuity of care upon release from custodial settings.

5. eMental health

- Technology has the ability to reduce the distance barrier that affect patients and professionals, especially in rural and remote communities, enabling innovative, localised solutions for patients requiring mental health care

Executive summary

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to make this submission to the Productivity Commission Inquiry into Mental Health.

General practice plays a central role in the provision of mental health care. In Australia, people in distress frequently turn to a general practice team for help. Easily accessed without referral, general practice is key to providing equitable access to care for mental health issues. An estimated 13% of general practice encounters are for mental health-related issues.[1]

General practitioners (GPs) are at the forefront of Australia's healthcare system, and are best placed to provide appropriate, tailored and long-term mental health care for their patients.

MBS data indicate GPs provided an estimated 2.7 million Medicare Benefits Schedule (MBS) subsidised mental health services to more than 1.5 million patients.[1] However, this figure seriously underestimates the amount of mental health work that GPs do in their practice.[2]

The RACGP's *Health of the nation 2018* found that psychological issues (eg depression, mood disorders, anxiety) remain the most common health issue managed by GPs.[3]

GPs provide evidence-based, patient-centred care to people living with mental health-related issues. The high prevalence and burden of disease associated with mental health-related issues means GPs need to be able to detect and treat mental illness promptly and appropriately. GPs also offer health promotion services, and illness prevention strategies and early intervention around mental health. In addition, given current rates of suicide in Australia, GPs have an important role in detecting and responding to patients at risk of suicide.

The therapeutic relationship between an individual and their GP presents an ideal situation to identify mental health-related issues, and for GPs to offer education, support and management. GPs are increasingly involved in the early intervention and prevention of mental health-related issues and the optimisation of mental health care.[4,5]

GPs also oversee patients' mental health across various ages and stages, leading to significant potential and opportunities to influence their patient's participation and productivity. This creates an ideal situation for population-based mental health promotion activities and stigma reduction.[6] Ongoing relationships between patients and the general practice team can facilitate early intervention for emerging symptoms, assessment of suicide risk, and effective monitoring of chronic mental illness.

Individuals may be reluctant to disclose mental health-related issues for a number of factors, but for many, the primary concern is related to perceived risk of stigmatisation. Some patients many present to their GP with somatic complaints attributed to, or caused by, psychological factors. GPs are well placed to engage a patient about these issues, assist in developing insight, and address some of the contributing factors (eg health anxiety, depressive symptoms) to improve their overall wellbeing.[7]

Most importantly, patients receive comprehensive care encompassing mental and physical health needs in general practice. Unlike many public and private healthcare settings, general practice does not draw a distinction between mind and body systems. Assessment and treatment of mental illness is informed by a holistic, whole-of-person approach.[8,9]

The most cost-effective way to manage mental health in Australia is its integration into primary healthcare.[5] The productivity gains of treating patients with mental health-related issues early, and the early intervention and prevention of mental health-related issues cannot be understated. Keeping patients engaged in the workforce is advantageous to both their physical and mental wellbeing. Primary care-led mental health services keep patients out of the hospital system at a much lower cost to the government and to patients.

This submission will examine some of the ways in which supporting general practice for the prevention, diagnosis and management of mental health-related issues can provide significant cost effectiveness to the economy. Productivity is limited when large numbers of individuals who need coordinated care are unable to access their GP.

The Royal Australian College of General Practitioners

The RACGP is Australia's largest medical organisation, representing more than 40,000 members who provide more than 154 million general practice services each year to more than 24 million Australians.

The RACGP's mission is to improve the health and wellbeing of all people in Australia by:

- supporting GPs, general practice registrars and medical students through its principal activities of education, training and research
- assessing doctors' skills and knowledge
- supplying ongoing professional development activities
- developing resources and guidelines
- helping GPs with issues that affect their practice
- developing standards that general practices use to ensure high-quality healthcare.

1. Management of mental health in primary care

The RACGP believes a patient-centred medical home model establishes the conditions for optimal prevention, early intervention and management of mental health issues. A patient's ongoing relationship with their GP and the general practice team for the provision of continuous, interconnected care, can decrease the use of inappropriate services.[10]

Mental health-related issues often present with physical symptoms or co-exist with other physical conditions. Research has found that mental health-related comorbidity increases with socioeconomic disadvantage, thus affecting already vulnerable people.[11] These patients will generally require a generalist who is best placed to deal with complex multimorbidity and who has access to a strong multidisciplinary referral network.

Patients with mental health-related illnesses are more likely to have co-existing physical illnesses. GPs are the only profession able to offer patients with mental health-related illnesses true holistic care.

