Submission to Medicare Locals Discussion Paper on Governance and Functions

The Australian College of Mental Health Nurses (ACMHN) is the professional organisation representing mental health nurses in Australia. There are around 15,000 nurses working in mental health across Australia, with around 12,000 of these being registered nurses. Mental Health Nursing is a specialty area of nursing and Mental Health Nurses (MHNs) are nurses who hold postgraduate level qualifications in mental health nursing.

MHNs across a variety of settings – acute psychiatric units in hospitals, specialist community mental health teams, general practices, emergency departments, as well as in policy, administration, management and research roles. Mental Health Nurses as individuals and a profession are a key component of Australia’s health care system.

Since the mid-2000s there has been substantial growth in the number of MHNs working with general practice to provide primary mental health care to the community. This has been driven by the establishment of the Mental Health Nurse Incentive Program and the Access to Allied Psychological Services program run through Divisions of General Practice.

The experience of the ACMHN and mental health nurses in working with Divisions of General Practice and individual general practitioners is highly relevant to the Government’s proposal to evolve Divisions of General Practice into Medicare Locals.

The ACMHN is also a founding partner of the Mental Health Professional Association (MHPA), and has been a driving force in the rollout of the Mental Health Professionals Network project. The MHPN was established under the Better Access initiative to foster greater collaboration by bringing together local mental health professionals from a range of disciplines. A key lesson learnt through this project is that it takes significant time and funding to establish networks and collaboration among primary mental health care clinicians. This and other learnings from the MHPN project are directly relevant to the Government’s plans for primary health care more generally.

The ACMHN’s issues and responses to the discussion questions which follow are based on these experiences.
The ACMHN supports the Government’s objectives in establishing Medicare Locals. We believe they have potential to provide improved health care to all Australians within their own communities. In the area of mental health, there is scope to provide holistic, consumer centred recovery based treatment. We support the 5 key objectives for Medicare Locals and look forward to working with the Government and other stakeholders to achieve these objectives.

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Strategic and cultural fit of Divisions to become Medicare Locals

The ACMHN contends that there is a significant difference in the strategic focus demonstrated by many Divisions of General Practice currently and the proposed strategic focus for Medicare Locals. This has been demonstrated by Divisions who have elected not to deliver the Mental Health Nurse Incentive Program because they are unable to make a ‘profit’ from the program. At various forums, this perspective has been expressed openly by CEOs and board members of Divisions. Medicare Locals must have a strategic focus on obtaining better health outcomes for the community, rather than obtaining financial benefit from delivery of programs.

If Medicare Locals are to be effective in achieving the government’s objectives in primary health care, Divisions must adapt their culture. The experience of mental health nurses is that many Divisions hold a GP/doctor centric view of health care with traditional expectation of nurses as subordinates to doctors still being evident in interactions at the individual clinical level. At the organisational level, this is reflected in hierarchical rather than collaborative organisational structure. The culture of Medicare Locals must support collaborative, patient centred primary health care. The government must select Divisions for transition to Medicare Local on the basis of their track record in working collaboratively with the community, other organisations and other health professionals to achieve better health outcomes for consumers.

Medicare Locals and Mental Health

The ACMHN strongly supports initiatives to strengthen the role primary health care plays in supporting people with mental illness. However, we have some reservations about the capacity of Divisions to take on a service coordination and integration role as Medicare Locals in this field.

The Divisions have not engaged equally with all mental health professions in their administration of ATAPS. This has limited options for consumers to receive the most appropriate service for their needs. This perhaps reflects a lack of understanding of the different strengths and skill sets of each profession within Divisions. In addition the lack of opportunity to work under ATAPS has constrained the supply of mental health nurses working in primary health care. These issues will need to be addressed if Medicare Locals are to achieve the key objectives identified in the discussion paper, particularly improving access to mental health primary care services.
The MHPN project has shown that primary care clinicians face barriers to networking and working collaboratively. The MHPN has helped overcome the lack of knowledge and awareness of other clinicians’ roles and services among mental health professionals. This has taken considerable investment and time. The ACMHN believes it is important to continue to build on the MHPN brand and foster collaboration and networking among individual clinicians. The role of Medicare Locals should not supersede but complement this work.

