



Final Summary

The Mental Health Reform Advisory Committee was established to help shape and support the Australian Government's response to the evaluation of the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* (MBS) initiative (Better Access) and broader mental health reforms.

Members to the Advisory Committee were appointed for their individual skills, knowledge and experience of the health and mental health system. Discussions were confidential and reflected the views of members as individuals and as representatives of any organisation or professional body.

Key areas of focus for the Advisory Committee included:

- distributional equity of mental health care
- low intensity services and models of care
- solutions for people with complex needs
- triage, assessment and referral.

Throughout Advisory Committee meetings over the past six months, members have engaged in robust, comprehensive discussions about each of these focus areas.

Over the course of discussions, members agreed on the need to apply a whole-of-system lens to address these structural issues. Members emphasised the need to consider solutions not only to Medicare-subsidised services but to services across the system – from low intensity services to multidisciplinary services for people with complex needs and their families and supporters.

Members have acknowledged the difficulties in calibrating entitlements to Better Access based on need, in the absence of an accepted rigorous assessment and triage process. The role of general practitioners in mental health care is critical and needs to be supported. Members highlighted the role of states and territories in mental health care, and opportunities for improved shared care.

Members also acknowledged the importance of continued, phased reform, with consideration of broader system reforms underway including the renegotiation of the National Health Reform Agreement, the Government's response to the Strengthening Medicare Taskforce Report and the National Disability Insurance Scheme (NDIS) Review. The Advisory Committee also noted existing reforms underway through the National Mental Health and Suicide Prevention Agreement with states and territories including the unmet needs analysis for psychosocial support.

Distributional equity of mental health care

Members acknowledged difficulties in addressing equity issues, including those driven by the affordability of care and long wait lists, within private fee-for-service settings.

Members emphasised the need for more nuanced solutions, including models of care available outside of Medicare-subsidised clinical treatment and better targeting of clinical treatment.

Members noted the role of Primary Health Networks (PHNs) and adult mental health centres in addressing geographic and financial barriers (as these services are either free or low cost to access) to treatment for people underserved by other parts of the mental health system.



Members recognised and acknowledged the need for mental health and social and emotional wellbeing services for First Nations people, delivered by the Aboriginal Community Controlled Health Organisation (ACCHO) sector. Members also acknowledged the need to ensure mainstream services are accessible, safe and culturally appropriate for all populations with distinct mental health needs including for First Nations people. Members recognised the need for better solutions to support children and youth, and the families and supporters of people with mental ill-health.

Members acknowledged progress on mental health reform requires a significant expansion and diversification of the mental health workforce. Health professionals should work to their full scope of practice. There should be roles for people with lived experience of mental illness integrated into service delivery and policy development. Members noted opportunities to support the evidence base and development of the broader mental health workforce, including the peer workforce, to better match provider scope of practice with individual need and alleviate pressures on existing workforces. Addressing these deep structural challenges requires a considered and staged approach. This provides the time to build and expand the mental health workforce, while supporting the existing workforce to work to their full scope of practice.

Lower intensity services and models of care

Members supported greater use of lower intensity digital services and models of care to support people at risk of or experiencing mild mental health symptoms or transient distress. Members agreed on the need for people to seek support without having to go to a GP including in all instances of mild or transient distress, and to have smooth transitions to additional support if that is needed. Members also agreed on the importance of increasing health practitioner and community awareness and trust to encourage the use of lower intensity digital services where appropriate for individual needs.

Members acknowledged that while digital services have the potential to increase access to services in rural, remote and regional Australia, lower intensity services must take into account equity issues around connectivity to avoid exacerbating existing inequalities.

Solutions for people with complex needs

Members agreed that person centred care is the key principle underpinning a strong mental health system that meets increasingly complex and chronic mental health needs.

The Advisory Committee has advised that additional Better Access sessions are not the most effective solution for equitable provision for people with complex needs, and that clinicians and patients need a more sophisticated offering than additional mental health sessions. Whilst the evidence base shows that some patients with complex disorders may require and benefit from additional mental health sessions, members acknowledged the current system is not well-designed to achieve that outcome. This is exacerbated by the absence of an accepted rigorous assessment and triage process. Members also agreed that additional wraparound care is required for others. There is a need to build the reach and impact of service delivery models that complement Medicare-subsidised clinical mental health treatment.



Members supported greater use of multidisciplinary team-based care models in primary care and support for practitioners to work to their full scope of practice.

Members also supported an increased focus on the delivery of holistic, wrap-around care for people with more complex needs, such as psychosocial supports and non-clinical services, as well as leveraging existing reforms and infrastructure (such as leveraging investments in Strengthening Medicare, adult mental health centres and Primary Health Network-commissioned services) to reduce system fragmentation and complexity.

Members agreed on the need for better integration and workforce planning between the different parts of the mental health system and broader service systems including:

- general practice
- Medicare-subsidised services
- Primary Health Networks and centre-based services
- the NDIS; and
- aged care.

Triage, assessment and referral

Members agreed that properly targeting Better Access is critical to ensuring people can access clinically appropriate treatment for their level of need in line with a stepped care model of mental health. The Better Access evaluation found that people with more severe symptoms or higher levels of psychological distress benefit most from Better Access.

Members agreed on the importance of greater guidance for referring practitioners to support comprehensive mental health assessment and identification of when clinical treatment and psychosocial support is required.

Members noted opportunities to improve continuity of care and encourage better communication between referring and treating practitioners.

Towards an equitable and integrated mental health system

The Chair thanks members for their expert contribution throughout and following the Better Access evaluation and commitment to improving the mental health system, including through the Advisory Committee and its predecessor forums. These discussions have shaped the Government's investment in the mental health and suicide prevention system over successive budgets, including \$586.9 million in the 2023-24 Budget and \$475.1 million in the 2023-24 Mid-Year Economic and Fiscal Outlook.

These investments have paved the way for considered reform by addressing critical workforce shortages, extending essential services, and addressing service gaps. These investments provide the first steps away from a one-size-fits-all approach towards holistic and person-centred and integrated care.



The Government will continue to progress the long-term goal of an equitable mental health system. This requires concerted and coordinated action by all governments and all levels. All governments are working together on psychosocial reform, the development of Foundational Supports outside of the NDIS, and to improve mental health services through the new five-year National Health Reform Agreement.

The Government will continue to listen and work in partnership with people with lived and living experience of mental ill-health and the mental health sector to deliver real change.

Chair

The Minister for Health and Aged Care, the Hon Mark Butler MP