A significant number of mental health discussions and plans tend to be inappropriately skewed towards hospital-based care. This ignores the fact that GPs provide the majority of mental health services in Australia, as they are best placed to provide first-line mental health care and coordinate overall patient care.

The most cost-effective way to manage mental health in Australia is to integrate it into primary healthcare.[6] The productivity gains of treating patients with mental health-related issues early, and the early intervention and prevention of mental health-related issues cannot be understated. Keeping patients engaged in the workforce is advantageous to both their physical and mental wellbeing.[12]

For example, mental health-related illness that arise due to work factors are compounded unless they are addressed appropriately and promptly.[13] GPs play a significant role in the assessment and diagnosis of patients with work-related mental health-related illness, and assisting these patients to manage the condition and to meet their personal recovery goals. Importantly, GPs determine the work-relatedness of a patient's condition, and manage their recovery and engagement and return to work.

Primary care-led mental health services keep patients out of the hospital system at a much lower cost to the government and to patients. Therefore, GPs are best placed to coordinate the mental health care of patients seeking treatment. This role is recognised and supported by the Medicare Benefits Schedule through GP Mental Health Treatment Plans (GPMHTP).

GP Mental Health Treatment Plans streamline access to psychological services under the Better Access program. In 2011–12, GPs and other medical practitioners completed more than two million GP Mental Health Treatment Plans.[14] This indicates rapid and substantial uptake by GPs and that a large proportion of Australia's population gained access to psychological care.

1.1 Collaborative Care

Currently, the mental health services available for patients are not well-connected, which creates significant inefficiencies to the mental health care system. GPs and healthcare teams need to work through a complexity of different supports – Medicare, Better Access, state health, Access to Allied Psychological Services (ATAPS), Headspace – most working in isolation of the other and often limited in application because of a narrow objective or focus to fix just one service component.

Innovative localised service solutions can be coordinated to lift this burden. It would provide more flexibility and support, falling more in line with the workings of the multidisciplinary team and shared care arrangements. Supports must expand beyond the confines of the Medicare Benefits Schedule. Private practice should be supported in packaging available funding streams to enable service expansion and service continuity.

A GP-led, patient-centred health system where each member of the care team has specified roles and responsibilities is key to managing patient needs. Timely, respectful and relevant communication between professionals assists patients to navigate a complicated health system and improves the quality of their care.[15]

This model of Collaborative Care involves a structured, team-based, stepped-care approach. Collaborative care has good evidence, and this Inquiry should consider the utilisation of collaborative care as a complement to fee-for-service talking therapies.[16]

Mental health professionals could be embedded within general practice to encourage strong communication between practitioners, facilitate a 'no-wrong-door' approach to mental health, and allow for more effective use of each practitioner's time and skills.

Anecdotally, the experience of GPs referring to psychiatrists is that both public and private referrals are hard to organise. This is because psychiatrists provide talking therapies rather than consultation–liaison service to help diagnose and manage the patient's complex medication regimens. Medicare Benefits Schedule item number 291 was designed to address this problem; however, this is difficult to achieve in practice. GP experience with this item number is that psychiatrists are often unwilling, or do not have the time, to do this.

Significant improvements are required to the way secondary and tertiary mental health systems support general practice in the management of patients with mental health-related issues. GP access to support and advice from relevant mental health specialists (eg psychiatrists) on the management of patients with mental health-related issues is valuable but largely missing from the current system. General practice registrars, early career GPs, and rural and remote GPs may find particular benefit in such consultation services.

1.2 Limitations of diagnostic criteria

Diagnostic criteria can often be unhelpful in the management of patients with mental health needs. Many patients have undifferentiated mental illness that would nonetheless benefit from a structured treatment approach and case management. Diagnostic criteria can be a barrier to accessing services and result in siloed services; for example, a service may manage a patient's eating disorder, but not the concomitant depression they are experiencing.

The diagnosis and management of mental health care are often perceived as diagnosable disorders that can be treated by medical practitioners who aim for symptom reduction.

The prevalence rate of mental health-related illnesses indicates the need for a streamlined mental health approach that addresses all the social determinants of health, and includes the integration of mental, medical, substance use and social care.

2. Vulnerable populations

Individuals who may not otherwise have contact with the healthcare system for various reasons may have contact with a general practice (eg people of low socioeconomic status, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse [CALD] backgrounds). General practice also bridges the gap between the community and institutions (eg hospitals, mental health outpatient services, drug and alcohol rehabilitation facilities, prisons).