Another concern of the ACMHN is the capacity of Medicare Locals to deliver integrated and coordinated primary mental health services. Recovery for mental health consumers requires more than just clinical care. Social inclusion, adequate housing, employment and education opportunities and physical health care are key elements of recovery from mental illness and the maintenance of good mental health. Medicare Locals need to develop strong and effective links and partnerships with organisations that work in these areas, including community housing services, employment services, corrective services, schools and disability services. These organisations are often fragmented, have limited resources and are oversubscribed. Effective partnerships with these organisations will be critical to delivering integrated and coordinated primary mental health services. We strongly recommend that Medicare Locals and the mental health sector work closely together to achieve this objective.

**Transparency of Medicare Locals implementation processes**

The government must have a transparent implementation process for Medicare Locals. This is important in light of the tension between Divisions of General Practice and other local stakeholders. It must be recognised that the Australian General Practice Network, as the representative body for Divisions of General Practice and General Practitioners, cannot provide impartial advice on how Medicare Locals should be governed and function. The government must address this conflict of interest and be transparent in the implementation of Medicare Locals with all stakeholders, including the mental health sector.
Response to Discussion Questions

1. What will Medicare Locals do?

- What features will Medicare Locals need to have in order to achieve their objectives:

1. Identification of the health needs of local areas and development of locally focused and responsive services
   - Medicare Locals need to be able to identify unmet needs and incorporate strategies and programs that address these. Only 35% of people with mental health issues seek help, suggesting there is a large unmet need in the community for mental health care. Innovative strategies, particularly including outreach into target populations and groups, will be required to target this unmet need.

2. Improving the patient journey through developing integrated and coordinated services, including across the transitions between primary and acute and aged care
   - In the area of mental health, a key objective of Medicare Locals should be to provide services and treatment to prevent hospitalisation.
   - Where hospitalisation is required, the transition out of acute care requires better integration of acute care, primary care and non-clinical services, particularly housing services. Medicare Locals must work with providers of acute and community mental health care, primary care and non-clinical services to improve this transition.

3. Providing support to clinicians and service providers to improve patient care
   - A multi-disciplinary focus is needed to ensure Medicare Locals provide support to all clinicians.

4. Facilitation of the implementation and successful performance of primary health care initiatives and programs
   - Medicare Locals should be provided with program funding that is separate to the funding needed to establish and maintain the organisational structures of the Medicare Local.
   - Mental Health program funding should be quarantined to ensure it is not used to subsidise other programs.
5. Be efficient and accountable with strong governance and effective management
   - Have a set of nationally consistent performance measures that incorporate consumer and community feedback on the quality and accessibility of services.
   - Independent ongoing or periodic evaluations of Medicare Locals should be used to ensure they are delivering on these objectives.

- Are there other roles and functions Medicare Locals could potentially adopt?
  - As evident in the general comments above, Medicare Locals will face many challenges to achieve the objectives set by the government. As these organisations evolve and build their capacity, they could play a stronger role in health promotion and illness prevention.

- What challenges will there be for Medicare Locals in performing the proposed roles and functions?
  - The key challenges for Medicare Locals to achieve the 5 objectives have been outlined above in our general comments.
  - The ACMHN believes that communication and consultation at the local level and at a national level is important to reduce uncertainty and tension between stakeholder organisations as Medicare Locals are implemented. The government must consult with and provide information to all primary health stakeholders about its processes and the arrangements it is making with Divisions to become Medicare Locals. The Divisions that are selected to become Medicare Locals must also establish good communication channels with local interested parties to defuse any potential tension arising from uncertainty.

2. What will Medicare Locals look like?

  - It is difficult to respond to some of the issues raised in the Discussion Paper because of the lack of detail and proposals about how Medicare Locals will function. It would be useful for stakeholder to have an opportunity to comment on specific models of governance structures rather than providing suggestions about what those models should look like.
What other broad principles or characteristics are important in establishing governance arrangements for Medicare Locals?

