The Hon Catherine King MP  
Shadow Minister for Health and Medicare  
Parliament House  
Canberra ACT 2600

The Hon Julie Collins MP  
Shadow Minister for Ageing and Mental Health  
Parliament House  
Canberra ACT 2600

ACMHN feedback on ALP National Platform on Health

Dear Shadow Minister King and Shadow Minister Collins,

Thank you for the opportunity to provide feedback on Labor’s National Platform on Health.

The Australian College of Mental Health Nurses (ACMHN) has been involved in activities to support the Mental Health Reforms including:

- Providing advice and support to the Primary Health Networks (PHNs) on commissioning models of care, including developing innovative workforce models designed to maximize the scope of practice of the nursing workforce in primary mental health care
- Feedback and participation in consultations on the 5th draft Mental Health Plan
- Participation in a range of national and state-based mental health forums, including on suicide prevention, safety and quality, workforce development and targeted issues such as eating disorders and veteran’s mental health

The ACMHN is also represented on a range of local, national and international health policy platforms, including through:

- The Health Minister’s Mental Health Expert Advisory Group
- The International Council of Nurses (ICN) and other international nursing and health organisations, such as the American Psychiatric Nurses Association
- Te Pou (NZ workforce organisation)
- The World Health Organisation Collaborating Centres
- Coalition of National Nursing Organisations (CoNNMO)
- Australian Chief Nursing and Midwifery Officers

I am happy to be contacted should you require further information or would like to discuss the ACMHN comments in more details.

Yours sincerely

Kim Ryan

Adjunct Associate Professor Sydney University  
CEO Australian College of Mental Health Nurses  
Ph: 02 6285 1078 / 1300 667 079  
Email: executive@acmhn.org

Website: www.acmhn.org
General Feedback

It is suggested that the ALP align the current and future directions of health care with identified national and global priorities such as:

- Current and future chronic disease burden in Australia. Mental health is already one of the most significant factors contributing to the burden of chronic disease in Australia and is considered to become the largest contributor to chronic disease burden globally by 2030.\(^1\)
- The social determinants of health\(^2\), including mental health.\(^3\)

Australia’s federated health system provides both opportunities for innovation and significant challenges. In the context of these significant priorities, it is therefore imperative that the ALP also focus on strengthening cross-government collaboration and co-design with the sector to develop innovative and viable solutions. Additionally, finding solutions to address the social determinants of health requires cross government, cross portfolio and cross-sector cooperation and collaboration. A bold step forward would be to adopt the World Health Organisation’s call for a ‘health in all policy’ (HiAP) approach\(^4\), as has already been implemented in Norway\(^5\). This framework provides countries with a practical means of enhancing a coherent approach to HiAP, particularly at a national level. It improves accountability of policymakers for health impacts at all levels of policy-making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being. It also contributes to sustainable development.

Solutions to improve access appear to be explicit in relation to the medical profession (e.g. proposing to expand certain GP services and provide incentives for specialists). However, some of the language used in relation to nurses is less clear and more difficult to interpret (e.g. ‘increasing opportunities’ and ‘expanded’ roles). Innovation is needed and the medical workforce on its own is not sufficient to provide the solutions needed. Opportunities to innovate are available through better utilisation of the nursing workforce. This document needs to more clearly articulate how these opportunities may be realised, not only in the context of nurse practitioners, but also in relation to speciality nursing practice.

Evaluation and adoption of approaches that are informed by evaluation outcomes wherever possible is something that needs to be strengthened across the health sector and throughout government. Support for evaluation is often inconsistent and not well utilised (i.e. to inform evidence-based policy decisions), and outcomes in relation health programmes and services appear not to have been given the same weight when informing future policy directions.

---

\(^3\) Mental health included in United Nations Sustainable Development goals (out to 2030), adopted by the UN General Assembly in 2015.
Feedback on Labor Priorities

Promoting Wellness, preventing disease (items 17-20)

Health promotion and illness prevention is just as important for mental health, as for physical diseases such as diabetes and heart disease.

