Unleashing the Potential of our Health Workforce (Scope of Practice Review)

16th October 2023

Submitted to:

Professor Mark McCormack, Chair, Independent Review

Submission Online Portal:

https://consultations.health.gov.au/pccd-communication/scope-of-practice-review/consultation/intro/

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Introduction

Lived Experience Australia Ltd (LEA) is a national representative organisation for Australian mental health consumers and carers, families and kin, formed in 2002 with a focus on the private sector. All members of our Board and staff have mental health lived experience as either a consumer, family carer or both. This is core to our advocacy, recognising that the impacts of policy and practice are felt not only by individuals, but also by families and whole communities.

Our core business is to advocate for effective policies and systemic change to improve mental health care (including support for people with psychosocial disability) across the whole Australian health system, including within State and Territory jurisdictions. This includes advocating for empowerment of people with mental health lived experience (people with mental health conditions and their family, carers and kin) in the broad range of issues that impact their mental and physical health, and their lives more broadly. It includes empowering them in their own care and contact with health and social services, promoting their engagement and inclusion within policy and system design, planning and evaluation and most importantly, advocating for policies and systems that promote choice, inclusion, justice and fairness, and address abuse, violence, exploitation, neglect, stigma, discrimination and prejudice.

We welcome the opportunity to provide our feedback to this Independent Review - Unleashing the Potential of our Health Workforce – focused on scope of practice issues and the primary care workforce. We wish you well and welcome the opportunity to contribute our views on behalf of the 4000+ consumer and family/carers friends of Lived Experience Australia to ensure equity for all people with mental health concerns and psychosocial disability who seek support from, interact with, and indeed in many cases rely on primary care services.

Purpose of this Inquiry

Unleashing the Potential of our Health Workforce is an independent review, led by Professor Mark Cormack. It will look at evidence about health professionals' ability to deliver on their full scope of practice in primary care.

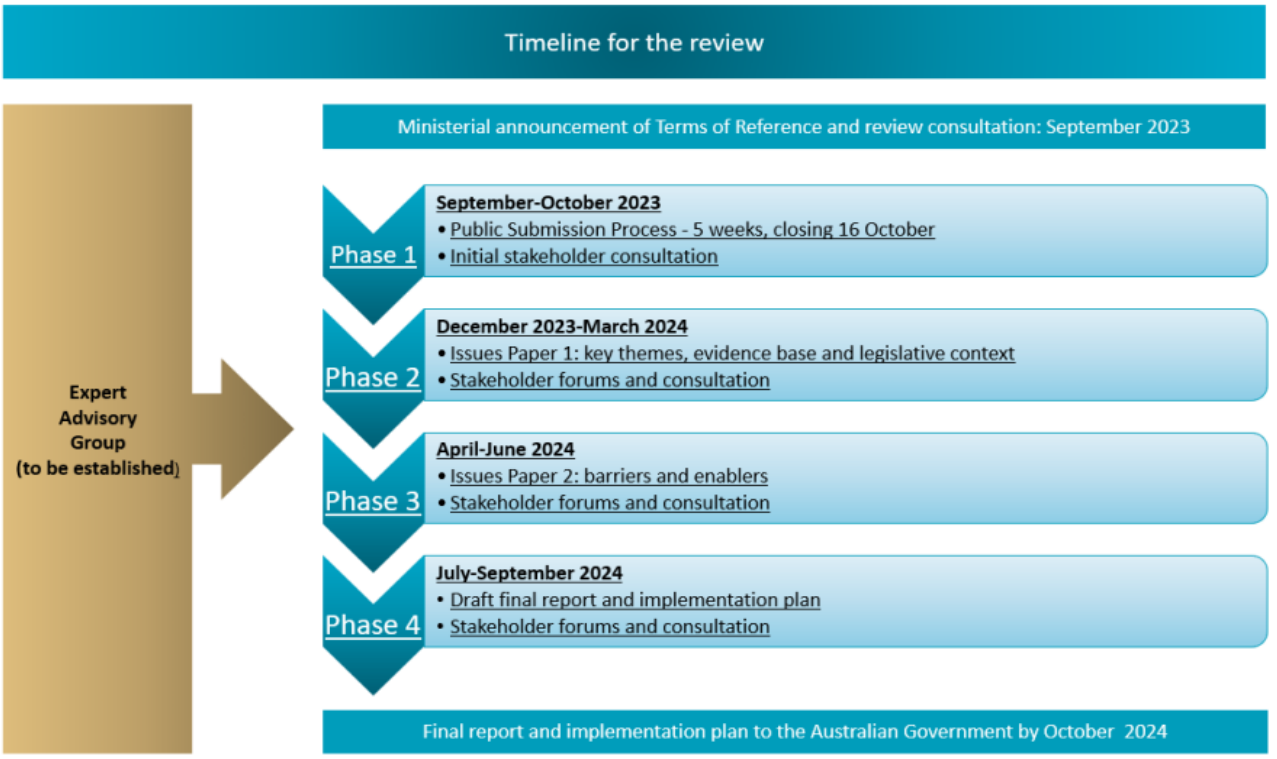
The review will identify opportunities to remove the barriers stopping health professionals working to their full scope of practice. It will also look for examples of multi-disciplinary teams working together at the top of their scope of practice to deliver best practice primary care.

