RACP
Specialists. Together
EDUCATE ADVOCATE INNOVATE

From the President

13 February 2020

Professor Stephen King
Presiding Commissioner
Productivity Commission
4 National Circuit
BARTON ACT 2600

Via Email: mental.health@pc.gov.au

Dear Professor King

Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health

The Royal Australasian College of Physicians (RACP) thanks the Productivity Commission (the Commission) for its draft report for the Inquiry into the Social and Economic Benefits of Improving Mental Health (the draft report). We provided a submission to the Commission's draft issues papers and appreciate the opportunity to provide further feedback.

The RACP trains, educates and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians across Australia and Aotearoa New Zealand. The RACP represents physicians from a diverse range of disciplines relevant to this inquiry, including but not limited to: paediatrics and community child health, public health medicine, occupational and environmental medicine, and rehabilitation medicine.

The RACP is a strong advocate for population mental health and wellbeing and believes that a mentally healthy population is a critical building block for long-term national productivity and prosperity. We understand that enhancing population mental health and wellbeing is the responsibility of all sectors including health, education, employment, social services, housing and justice. We support the adoption of Health in All Policies (HiAP) across government.

Our previous submission focused on the elements of the Inquiry that relate to the work of our members and our health policy priorities. Our members routinely see how mental health impacts and interacts with the general health of their patients and how it can lead to disconnectedness and decreased participation in employment and the broader community.

The Commission's draft report is substantial and suggests several wide-ranging reforms. It clearly sets out the benefits of reform in the mental health area. We have reviewed the draft report and provide comment on the following matters relevant to our members.

145 Macquarie Street, Sydney NSW 2000, Australia • Tel: +61 2 9256 5444 • Fax: +61 2 9252 3310
Email: racp@racp.edu.au • Web: www.racp.edu.au • ACN 000 039 047 • ABN 90 270 343 237

1. Child and youth health

1.1 Recognition of Paediatricians

An overarching deficiency of the draft report is the lack of recognition of the importance of paediatricians in providing mental healthcare. As the draft report recognises, the current capacity of mental health services for children and young people is limited, making referral difficult and often excluding children with disabilities.

Children and young people with mental health problems require coordinated and comprehensive care involving general practitioners, paediatricians, child psychiatrists and other mental health professionals. Throughout the draft report, various health professions are recognised, and the report acknowledges the important role of general practitioners as initial entry points to the health system. However, paediatricians act as a key referral gateway to mental health services for children, and this is not appropriately acknowledged. Addressing this omission in the final report is necessary to ensure that the views and experiences of paediatricians are considered and that children referred by paediatricians are able to benefit from any reforms that result from this inquiry.

As outlined in the RACP's position statement on the role of paediatricians in the provision of mental health services to children and young people, paediatricians with appropriate training and experience can make a valuable contribution to effective multidisciplinary and/or integrated care in collaboration with child and adolescent psychiatrists and other clinicians. A survey of Australian children found that 22.5% of children and 19.2% of young people with a mental disorder had seen a paediatrician within the previous 12 months in relation to their diagnosis[1]. This illustrates the important role the paediatricians have in integrating and coordinating care for these conditions. Research from RACP Fellows has demonstrated that children seen by paediatricians and psychiatrists have similar levels of mental health issues[2], and that around one in two children seen by paediatricians have developmental and behavioural issues[3],[4].

The draft report recognises the group of people who are not well cared for by current services, referred to as the 'missing middle'. In the case of children and adolescents, this group is often cared for by paediatricians.

The impact of omitting paediatricians is reflected in a number of recommendations which could be strengthened if this were corrected. For example, draft recommendation 10.3 (single care plans for some consumers) would be strengthened if there was further acknowledgement of the role of paediatricians in the report. While we recognise that draft recommendation 10.3 does not identify any treating clinicians at present, the practice of developing single care plans is something that a paediatrician (or general physician) would be very well placed to undertake.

---

[1] Lawrence, D., Hafekost, J., Johnson, S.E., Saw, S., Buskingham, W.J., Sawyer, M.G and Zubrick, S.R. (2015). Key findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. *Australian and New Zealand Journal of Psychiatry.*

[2] Roongpraiwan, R., Efron, D., Sewell, J., & Mathai, J. (2007). Comparison of mental health symptoms between children attending developmental/behavioural paediatric clinics and child and adolescent mental health service. Journal of paediatrics and child health, 43(3), 122-126.

[3] Hiscock, H., Roberts, G., Efron, D., Sewell, J. R., Bryson, H. E., Price, A. M., . . . Wake, M. A. (2011). Children Attending Paediatricians Study: A national prospective audit of outpatient practice from the Australian Paediatric Research Network-What conditions are paediatricians seeing in outpatient settings? Medical Journal of Australia, 194(8), 392.

[4] Hiscock H, D. M., Efron D et al. (2016). Trends in paediatric practice in Australia: 2008 and 2013 national audits from the Australian Paediatric Research Network. Journal of paediatrics and child health.