It should also be noted that experiences of discrimination in the healthcare system and broader community have adverse effects on the mental health of patients who are already vulnerable. Discrimination limits access to healthcare programs, community/specialist health services, and social and welfare services. The RACGP is committed to the development of a culturally responsive health workforce.

Consideration should be given to the ways policies made outside of health can adversely affect people's mental health and how this may disproportionately affect Aboriginal and Torres Strait Islander peoples.

Welfare, including employment benefits, should be seen as supporting basic human rights and a pathway to greater productivity and social participation. However, GPs have reported patients seeking support to deal with the negative mental health effects of interactions with Centrelink, particularly the debt recovery process. While this is not limited to Aboriginal and Torres Strait Islander peoples, its effects are felt strongest in this population group.

The high rates of mental health-related illness of all people in custodial settings is of serious concern. Aboriginal and Torres Strait Islander peoples in custodial settings are at increased risk of mental health concerns. To address this, the RACGP recommends that GPs have access to Medicare Benefits Schedule items to ensure access to equivalent healthcare and continuity of care upon release.[17] Prevention and early intervention can reduce the social costs of large numbers of people in prison because of inadequate primary mental health care.

An understanding of the barriers individuals may face in talking about their psychological symptoms and in receiving care is important in improving access to quality care, particularly for individuals from vulnerable communities. In turn, this provides the opportunity for these communities to actively engage and participate in the economy.

2.1 Refugees and asylum seekers

As a signatory to the United Nations Refugee Convention,[18] Australia resettles a proportion of humanitarian entrants every year, and has obligations to people who arrive in Australia and subsequently claim asylum. These refugees and asylum seekers are likely to have significant physical and mental health problems.

The majority of refugees and asylum seekers have come from areas of conflict, with many experiencing traumatic events and losses, and undergoing hardship during journeys of

escape. Consequently, refugees and asylum seekers often have increased rates of certain mental health-related issues (eg anxiety, depression, post-traumatic stress disorders).[19]

Working with professional interpreters is an essential part of safe and quality healthcare for refugees and asylum seekers;[20] however, additional initiatives are required to increase the uptake of free interpreter services.[21] More resources are also required to improve the numbers and training of professional interpreters. Importantly for mental health, access to interpreters for psychological services would assist in meeting the mental health care needs of refugees with low-English proficiency. This has the potential to generate significant economic benefits by keeping refugees and asylum seekers engaged in the community, and out of secondary and tertiary care.

2.2 Rural and remote communities

In many circumstances, general practice may be the only point of care for people who require mental health services. In rural and remote communities, GPs and their practice teams may manage a high volume of mental health work because of geographical barriers and a lack of local mental health practitioners.

Rural and remote GPs face significant barriers in providing services to their communities, including:

- poor service integration
- insufficient workforce numbers
- restrictive funding approaches
- high number of socio-economically disadvantaged people.

Enabling comprehensive team-based care with strong coordination among providers requires flexibility of service funding relevant to need. This includes a consolidation of funding schemes and service innovations in addressing the distance barrier (eg telehealth).

More information on mental health care in rural and remote communities can be found in the RACGP's *Position Statement: Provision of mental health services in rural Australia*.

2.3 Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander peoples are less likely to seek mental health care from mainstream health services,[22] and as a result, may delay seeking help until problems are more serious or acute.

Many Aboriginal and Torres Strait Islander patients experience complex trauma and the effects of intergenerational trauma.[23]

Aboriginal and Torres Strait Islander peoples experience depression in rural and remote areas at a significantly higher rate than the general population in major cities.[24] The suicide rates for Aboriginal and Torres Strait Islander peoples are almost twice that of non-Indigenous Australians.[24] Young Aboriginal and Torres Strait Islander peoples are particularly vulnerable to mental health conditions, which requires a comprehensive and age-appropriate response.

A range of complex factors contribute to the mental health burden in the Aboriginal and Torres Strait Islander peoples, and it is vital that culturally appropriate mental health services are readily accessible.

The provision of quality mental health for Aboriginal and Torres Strait Islander peoples requires a deep understanding of:

- cultural practices
- traditions
- values
- history
- cultural context
- Indigenous holistic concepts of social and emotional wellbeing
- broader social determinants impacting on mental health.

Governments must work in partnership with Aboriginal and Torres Strait Islander communities and healthcare workers to co-design mental health interventions. These mental health interventions need to be community-led and locally responsive. This requires a broader understanding of social and emotional wellbeing, and the protective factors of culture, particularly as culture contributes to strength and resilience.