The review is seeking diverse stakeholder views about the benefits, risks and challenges of primary health care professionals working to their full scope of practice. Stakeholders include governments, peak bodies, health professionals, regulators, education and training providers, employers, funders, professional bodies, and consumers.

This consultation step will help shape the next stage of the review and its recommendations that aim to deliver:

- better health care and outcomes for patients
- a more productive health system
- better access to health care for Aboriginal and Torres Strait Islander people, rural and remote Australians, and other marginalised groups
- greater job satisfaction for health professionals, leading to improved recruitment and retention of a skilled workforce.

This submission relates to Phase 1 of the Review process (See Figure below)



Our Response

Consumers with mental health conditions and their family/carers/kin want better mental health support to be delivered earlier in the healthcare pathway.[1,2] Key to providing this support, as well as referral pathways to more specialised support, have been primary care services delivered by General Practitioners (GPs), Practice Nurses (PNs), and primary allied health professionals such as Psychologists delivering Medicare-funded mental health treatment plans. However, growing demand has overwhelmed primary care providers, and many Australians experience a significant wait to access these services, leading many to present to emergency departments in crisis, or fall through service gaps (the 'Missing Middle') within an increasingly crisis-driven mental health system.[1,2,3]

In this submission, we wish to highlight two key workforce areas that we believe are important to consider in improving earlier mental health care and a stronger, more effective and integrated workforce in primary care:

1. Opportunities and evidence for the value of a lived experience peer workforce within primary care and earlier support
2. The need to enhance the role of primary care professionals, particularly PNs, to work to their full scope of practice to improve the response to the high rates of co-occurring physical health needs of people with mental health conditions.

[1] Productivity Commission. Mental Health, Report no. 95, Canberra, 2020.
[2] State of Victoria, Royal Commission into Victoria's Mental Health System, Final Report, No. 202, Session 2018–21. http://rcvmhs.archive.royalcommission.vic.gov.au/
[3] Lawn S, Kaine C, et al. Australian Mental Health Consumers' Experiences of Service Engagement and Disengagement: A Descriptive Study. IJERPH, 2021, 18, 10464. https://doi.org/10.3390/ijerph181910464