1.2 Perinatal Mental Health

There is substantial evidence that investment in the early years of children's development is the most cost-effective means of tackling long-term health conditions, including mental ill health, and health inequity. Investing in the early years offers the possibility of shifting the trajectory of a person's health over the course of their life and disrupting intergenerational cycles of disadvantage.

The RACP believes that a comprehensive, coordinated and long-term strategic approach to identifying and addressing disadvantage and vulnerability in children and infants should be considered by all tiers of government to ensure that every child receives the best possible start in life. We note that such a strategic approach is not identified or mentioned in the draft report, and that beyond additional screening and guidance, perinatal mental health is not discussed in the draft report.

Accordingly, the RACP recommends that all State and Territory Governments in Australia implement a universal sustained postnatal home visiting programme, providing support to all parents for the first 10 days after birth, with the possibility to extend to the infant health check at 6 weeks, to support early childhood social, emotional and cognitive development.

This program should be delivered via the universal child and family health services, with focus on families at higher risk of poorer outcomes. This program should be considered as a prevention program, noting that a recent trial of the Australian program (right@home), which involves 25 nurse visits over the first two years of life, showed improvements to the parenting and home learning environments for families experiencing adversity compared with existing services.

The RACP notes draft recommendations 17.1 and 17.2, which both relate to increased rates of screening for mental illness. Draft recommendation 17.1 relates to perinatal mental health and 17.2 relates to social and emotional development in preschool children.

While the RACP supports the idea of screening, implementing these changes without a significant investment in research to develop a tool and resources to accompany the screening process would be of concern. RACP Fellows would be pleased to provide guidance and further advice about this area.

The RACP also notes the very limited mentions of pre-conception support and interventions in the draft report and suggests that this is amended in the final report. As outlined in our position statement on Early Childhood: the importance of the early years, emerging evidence suggests that the composition of maternal macronutrient intake in pregnancy influences the programming of appetite and food preferences in the child.[5]

1.3 National Disability Insurance Scheme (NDIS)

The draft report recognises the important role of the NDIS in providing support to people who need psychosocial supports. The RACP also supports the NDIS but has concerns about ineligible applicants and those who are not currently engaged with the NDIS system. We agree with the statement in the draft report that *for people not receiving NDIS funding, Government should provide certainty on the long-term funding of psychological supports beyond the period to June 2022 that these supports will be funded by the Australian Government.*

[5] Davies P, Funder J, Palmer D, Sinn J, Vickers M, Wall C (2016). Early life nutrition and the opportunity to influence long-term health: An Australasian perspective. Journal of Developmental Origins of Health and Disease, 7(5):440-448. doi:10.1017/S2040174415007989

1.4 Family Focused and Carer Inclusive Practice

The RACP acknowledges draft recommendation 13.3 (family focused and carer-inclusive practice), particularly as it relates to children. If implemented, this recommendation would help increase coordinated and comprehensive care for children, young people and their parents. However, paediatricians should be included in any changes, such as in designing the interventions that are implemented. As noted above, paediatricians regularly work with children and families with mental illness, developmental and behavioural problems

1.5 Justice and Child Protection

The RACP acknowledges the Commission's recognition of the connection between justice and child protection and the higher rates of mental illness of incarcerated people. We recognise the importance of the acknowledgement that Aboriginal and Torres Strait Islander people are highly disproportionately represented in the youth justice system. We also appreciate that the draft report notes that the drivers of incarceration can include inter-generational trauma, dispossession and displacement from traditional lands, weakening of culture, the separation of families through past government policies, and discrimination and racism.

The RACP made the following recommendations in our previous submission and urges the Commission to include these in its final report:

- The Productivity Commission report should align with the recommendation in the Royal Commission's report on the Protection and Detention of Children in the NT to raise the age of criminal responsibility to at least 14 years.

- Mental health services for Indigenous children in contact with the justice system must be culturally safe and Indigenous led.

- Governments must develop and implement an appropriate model of care, including access to forensic child and adolescent psychiatry services, for incarcerated children and adolescents across all states and territories.

- There must be adequate provision of appropriate mental health screening and early intervention and support for children in the child protection system, especially those entering out-of-home care.

2. Indigenous mental health

The draft report recognises that Aboriginal and Torres Strait Islander people experience high rates of suicide and gaps in services and support. However, the focus on this population could be considerably stronger. As the draft report acknowledges on page 14:

> *Suicide rates of Aboriginal and Torres Strait Islander people are more than double that of other Australians, with young males and those in regional communities particularly at risk. For every death by suicide, as many as thirty people attempt suicide and are hospitalised due to intentional self-harm. And there has been no significant and sustained reduction in the death rate from suicide over the past decade, despite ongoing efforts to make suicide prevention more effective.*

We support the draft finding 20.2, which states:

The social and emotional wellbeing of Aboriginal and Torres Strait Islander people is profoundly influenced by their connection to land, culture, spirituality, family and community, in addition to the broader social determinants of health and wellbeing. The accumulated effects of traumatic experiences over many generations, and racism and discrimination that are endemic in many communities, can impede efforts to improve wellbeing.