People tend to associate lifestyle factors such as smoking and alcohol use with physical health impacts, which means that unfortunately opportunities to think of these factors in the context of mental health can be overlooked. Lifestyle and social factors impact on mental health and overall wellbeing, as well as preventing mental illness or progression of illness severity. People experiencing mental illness are:

- twice as likely to have physical diseases such as cardiovascular disease, diabetes and metabolic syndrome;
- 65% more likely to smoke; and
- represent approximately one third of all preventable deaths.  

On this basis, ACMHN recommends that Items 17 and 18 include explicit reference to both mental and physical health and wellbeing in the context of lifestyle and social factors, and that item 19 also include actively pursuing mental health and wellbeing as part of a healthy lifestyle (dot point 6).

Under Item 20 the ACMHN suggests adding what actions on climate change will be taken, so that there is not only acknowledgement of the issue in the document, but clarity around the health context of the actions being taken. The HiAP framework outlined above would support the inclusion of more detail around this issue.

Strengthening Primary Care (items 21-26)

The ACMHN has a few comments relating to item 23, particularly in relation to the largely underutilised potential of Australia’s nursing workforce to improve access to affordable health care in primary care.

The first point which refers to working “with general practitioners to strengthen primary care...” should be amended to say “work with general practitioners, nurses and allied health professionals to strengthen primary care....”. It is important that the medical model of health care is not favoured and overrepresented at the expense of other models of care, such as the nursing model of care, which should also be well represented (and is vital to the effective functioning of primary care and demonstrated to have a positive impact on patient outcomes). It is important to take an innovative approach to primary health care service provision and to reflect the actual ‘team’ approach that is evidenced in the literature. A continued focus on the traditional medical model limits opportunity for alternative perspectives and innovative solutions to emerge, that utilise innovative models of care (e.g. specialty nurse clinics), provide good outcomes and are accessible and cost-effective.

---

Item 23 proposes to “maintain Medicare access for nurse practitioners and midwives” and “expand and better coordinate after-hours GP care and GP care for those in residential aged care”. Considering that:

- the nursing workforce also has significant potential to contribute significantly in the delivery of affordable and timely after-hours care and residential aged care;  
- the MBS review Interim report (2016) found that the nursing scope of practice was not well supported or utilised under the MBS and could be better utilised to support primary care and general practice; and  
- international evidence points to better utilisation of the nursing workforce in primary care to improve access to health care;

Nurses are the most geographically dispersed health workforce in Australia with the clinical knowledge and skills to respond to the broad spectrum of health needs. It is the position of the ACMHN that expansion of services should not be limited to GP care only and that innovative nursing models of care particularly in relation to advanced practice nursing offer an opportunity to identify a broader range of solutions to improving access to affordable, high quality specialist health care.

**Specialist Care (items 27-28)**

- The ACMHN suggests ALP identify support for transition to specialty nursing practice, with incentives provided for nurses wishing to transition to identified areas of high need that have a shortage (particularly geographical locations or an identified shortage of particular clinical speciality skills, such as mental health).
- Specialists nurses can provide essential support to rural and regional areas where access to medical and other specialists is difficult. This can be supported and facilitated through telemedicine if necessary e.g. where a mental health nurse, based in primary, secondary or hospital based services undertakes assessment and treatment of a person with mental illness, in collaboration with a city-based psychiatrist via telemedicine.
- Incentives should not just be available to the medical profession, but also to the largest and most geographically disperse clinical health workforce in Australia – nurses.
- The ACMHN recommends that the ALP work not only with healthcare organisations to improve access to specialists, but with professional organisations, such as the ACMHN, which are invested in ensuring the development and support of the workforce.

**Hospital and Secondary Care System (29-33)**

- Under item 31, the ACMHN suggests that an additional item be added which commits to “Build the skills of Australia’s future health workforce in response to predicted future shortage and priority areas, so it is prepared to meet the identified future health needs of the Australian community”.
- If prevention and early intervention efforts are to be successful, high-quality staff are required in primary and secondary services, not just in hospitals.