1. Lived Experience Workforce in Primary Care

Peer Workers are people with lived experience of mental ill-health, intentionally employed to use their experience of recovery in the delivery of mental health support.[4] They 'walk alongside' mental health consumers to improve their health and wellbeing by sharing with them their own experience of personal recovery. The relationship is centred on mutuality, equality and reciprocity.[5] Peers also promote the person's trust and engagement with services.[5,6] Peer support includes practical and emotional support, positive self-disclosure, expansion of social networks, education, information, and advocacy which are all vital for early intervention and help-seeking. This support is currently provided in settings including outreach, inpatient units, community and day programs, telephone support[5,6] and Emergency Departments.[7] Peers connect people with services and community activities, help address stigma and self-stigma, help people translate and adapt services to their individual needs, and build self-efficacy and quality of life. Their presence also helps transform services to be more person-centred.[6]

There is growing evidence of the value of peer-supported interventions in emergency,[7] crisis management[8] and community mental health services.[9] Two recent systematic reviews of 1-1 peer support[10] and peer-delivered group interventions[11] indicate the positive impact of peer support on psychosocial outcomes, personal recovery, consumer-provider relationships, and better engagement with care. Studies have highlighted that peer support self-management interventions can reduce illness relapse and subsequent repeat acute admissions following mental health crises.[8,12,13,14,15]

However, peer workers are not included in the current primary care workforce. The health and cost benefits of their support can only be fully realised if peers can work to the full scope of their abilities and if peer support is evaluated and available at an earlier stage of mental health care, notably in primary care.

Long waiting-times for access to mental health services have shown to result in poor health outcomes and to increase the risk of suicide.[16] There is great potential for Peer Workers to mitigate these burdens, bridge service gaps, and provide the unique and missing component of lived expertise and personal recovery approaches in primary care. Mental health LE peer support may enable a much-needed paradigm shift in general practice mental health care.

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[4] National Mental Health Commission. National Lived Experience (Peer) Workforce Development Guidelines. Sydney, NMHC, 2021.
[5] Stratford AC, et al. The growth of peer support: an international charter. *J Ment Health* 2019.
[6] Repper J, Carter T. A review of the literature on peer support in mental health services. *J Ment Health* 2011.
[7] Brasier C, et al. Peer support work for people experiencing mental distress attending ED. *Emerg Med Aust* 2022.
[8] Johnson S, et al. Peer-supported self-management for people discharged from mental health crisis… *Lancet* 2018.
[9] Simmons MB, et al. The Experiences of Youth Mental Health Peer Workers over Time. *Com Ment Health J* 2020.
[10] White S, et al. The effectiveness of one-to-one peer support in mental health services. *BMC Psychiatry* 2020.
[11] Lyons N, et al. A systematic review and meta-analysis of group peer support interventions *BMC Psychiatry* 2021.
[12] Lawn S, et al. Mental health peer support for hospital avoidance and early discharge.*J Mental Health* 2008.
[13] Simpson, A., *et al.* Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients…in the UK. *BMC Psychiatr*, 2014.
[14] Gillard S, et al. Peer support for discharge from inpatient mental health care …. Lancet Psychiatr, 2022.
[15] Hancock N, et al. Independent Evaluation of NSW Peer Supported Transfer of Care initiative (Peer-STOC): Final report. The University of Sydney & Australian National University, Australia, 2021.
[16] Reichert A, Jacobs R. The impact of waiting time on patient outcomes: Evidence from early intervention in psychosis services in England. *Health Econ* 2018;27(11):1772-1787.

2. Addressing Physical Health and Mental Health in Primary Care

Lived Experience Australia recently undertook a national survey with mental health consumers, and carers in collaboration with Equally Well, which asked about their experiences of being asked about their physical health by GPs, and other health professionals.[17] We emphasise the importance of a primary care workforce that can respond more effectively to people with co-occurring mental health and physical health conditions and risk factors for developing physical health conditions.

This is because people living with mental ill-health die, on average, 20 years earlier than the rest of the population due to physical health conditions that are largely preventable with more effective healthcare earlier; hence the importance of the primary care workforce.

