



MENTAL HEALTH FACTSHEET: Health professionals

The Productivity Commission's Mental Health Inquiry presents a long-term plan for the sustainable reform of Australia's mental health system. The report contains 22 recommended reforms encompassing around 100 actions, across a wide range of mental health services and supports.

We have made a number of recommendations to make sure that health professionals are equipped to meet the mental health needs of people in urban, regional and remote locations who rely on them — now and into the future.

Low intensity care



A national digital mental health platform should be developed to assist GPs with mental health assessment and referrals, to allow people to access clinician-supported online treatment and to replace Mental Health Treatment Plans. The platform should be co-designed with consumers and clinicians, and should be developed and maintained by the Australian Government (action 10.4).

GPs should be encouraged to refer patients to a greater range of low-intensity care options, with recommended increases in the provision of supported online treatments (action 11.1) and adjustments made to Medicare to encourage the provision and uptake of group therapies (action 12.1).

Changes to Medicare



Recent changes made by the Australian Government that broaden access to psychological care delivered by telehealth (video or phone call) should be made permanent (action 12.2).

Evaluation of current MBS-rebated therapies would enable evidence-based improvements in psychological care. Complementing such an evaluation, the extension of MBS-rebated Better Access sessions from 10 to up to 20 per year should be trialled for those people assessed as likely to require additional therapy (action 12.3).

New Medicare items should be introduced to allow GPs and paediatricians — including from regional and remote areas — to access advice from psychiatrists to assist with the provision of healthcare (action 10.3) and to enable ready inclusion and consultation of families and carers by psychologists and other allied mental health professionals (action 18.1).

Linking individuals and services



We recommend that single care plans be developed for use by GPs with consumers with moderate to severe mental illness who receive services from multiple providers (action 15.3).

Formal care coordination services should be used to link up care services for people with severe and persistent mental illness (action 15.4).

Helping people make informed decisions about their care



The ability of individuals to make informed decisions would be supported by requiring all mental health referrals to include a statement about people's ability to choose their care provider and by including on prescriptions a reminder that clinicians should have discussed with the individual the possible side-effects of medication, and proposed evidence-based alternatives where available (actions 10.1 and 10.2).

Mental health workforce



Maintaining a well-trained and responsive workforce that embraces evidence-based approaches is crucial to building a mental health system centred around the needs, preferences and aspirations of the people who rely on its supports and services.

The Australian Government should use the forthcoming National Mental Health Workforce Strategy to align the skills, costs, availability and location of mental health practitioners with the needs of all consumers, including those in regional and remote areas (action 16.1).

Medical training and continuing professional development requirements for GPs should incorporate person-centred approaches that emphasise the importance of personal recovery (that is, going beyond just clinical recovery) (action 16.3).

To support an increase in the number of mental health nurses, the Australian Government should support the development and implementation of a new curriculum for a three-year direct-entry undergraduate degree in mental health nursing (action 16.4).

Emergency and aftercare



Governments should provide more alternatives to emergency care for people with mental illness, including peer- and clinician- led after hours services and mobile crisis services (action 13.1).

We recommend that all people who present to a hospital, GP or community mental health service following a suicide attempt should be provided with access to timely, effective and culturally capable aftercare (action 9.1).

Comorbidities



Governments should set a target to reduce the life expectancy gap between people with severe mental illness and the general population, and develop a clear implementation plan with annual reporting against this target (action 14.1).