---


ALIA House 9-11 Napier Close DEAKIN WEST 2600 PO Box 154 DEAKIN WEST ACT 2600  
Ph: 02 6285 1078 Fax: 02 6285 2166 Email: enquiries@acmhn.org  
ABN 75 492 837 566
The ACMHN recommends that mental health related presentations such as deliberate self-harm, suicide attempts, and depression and anxiety (where physical symptoms are the presenting characteristic) are also included in dot point two - “Respond to health problems that cause large numbers of hospital admissions, such as tobacco, alcohol and avoidable GP-type presentations”

A vital component of the research to practice nexus is that data and research is provided back to clinicians in a useful way. The ACMHN recommends that health data collection includes feedback loops with practitioners, such that there is a clear rationale for practitioners taking time away from clinical duties to collect data, and so that the data can inform clinical practice.

Palliative Care (items 37-44)

The ACMHN recommends that item 42, also consider and include access to psychological support for families and carers, in acknowledgement of the huge impact that being a carer can have on a person’s physical and emotional wellbeing and health outcomes. 50% of primary carers are on a low income and many find it hard to cover living expenses, save money or build up superannuation; Caring can be emotionally taxing and physically draining. Carers have the lowest wellbeing of any large group measured by the Australian Unity Wellbeing index; Carers often ignore their own health and are 40% more likely to suffer from a chronic health condition themselves. Some health problems, like back problems, anxiety and depression, can be directly linked to caring. Carers often have to deal with strong emotions, like anger, guilt, grief and distress, which can spill into other relationships and cause conflict and frustration.

Health Workforce (items 45-49)

Workforce is a significant issue and has direct impacts on access to timely, quality health care. Yet very little has happened since the release of the Australia’s Future Health Workforce Reports in 2014, particularly in relation to the nursing workforce. Nurses and midwives represent the largest segment of Australia’s Health workforce and can utilise their skills to provide timely, accessible care and assist in addressing service gaps, yet little has been done to address the workforce challenges highlighted in the HWA 2012 Health Workforce 2025 – Doctors, Nurses and Midwives reports, or to support and better utilise the existing nursing workforce.

Mental health nurses for example are the largest clinical mental health workforce in Australia, but also represents the segment of the workforce facing the largest shortage of all nursing segments in Australia.

Investment in health and medical research and e-health

ACMHN suggests returning to the AFHW – Nursing Report and also considering how the development of the nursing workforce, particularly in relation to transition to specialty nursing practice. Developing specialist skills among the nursing workforce and providing opportunities for nurses to work to their full scope of practice will assist in ensuring Australia’s health workforce has the right skills to meet the future health needs of the Australian community.

---

Improving access to specialty care can be achieved by increasing opportunities for nurses with specialty qualifications to work to their full scope of practice in rural, remote and regional locations through innovative nursing models, transition to practice programs and incentives to work in areas with minimal or no access to that specialty care.

Key priorities:

- Implement the recommendations of the National Mental Health Commission’s *Review of Mental health Services and Programmes and Services Report* (2014) in relation to mental health nursing. These included expanding the opportunities for MHN to work in primary care and mandating mental health in the undergraduate nursing/midwifery curriculum.

- Establish collaborative working groups with representation from nursing and midwifery organisations focusing on addressing the legislative, regulatory and administrative barriers that prevent nurses and midwives from working to their full scope of practice in response to identified current and future areas of high demand and geographical areas where there are service gaps.

- Fund a series of pilots and evaluations of identified effective approaches (e.g. financial incentive models and service funding mechanisms) to increase nursing and midwifery regional and rural placements; promote effective relationships between tertiary institutions; facilitate PHNs and LHNs working collaboratively to support workforce growth and development and service collaboration and integration.