Over 11,000 Australians living with mental ill-health die prematurely due to the top 10 causes of death each year.[18] This equates to over 30 people per day. Just 8% of these early deaths are due to suicide. Further, poor physical health is an associated risk factor in over 40% of completed suicides.[19] Most of these deaths are due to heart disease, diabetes, lower respiratory disease and cancer and most of these early deaths are preventable. For instance, each day 16 people living with mental ill-health die prematurely due to cancer, against an expected population rate of 1.8 per day. Eighty percent of people living with serious mental health conditions live with at least one co-existing chronic physical health condition.[20] Thus prevention, screening, early identification and treatment of physical health conditions by primary care providers are vital.

Our national survey of consumers' and carers' contact with health providers[17] indicated major gaps in asking about and addressing the physical health concerns of consumers and their carers. The data revealed that almost all the respondents had contact with a health professional in the last 12 months (See Figure 1 below); each occasion representing an opportunity for physical health promotion, screening and care. However, far too frequently these opportunities were being neglected and missed (See Figure 2 below).[17]
In summary, we found that:

- Only 1 in 5 consumers reported their health professional asking about their physical health.
- Only 52% of consumers reported that health professionals took their concerns about physical health seriously.
- Only 55% of consumers reported that health professionals showed interest outside of their mental health diagnosis (e.g., social connection, community participation, etc).
- Only 53% of consumers reported that health professionals paid attention to their concerns about the physical side-effects of their medications.

With significant pressures on the primary care system and GPs, there is clear opportunity to enhance other roles, such as peer workforce and practice nurses (and student nursing placements), in primary care, to help address primary care's response and responsibilities to people with co-occurring mental health and physical health conditions.

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[17] Kaine, C., Lawn, S., Roberts, R., Cobb, L., & Erskine, V. (2022) Review of Physical and Mental Health Care in Australia, Lived Experience Australia Ltd: SA, Australia. https://www.livedexperienceaustralia.com.au/physical-health-research
[18] Australian Bureau of Statistics. 2017. Mortality of people using mental health services and prescription medications. Analysis of 2011 data. Canberra: ABS.
[19] Australian Bureau of Statistics. 2019. Psychosocial Risk Factors as They Relate to Coroner-Referred Deaths in Australia 2017, Research Paper, Cat. no. 1351.0.55.062, Canberra: ABS.
[20] Australian Bureau of Statistics. 2016. National Health Survey: Mental health and co-existing physical health conditions, Australia, 2014-15. Canberra: ABS.