The management of complex trauma, other coexisting medical conditions and social determinants often mean that a social and emotional wellbeing team is necessary to respond to a comprehensive range of patient concerns. This team should ideally include:

- GPs
- Aboriginal Health Practitioners/Workers
- psychologists
- social workers
- mental health nurse practitioners
- drug and alcohol workers.

Addressing the significant barriers that GPs face in the coordination of the mental health care of Aboriginal and Torres Strait Islander peoples has the potential to generate significant economic benefits by keeping them engaged in the community, and out of secondary and tertiary care.

More information on mental health care in Aboriginal and Torres Strait Islander peoples can be found in the RACGP's *National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people*.

2.4 Children and adolescents

The level of adversity experienced in childhood is one of the established risk factors in the development of mental health-related issues. Investment in the mental health care of children and adolescents has the potential to prevent future and further issues, leading to significant economic savings.[25]

Evidence suggests that adolescents are at significantly greater risk of major depression, anxiety disorders, nicotine dependence, substance abuse and suicide attempts.[26] Two in three children in Australia will experience at least one life adversity over a 12-month period. The accumulation of childhood adversities is likely to lead to serious negative mental and/or physical health outcomes in adulthood (increased risk of heart disease, diabetes, obesity up to a 20 year reduction in life expectancy).

Headspace is well funded to provide mental health care for this cohort, but are geographically limited in coverage across rural Australia and outreach is virtually non-negotiable. Additionally, the integration of services such as Headspace with existing primary care services (ie general practice) is poor.

Common mental health-related issues in children and adolescents where GP can play a significant role in prevention and early intervention include:

- relationship problems (eg family, peers)
- eating or body-image issues
- bullying (including cyberbullying)
- abuse (eg physical, emotional, sexual)
- feeling sad or depressed
- worry or anxiety
- self-harm or suicide.

2.5 Adolescent and adult males

On average, one in eight men will experience depression and one in five will experience anxiety at some stage in their lives.[27] Men make up an average of six out of the eight suicides that occur every day in Australia. The number of men who die by suicide every year is double that of the national road toll.

Boys aged 4–17 years are also more likely than their female counterparts to experience mental health disorders in the past 12 months. Specifically, boys account for 72.1% of children with attention deficit hyperactivity disorder (ADHD) and 62.7% of children with conduct disorders.[28]

There is a need for specific investments to provide preventative strategies and supports for this cohort of patients.

3. Education and training

The RACGP is committed to the development of mental health training initiatives to support its members in all stages of their career – from medical students to general practice registrars to GPs. Mental health is firmly embedded in the RACGP's *Curriculum for general practice* and *The Fellowship in Advanced Rural General Practice: Advanced Rural Skills Training – Curriculum for mental health*.

Workforce shortages in mental health care are not only evident in rural and remote communities, but also manifests in urban communities. Significant funding and resources are required to encourage more GPs to take part in upskilling in mental health care, and to break down the significant barriers that currently exists.

The RACGP also manages the General Practice Mental Health Standards Collaboration (GPMHSC), a program funded by the Australian Government to establish and maintain standards for continuing professional development in mental health care for GPs.

Many GPs choose to build on their existing skills in mental health through short courses. For example, in mental health first aid, focussed psychological strategies skills training, or a postgraduate qualification. GPs practising in rural and remote locations would like to engage in advanced mental health training, but are deterred by the financial cost and the time away from practice.[29]

GPs must have access to ongoing training and education in order to competently, confidently and safely address the mental health needs of their community. The provision of ongoing training means more mental health conditions can be managed locally at significantly less cost to government. This allows patients to access mental health closer to home, and visiting mental health practitioners more time to deal with most unwell patients for whom they may be the best service provider.

Stronger investments are required in mental health training and education to support GPs in upskilling to meet patient-driven needs. Incentive schemes equivalent to those for procedural skills would support GPs to develop or refresh advanced skills in mental health.[30] This is especially important for the delivery of culturally responsive care to Aboriginal and Torres Strait Islander patients.

4. Funding and remuneration

Funding for mental health care in general practice should accurately capture the time spent caring for individuals with mental health needs.[31] This should include time GPs invest in face-to-face consultations with patients, as well as unremunerated work such as consulting and sharing information with other members of a mental health care team. The current Medical Benefits Scheme fee-for-service model is not fit for the purpose of providing quality primary mental health care for patients.