- Grow and develop the nursing and midwifery workforce through the establishment of coordinated clinical supervision, graduate and undergraduate clinical placement programs, professional development and mentorship for the nursing and midwifery workforce in primary health and aged care. The programs should be coordinated and focus heavily on collaboration across the health system particular focus on targeting areas of skill shortage/high demand, as identified in the Australia’s Future Health Workforce Reports (2014). (E.g. incorporate combined placements and secondments that enable the undergraduates and graduates to gain experience across primary health, community and acute care within a single region).

**Addressing Health Inequality:**

- General comment: Social determinants of health should not be overlooked in relation to priorities for improving health inequality. Solutions lie outside of the health system as well as within it. E.g. unemployment, poor access to stable housing, family breakdown, social isolation etc are major contributors to health inequality throughout the lifespan.

- Items 61-66: Suggest adding additional item Support Aboriginal Health Services to be able to establish partnerships to pilot and evaluate local service models. There are many local examples of services making a huge difference, such as Social and Emotional Wellbeing Workforce models and mental health nursing models, but they need to be evaluated so they can develop a strong evidence base and safeguard these small local community based services against being de-funded in future. Examples of such services include:
  - An Aboriginal RN delivering services through a mental health fellowship in the NT.
  - In Western NSW, mental health nurses deliver services through the local AHS’ from a number of locations (e.g. Walgett, Orange, Cobar).
An aboriginal health service located in Western Sydney received assistance from and has since hired an ACMHN member and Mental Health Nurse Practitioner to develop and implement a mobile outreach mental health nursing service for the local Aboriginal community.

- Items 67-68: identified opportunities relating to improve regional, rural and remote health in relation to the medical and allied health workforces should also be available to the nursing workforce. As is available for the medical profession, greater opportunities should be made available for clinical nursing placements and secondments, as well as a transition to specialty nursing practice program to educate and train nurses with recognised skills in identified shortage areas (priority areas as identified in the Australia’s Future Health Workforce – Nursing Report).

- Item 70:
  - Suggest renaming this section to “perinatal and infant health”. There is now growing evidence to support paternal factors in child development and health, and perinatal mental health now encompasses services for partners in recognition of the fact that 1 in 10 men will experience perinatal depression/anxiety.
  - Terminology is inaccurate. The correct term is perinatal and infant mental health, not ‘perinatal depression’, which excludes the range of mental health conditions which may be experienced during the perinatal period.
  - Additional priorities: Improve access to specialist perinatal and infant mental health care, and upskill midwives in basic mental health assessment and referral. Given the potential to promote good mental health and emotional development of the infant as well as the mother and her partner, the reduction of community-based perinatal mental health services does not represent a preventative and early intervention approach. (E.g. Perinatal Emotional Health Program in Victoria).
  - Statement about support to access MBS and PBS services should include perinatal health nurses and mental health nurses as well as midwives, given nurses and nurse practitioners also have access to some relevant MBS items.
  - Suggest making explicit reference to ‘Birthing on Country’ (see CATSINaM position statement for further information)

- Item 74: Develop a multi-dimensional response to male suicide that takes account of individual, community, social and clinical factors, including additional targeted approaches relevant to men at different stages of life (e.g. youth, middle aged men, men aged over 85).

- Item 76: Suggested additional priorities:
  - Improve older person’s mental health and wellbeing through approaches that address issues such as social isolation and grief and loss, while also increasing access to clinical mental health services for older persons.
  - Build upon the existing the aged care system so that it can more effectively respond to the increased morbidity and changing mental and physical health needs of older persons.

- Item 79: Suggest amending to read “Improve access to medical devices, healthcare and psychosocial services for people with disability not eligible for the NDIS”.