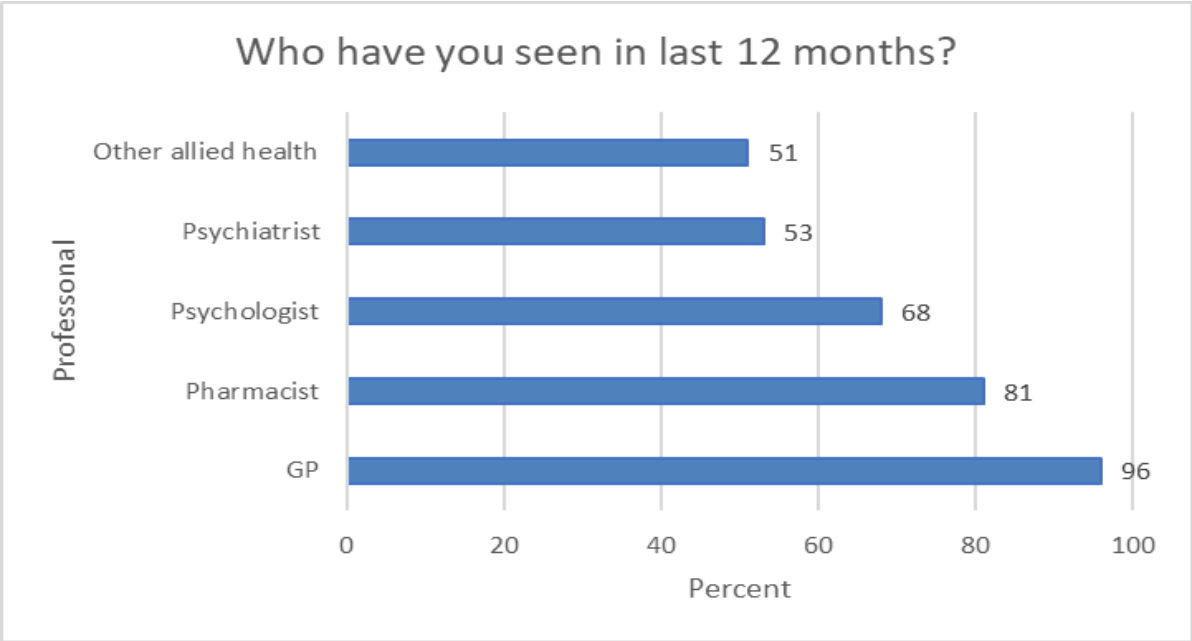

Figure 1: Health professionals seen in the previous 12 months

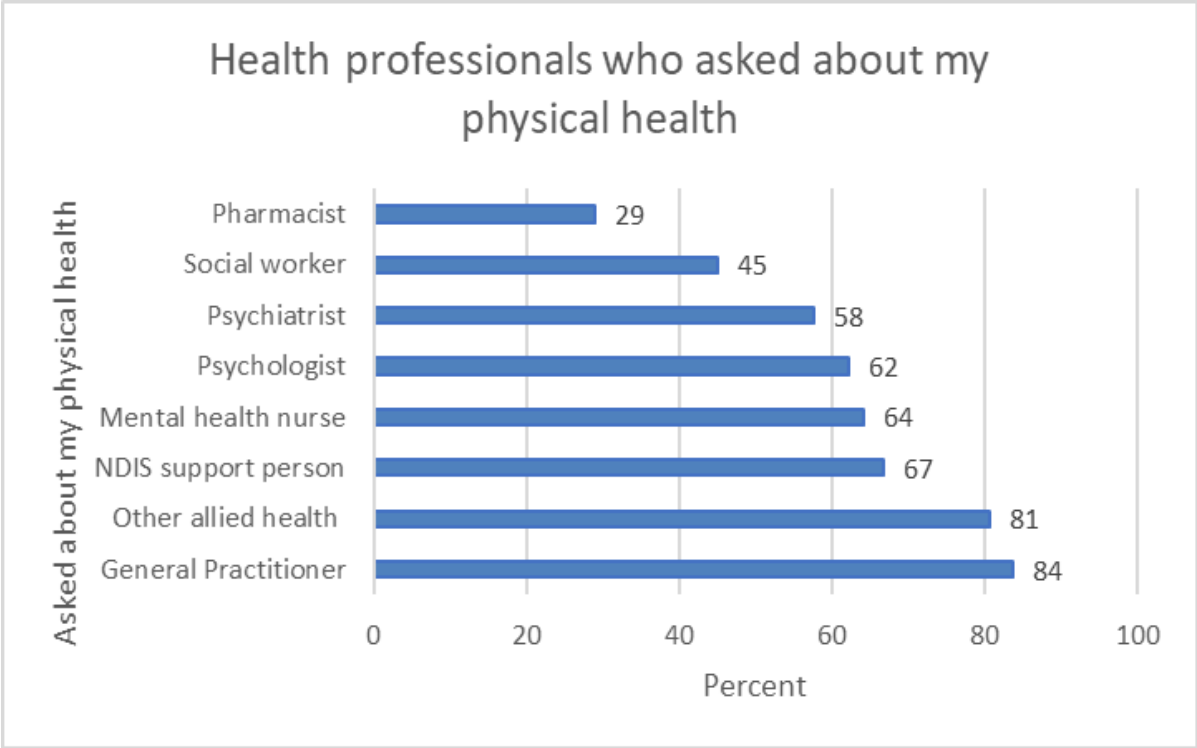

Figure 2: Percent of each profession that asked about physical health

The below comment from a family carer survey respondent[17] captures a range of concerns with service culture, access, and mental health secondary care responses, and the possibilities for primary care workforce to improve their scope of practice for this group:

> *My son is receiving very good NDIS care, including support from a diabetes educator to supervise and train the NDIS support workers. This has only occurred because I fought very hard to get these services. My son does NOT think he has a mental ill-health or diabetes. It*

was disgraceful that mental health services had NO interest whatsoever in my son's physical health care, in fact, he has been banned from staying in the XXXX care centre because he is unable to manage his diabetes without assistance. We were told that the nurses are mental health nurses, not general nurses. I find this an infringement of human rights. No wonder people with severe mental ill- health like schizophrenia have a 25-year reduced life expectancy.

Within our report, there is ample evidence, from a consumer and carer perspectives of whether they are asked about or screened for physical health concerns, of health professionals who are not working to their full scope of practice.

3. Primary Care Workforce – Rural Context

Directly related to the above two focus areas for this submission (Peer Workers; physical health and mental health in primary care), we also wish to highlight the importance of the primary care rural context and workforce scope of practice.

Rural Australians with mental illness have almost three times the risk of premature death than their metropolitan counterparts and the rest of the population[21]. Rural health workforce shortages[22,23], a lack of service access[24], and poorer health outcomes generally for those living in rural communities contribution to this problem. Rural Australia and its workforce experience unique challenges[25] which mean that metro-based workforce models and research may not be readily translated to rural communities.

We know workforce challenges in rural and regional contexts tend to increase reliance on informal mental health caregivers. We argue that Peer Workers and PNs could strengthen engagement with consumers and family/carers/kin because they offer more time than already stretched GPs – they have great potential within their scope of practice to be effective health care navigators, improving integrated care for peope with mental health conditions accessing primary care.

Professor Russell Roberts and others have argued that Physical Health Care Navigators offer a cost-efficient way to address the mental and physical health challenges of people with mental illness. It is a priority recommendation of the Mitchell Institute think-tank report Being Equally Well.[26] However, the Mitchell Institute report only recommends the introduction of Nurse Navigators; whereas, a broader workforce focus that builds and equips a rural consumer lived experience (Peer) workforce has potential to enhance care coordination, increase access to existing physical and mental health care, and improve the health of people living with mental illness in rural communities.

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[21] Roberts RH, et al. Improving the physical health of people living with mental illness in Australia and New Zealand. AJRH, 2018, 26(5), 354-362.
[22] Roberts R. & Maylea C. Is rural mental health workforce a policy imperative? AJRH, 2019, 27(6), 454-458.
[23] Australian Institute of Health and Welfare. Spatial distribution of the supply of the clinical health workforce. Canberra, AIHW, 2016.
[24] Rosenberg S, & Roberts R. Money Talks: How Funding Shapes Rural and Remote Mental Health Care in Australia. Handbook of Rural, Remote, and very Remote Mental Health. TA Carey and J Gullifer. Singapore, Springer Singapore: 1-28, 2020.
[25] Roberts R. & Sutton K. 13th Rural and Remote Mental Health Symposium Communique. AJRH, 2022, 30(1), 123-126.
[26] Morgan MD, et al. Being Equally Well. A national policy roadmap to better physical health care and longer lives for people living with serious mental illness. Melbourne, Victoria University, 2021.

Lived Experience Australia is currently partnering on an MRFF (ID: 202252 Led by Prof Sharon Lawn involving the "Development and Evaluation of Lived Experience Peer Support Intervention for Mental Health Service Users in Primary Care."