Significant investments by all levels of government are required to improve the mental health literacy of patients to break down barriers to accessing appropriate and effective services. Currently, mental health is poorly remunerated in general practice. Longer consultation times are often required for the management of mental health in general practice. However, the Medical Benefits Scheme creates disincentives towards longer consultations, and penalises patients with mental health concerns who may not be able to afford gap fees. Likewise, the current Medical Benefits Scheme structure disincentivises GPs from spending the length of time needed with patients to adequately address mental health-related issues.

Medicare benefits paid for GP mental healthcare services should be commensurate with those for the assessment and treatment of physical health issues. Specifically, there are significant disparities between payment incentives for chronic disease management items on the Medical Benefits Scheme versus mental health items. Medicare-subsidised mental health related services must reflect the complexity of the service provided.

Recognition should be given to the additional time and skills required to manage patients with complex needs, particularly those with severe mental illness, comorbid conditions, socioeconomic disadvantage, and lack of social support.

The RACGP continues to present the case for Medical Benefits Scheme reform to better support the needs of patients in accessing evidence-based, cost-effective mental health care.[32,33] Two key issues for the Better Access to Psychiatrists, Psychologists and GPs under the Medical Benefits Scheme (Better Access) must be addressed:

- Access – Issues exist for patients with mental illness who do not easily fit within existing programs, or require a level of care, which is not commensurate with a single Medical Benefits Scheme payment.
- Remuneration – Does not adequately reflect the services provided, particularly for Mental Health Treatment Plans (MHTP).

The RACGP also highlights the need to unlink Focussed Psychological Strategies (FPS) item numbers from the total number of sessions.

4.1 Medicare Benefits Schedule

The Medical Benefits Scheme currently only facilitates patient access to a psychologist for six to 10 sessions annually. This limitation does not adequately cover the complex mental healthcare needs of some patients, particularly Aboriginal and Torres Strait Islander peoples. Excessive out-of-pocket costs results in patients often having no alternative treatment options, requiring them to cycle back to their GP for assistance. The RACGP urgently

recommends the adoption of greater flexibility on the number of sessions to enable appropriate access to mental health care.

Medical Benefits Scheme rebates available for some services (eg Focussed Psychological Strategies) provided by GPs who received additional training should be recognised in addition to, rather than in lieu of, the sessions available through a psychologist. These should also not restrict patients from going to see a psychologist.

4.2 Fragmentation of the system

In Australia, one of the main issues around the management of mental health-related issues is the fragmentation of the system at all levels (especially the divide between the state/territory and federal). The RACGP highlights the significant shifting of responsibilities between state-funded or territory-funded mental health services and federally funded initiatives such as general practice incentives and Primary Health Networks (PHNs).

This divide between state/territory and federal funding means that real mental health reform will continue to fail. Mental health care practitioners and patients often experience significant confusion because of a lack of system knowledge.

For example, we recommend GPs be integrated into the system that helps to modify a patient's health determinants (eg social housing). The link between poor housing and overcrowding with mental conditions is well established. GPs are frequently involved with advocating for patients with inadequate housing, in urban, regional and remote areas. GPs manage and treat the effects of inadequate housing (eg social stress), which impacts on other health parameters such as poor self-management of chronic conditions.

While there are many existing initiatives and programs designed to support mental health, these seem to have very particular and specific inclusion criteria. Often, if a criterion is not met, patients will be completely excluded from the programs, despite fulfilling all other criteria. A 'no-wrong-door' approach where a patient, or a professional's referral to a service on behalf of a patient, is accepted regardless of inclusion criteria, can significantly improve patient needs. Access to, or support for, mental health care should be available to all patients, no matter the patient's entry point.

5. e-Mental health

Technology has the ability to reduce the distance barrier and cost that affect patients and professionals, especially in rural and remote communities, enabling innovative, localised solutions for patients requiring mental health care. GPs can provide and coordinate mental health care for patients facing access barriers such as:

- distance
- lack of culturally appropriate services (especially for CALD patients and Aboriginal and Torres Strait Islander peoples)
- socioeconomic disadvantage
- mobility.

Current government incentives for the provision of telehealth services needs to be strengthened and supported to enable patients, especially those in rural and remote areas, to access mental health care.

However, RACGP members continue to express concerns about the lack of evidence base of some e-mental health interventions. Consideration must be given to the patient's literacy skills and mental capacity before they are enrolled for e-mental health interventions.

More information on the use of technology in mental health can be found in the RACGP's *e-Mental health: A guide for GPs*.

6. Conclusion

The RACGP looks forward to hearing about the Productivity Commission's progress and outcomes, and further participation in hearings and written submissions.

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