- The ACMHN recommend that the Government only contract Divisions as Medicare Locals if they meet the following requirements:
  - Members of the medical profession should not dominate the board and management positions in Medicare Locals. This should be ensured by requiring specific representation on boards, for example, one to one ratios of medical, nursing and allied health professionals on the board.
  - Each Medicare Local should have a designated consumer board position that is independently appointed and should have a mechanism to provide the views of consumers, for example a consumer committee. A quarantined pool of funds should support these mechanisms with training and peer support available to consumers filling these roles.
  - A designated community board position to be filled by a representative of a local community organisation.

- The ACMHN recommends that each Medicare Local be required to establish a multi-disciplinary Mental Health Advisory Group as source of information and knowledge on mental health issues. The membership of these groups should include mental health professionals (drawn from the local membership of the MHPN), mental health consumers and carers and other mental health service providers.

- As the government’s mechanism to create a more effective primary health care system, there must be a mechanism that ensures Medicare Locals deliver on government policy directions. The ACMHN recommends that Medicare Locals should not be able to seek funding from other sources to avoid conflict of interest.

- A national body should be established to support and represent Medicare Locals. This body should include representation from Medicare Locals and from national level stakeholders (professional bodies, consumer and carer peak bodies).

What formal linkages are required between Local Hospital Networks and Medicare Locals to ensure good coordination of services to the community?

- The Mental Health Advisory Group should include a representative of the local LHN’s mental health services.
Legal structure and internal governance questions

- **What is needed to ensure that the structures and governance arrangements for Medicare Locals are flexible enough to deal with future changes in the health care system, including potentially different roles and responsibilities in primary health care?**
  - The ACMHN recommends that the Government review the Medicare Local structures on a regular basis to determine if they are continuing to meet the needs of the community and if they are achieving better patient outcomes.

- **What other types of internal governance structures are needed to support the Board and the operations of the Medicare Local?**
  - The ACMHN believes each Medicare Local should have ongoing funding to maintain a minimum level of consumer and carer workers to provide input to program development and service delivery.

Membership questions

- **Who should the members of Medicare Locals be?**
  - Membership should be open to all individuals or organisations with an interest in health of their local community. This will ensure that there is direct community ownership of Medicare Locals from all stakeholders (health professionals, local community groups, individual consumers and carers, local governments etc). Members should have voting rights for board members.
  - The ACMHN recommends that the Government only allow organisations to be Medicare Locals if they can demonstrate that their membership is not restrictive and supports equitable access by individual consumers, clinicians and community members by with no or low membership fees.

- **How should membership be structured to ensure Medicare Locals focus on the health needs of their local community?**
  - Medicare Locals must have specific mechanisms that allow members to provide input on the needs of the local community and feedback on the services the Medicare Local provides. There should be a range of mechanisms to enable participation by members who have limited time and resources to participate.
What rights should members have and should they be able to influence the governance or the activities of Medicare Locals?

- The ACMHN envisages that members should be able to influence the governance by voting for the Medicare Local board. The membership should also be able to influence the activities of the Medicare Locals by other mechanisms such as sitting on special interest committees, participating in consultation or information forums etc.

3. How will Medicare Locals interact with patients and providers?

- How can communities best be supported to fully participate in the activities of Medicare Locals?
  - If the membership of the Medicare Locals are open to all members of the community as recommended, this will provide formal mechanisms for participation in the governance of Medicare Locals.
  - Medicare Locals must provide services and activities to communities and individuals in ways that meet the communities and individuals needs. This means taking services and activities out of consulting rooms and into the community. For example, having local community groups host information sessions, offering services in facilities that have good public transport links, and taking services into people’s homes.
  - Medicare Locals must seek to work through existing community organisations in a way that strengthens those community organisations and supports the services they already provide. This will ensure that communities, particularly those segments that have barriers to accessing primary care will receive better primary health care.

- What can Medicare Locals do to facilitate stronger community participation in local primary health care service planning and delivery?
  - Communities will need support and knowledge to participate in service planning and delivery. The strategies recommended above should help foster community groups and individuals to develop the skills, knowledge and interest in this aspect of Medicare Locals’ work.