This project will involve a trial with four primary care clinics in regional and rural locations. Preliminary findings from interviews with consumers, family/carers/kin, Peer Workers, GPs, Practice Managers and Practice Nurses show that there is signficant appetite for collaboration with Community Managed Organisations and Peer Workers by primary care as part of a more integrated approach to providing earlier and more responsive mental health care. There is signficant opportunity to also explore how the Practice Nurse role and mental health care planning in primary care can be enhanced.

We are also collaborating on two other major projects focused on improving physical health and mental health:

- MRFF (ID: 2024482 Led by Prof Jenny Bowman – "Increasing the capacity of Community Managed Organisations to provide preventive care to people with a mental health condition."
- NHMRC (ID: 2025179 Led by Prof Russell Roberts – "Consumers and carers as Physical Health Care Navigators in rural Australia: experiences of care and a randomised efficacy trial."

The first of these projects is being undertaken within a regional context where we know primary care workforce and access issues are of increased concern. This project will be important in focusing on building capacity in the community at a primary level of care to provide greater preventative care. The second of these projects will be focusing on the co-design of a Peer Navigator role withing rural community contexts.

As the current Independent Review progresses, we encourage you to reach out to these research teams to keep abreast of their work and the emerging evidence arising from these important projects.

Contact

We thank the Minister for Health and Aged Care, the Department of Health and the Strengthening Medicare Taskforce for the focus it has brought to this issue and for the opportunity to put our views forward. We wish you and Professor Mark Cormack who is leading this independent review well with the next steps and would be keen to contribute our lived experience perspectives to any future discussions about this important topic.

Your sincerely

Sharon Lawn

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Response ID ANON-2YXJ-W3E8-M

Submitted to Unleashing the potential of our workforce - Scope of Practice Review
Submitted on 2023-10-12 15:27:53

Introduction

About you

Which of the following perspectives best describes your interest in the Scope of Practice Review?

Other

Other role:
Mental Health Consumer and Carer Lived Experience Research Perspective

What is your postcode?

Postcode:
5046

Benefits of expanded scope of practice

Who can benefit from health professionals working to their full scope of practice?

Consumers, Funders, Health practitioners, Employers, Government/s, Other

Other group(s):
Families

How can these groups benefit?Please provide references and links to any literature or other evidence.

Benefits:

Better use of scarce resources.
More efficiency in effort across disciplines.
Improved communication and integration across providers.
More consistent follow-up and communication of needs and assessment of needs.
Reduced duplication and gaps

Risks and challenges

What are the risks and other impacts of health practitioners working to their full scope or expanded scope of practice?

Please give examples of your own experience. :

Organisational cultural issues would need to be managed. GPs would need to be supported to work within more a team based process. Hierarchical historically so would need buy-in from all to be managed well.

Please give any evidence (literature references and links) you are aware of that supports your views.

Links and references:

Real life examples

Can you identify best practice examples of health practitioners working to their full or expanded scope of practice in multidisciplinary teams in primary care?

Yes

Please give examples, and any evidence (literature references and links) you have to support your example.

Please provide references and links to any literature or other evidence.:

Please see our submission attached.

Facilitating best practice

What barriers can government, employers and regulators address to enable health practitioners to work to their full scope of practice?Please provide references and links to any literature or other evidence.

Please provide references and links to any literature or other evidence.:

Professionalisation of the mental health peer workforce.
https://www.mentalhealthcommission.gov.au/getmedia/97a154cd-7b72-4577-9562-4077c33820d2/Towards-Professionalisation-literature-review#:~:text=Professio

What enablers can government, employers and regulators address to enable health practitioners to work to their full scope of practice?Please provide references and links to any literature or other evidence.

Enablers for government:

Consider review of MBS items for practice nurse roles in primary care.
Reforms that find a way to integrate and strengthen connections between primary care and community managed organisations that deliver community support.

Additional views

Please share with the review any additional comments or suggestions in relation to scope of practice.

Further suggestions:

Please see attached submission sent via email to you.