- Item 81: Suggest amending to refer to “…providing impartial health advice”, rather than ‘impartial medical advice’. Medical refers to doctors only and does not cover the full spectrum of health professionals who also deliver health promotion, drug and alcohol education etc.
Feedback on Health Priority Areas

Mental Health

- Suggest amending language from “people with mental illness” to “people experiencing mental illness”.
- The ACMHN suggests returning to the National Mental Health Commission Review report (2014) to focus priorities on already identified solutions and future directions. Unfortunately many excellent recommendations in this report which had wide sector and community support have not been actioned to date.
- ACMHN suggested key priority areas:
  - Mental health workforce – see Recommendation 21 of NMHC review report.
  - Target populations: older persons mental health; Aboriginal and Torres Strait Islander people; people experiencing mental illness unable to access the level of mental health care they need to prevent relapse in the community, because their presentation at a single point in time has not been assessed as severe/complex enough. However the ‘low intensity’, ‘brief’ interventions and services covered under the MBS do not provide the level of service intensity they need to achieve lasting recovery.
  - Reach agreement with states to make psychosocial support available to people experiencing mental illness who are not eligible for the NDIS.
- The ACMHN broadly agrees with item 85, however this item seems to incorrectly assume that most people experiencing episodic mental illness often have prolonged periods where they do not require any mental health service at all and predominantly need support from ‘mainstream’ services. Improved access to clinical mental health services for people experiencing episodic mental illness who often require longer and higher intensity episodes of care than available through online, MBS and other low intensity services – but who also often do not meet the criteria for severe and complex services and crisis support – is crucial. There is significant potential to improve social and economic participation among this group, however many individuals in this group experience gaps in accessing the level of clinical mental health care they need to prevent relapse and maintain recovery.
- Item 89: Suggest adding “Support activities to improve the physical health and life expectancy of people experiencing mental illness”. This will be consistent with the Commonwealth’s endorsement of the ‘Equally Well Consensus Statement (National Mental Health Commission, 2017).

Chronic Disease

- Chronic disease (mental and physical) has been identified as having the greatest burden on Australia’s health system into the future. In a 2011 study commissioned by the World Economic Forum, titled ‘The Global Economic Burden of Non-Communicable Diseases’, which included Australia, mental disorders emerged as the single largest health cost of all non-communicable diseases, with global projections increasing to $6 trillion annually by 2030, more than diabetes, cancer, and pulmonary diseases combined. It is the position of the ACMHN that Chronic Disease (physical and mental) should be given a greater focus in Labor’s National Platform on Health.
• It is also important that the National Platform does not inadvertently exclude mental health from chronic disease policy.

• Unfortunately, mental illness is often not considered in the context of chronic disease policy. More recently this has been evident in the development of the HealthCare Homes initiative, where despite definitions not being diagnosis-based, detailed consideration of the initiative in relation to people with a primary diagnosis of complex mental illness was considered comparatively late in the policy development. This has meant that eligibility assessment processes (such as the requirement to use the Qadmissions tool) appear to be heavily weighted towards physical health conditions and risk providing limited opportunity for identification of eligible people who are experiencing complex mental illness that are also at higher risk for chronic physical illness.

• Mental illness is now recognised as a significant population health issue, alongside physical conditions such as diabetes, heart disease and obesity. People with mental illness are also substantially more likely to have comorbid chronic physical disease and experience higher rates of mortality than the general population. Conversely people with chronic physical disease are also at increased risk of developing mental illness (National Mental Health Commission, Equally Well Consensus Statement, 2017).

• While mental health represents its own extensive policy area, evidence of the intricate relationship between mental and physical health means that opportunities to consider mental health within chronic disease policy and activities should also not be overlooked. The College is currently conducting a project to upskill general practice nurses about mental health, so that they can better identify risk factors for mental illness and suicide that are now known to be linked to physical health (e.g. heart disease and history of heart attack). However, for care to be truly integrated, the broader nursing and midwifery workforce also needs to improve its competency and confidence around mental health. It is therefore the long term aim of the ACMHN to upskill the broader nursing and midwifery workforce about mental health and what role it can play to provide more integrated physical and mental health care in areas of the health system other than specialist mental health services.