Improvements in mental health of Aboriginal and Torres Strait Islander people require improvements in the conditions of daily life as well as actions to promote healing of past traumas and address discrimination.

Government actions that support inclusion and empowerment of Aboriginal and Torres Strait Islander people to positively shape and control their futures are likely to improve social and emotional wellbeing both for Aboriginal and Torres Strait Islander people and the broader community.

The RACP made the following recommendations in our previous submission. If adopted by the Commission, these would provide avenues for enacting some of improvements identified in its draft report including draft finding 20.2 above:

- The Commonwealth Government must enact the recommendations outlined in the Uluru Statement from The Heart.
- Commonwealth and State Governments should support and promotes equitable access to specialist care for Indigenous people through the uptake of the Medical Specialist Access Framework as part of its Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.
- The Productivity Commission should ensure a culturally appropriate understanding of social wellbeing is applied to this Inquiry. The analysis and subsequent recommendations of this Inquiry and the review of Closing the Gap program targets must be consistent in their approach and include a recognition of Indigenous leadership.
- The Commonwealth Government should support the National Aboriginal Community Controlled Health Organisation pre-budget submission and its policy proposals.
- The Commonwealth Government should provide:
    - Secure, long-term funding to Aboriginal Community Controlled Health Services to expand their mental health, social and emotional wellbeing, suicide prevention programs, including increased funding for employing staff.
    - Increased training to Aboriginal health practitioners to build on their skills in mental health care and support, including suicide prevention.
    - A commitment to developing a comprehensive strategy to build resilience and facilitate healing from intergenerational trauma, designed and delivered in collaboration with Aboriginal and Torres Strait Islander communities.
- State and Territory Governments should work to implement a justice reinvestment approach that uses place-based, community-led initiatives to address offending and incarceration, using a distinct data-driven methodology to inform strategies for reform[6].

[6] For further information, please see this previous submission: https://www.racp.edu.au/docs/default-source/advocacy-library/a-20161028_the-royal-australasian-college-of-physicians---submission_nt-royal-commission.pdf?sfvrsn=86f41a1a_6

3. Health benefits of good work

The draft report rightly recognises the connection between work and mental health. Work is a determinant of health and conversely poor mental health makes workforce participation harder[7].

The RACP is pleased to see the focus placed on mentally healthy workplaces in Chapter 19 of the draft report. We reiterate our previous recommendations, which were to call for:

- Leadership to promote and develop a work culture in Australia which is more caring and supportive of workers at all levels – including training for leaders and managers on workplace mental health education.
- Workplace-specific interventions on mentally healthy workplaces need to be embedded in organisational strategy. This must be contextualised to organisational needs.
- Organisations publicly pledge to building healthier workplaces by signing onto the Consensus Statement on the Health Benefits of Good Work.
- RACP supports the obligations on management outlined in the Safe Work Australia's national guidance material.
- Development of nationally agreed best practice model for psychological injury claims to support long-term recovery outcomes and safe return to work.

4. Physician and trainee wellbeing and workplace culture

The RACP is pleased to see a chapter devoted to mentally healthy workplaces in the draft report and acknowledges the importance of national reforms such as those outlined in the draft report.

As outlined in our 2017 position statement on the Health of Doctors states that the health, safety and wellbeing of doctors should be embedded and integrated into everything that we do. We are concerned about the stress and burnout faced by our trainees and Fellows.

Our 2017 position statement on the Health of Doctors outlines our part in improving the health and wellbeing of doctors. However, specialist training is a shared responsibility between government, hospitals, health services, specialist colleges, training supervisors, doctors' own doctors, and doctors themselves. Improving the wellbeing of physicians and trainees through a system-level response from the wider medical profession, hospital system and health authority is critical to increasing the capacity of the health system to operate effectively and efficiently.

We seek meaningful commitment from all political parties to work in partnership with the RACP and other healthcare organisations to improve the mental health in workplace environments by combating discrimination, bullying, harassment, and racism. This includes taking proactive steps to enable, normalise and accommodate safe work arrangements and implementing practices. These steps should support all aspects of physicians' work, training and career development, in a way that is appropriately mindful of family and other care responsibilities. We also urge putting in place measures to better support senior doctors' ongoing professional development and flexible work arrangements.

[7] World Health Organisation (2003) The Solid Facts. Accessed 3 February 2020 from http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf

If the Commission wishes to make recommendations which are specific to different employment sectors, we suggest that the following recommendation is made about to the health sector:

> That all State and Territory Governments develop and implement a similar health statement to the *NSW Health Statement of Agreed Principles on a Respectful Culture in Medicine* or the *Health and Wellbeing of the Workforce statement developed by the Queensland Clinical Senate*

Thank you for the opportunity to provide further feedback on the Inquiry. If you would like to discuss any of the matters raised in this or our previous submission further, please contact Dr Rebecca Randall, Senior Policy and Advocacy Officer

Yours sincerely

Associate Professor Mark Lane