Introduction

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of efforts to improve service and care delivery to those affected by mental illness and disorder. The ACMHN also sets standards of practice for the profession and promotes best practice of mental health nursing.

Mental health nurses comprise the largest group in the mental health workforce and are a critical component in mental health service provision, providing the bulk of care within hospitals, acute psychiatric units in hospitals, specialist community mental health teams, general practices, emergency departments, as well as working in policy, administration, management and research roles. Mental health nurses as individuals and a profession are a key component of Australia's mental health care system.

The ACMHN 2016-17 Pre-Budget Submission focusses on the mental health reforms announced by the Australian Government, in response to the National Mental Health Commission’s (NMHC) Review of Mental Health Programmes and Services, and other reform processes being undertaken by the Government. The Government’s response to the 2014 NMHC Review mentions the role of mental health nurses and specifically the Mental Health Nurse Incentive Program (MHNIP) on a number of occasions. Mental health nurses will play a vital role in the implementation of the mental health reforms, along with the groups that represent them, and will need to be a central part of budget considerations now and into the future.

A number of the issues raised in this submission were raised in the ACMHN 2015-16 Pre-Budget Submission. The issues hold the same, if not more, relevance given the need to implement the mental health reforms and Medicare Benefits Scheme (MBS) review.

MBS Review and Primary Health Care

The ACMHN notes the MBS review being undertaken by the MBS Review Taskforce for the Australian Government. The ACMHN discussed in the 2015-16 Pre-Budget Submission the dominance of the MBS in the primary health care system in Australia and that alternative funding mechanisms that promoted patient-centred and holistic care needed to be developed and implemented. It is also important that funding models recognise and enable the autonomous scope of practice of nurses and midwives, and the capacity of specialist nurses to provide cost-effective and comprehensive care to Australians.

The MBS Review Taskforce scope states that the Review is examining the entirety of the MBS to ensure it reflects best clinical practice and promotes health service provision that improves health
outcomes, and is looking at reform over the short, medium and long term. The Terms of Reference (TOR) do not preclude recommending new items or services being added to the MBS.¹

In light of the MBS Review Taskforce TOR, the ACMHN reiterates the following recommendations, which were put forward in the 2015-16 Pre-Budget Submission and a joint submission to the Senate Select Committee on Health Inquiry into Health Policy, Administration and Expenditure:

- Reform the fee-for-service funding model to better support the ongoing, multi-disciplinary care people with chronic illness and mental illness require. Funding models should deliver values centred incentives, connect primary health care to other sectors of the health care system and spur innovation.
- Provide additional funding streams to increase access to specialist nursing and midwifery services. Options include increasing the number and value of MBS items for specialist nurses and midwives and the provision of grants or block funding for the provision of much needed specialist nursing and midwifery services.
- Strengthen primary health care by supporting specialist nurses and midwives in primary health care to implement models of care such as nurse-led clinics and caseload midwifery.

The reform processes occurring with the MBS and in mental health need to be considered together to ensure that the system change sought and required for person-centred care; outcomes for consumers and carers; addressing under-serviced populations; and making optimal use of the workforce are actually achieved. The Government response to the NMHC 2014 Review specifically states that in improving services and coordination of care for people with severe and complex mental illness, services delivered by specialist mental health nurses will be enhanced. Considering how this enhancement can be achieved not just through the mental health reform process but in how nurses and the services they provide are funded, are both important elements.

Mental health reform

The ACMHN is encouraged by the Australian Government’s response to the NMHC Review of Mental Health Programmes and Services. This particularly relates to the acknowledged relevance and importance of mental health nurses and the Mental Health Nurse Incentive Program (MHNIP). The Department of Health has advised that MHNIP will be a component of the mental health services covered under the reforms, through the funding provided to the Primary Health Networks (PHNs) in 2016-17 and then as part of the flexible funding pool from 2017-18.

The ACMHN made a submission the NMHC’s 2014 Review which recommended using the mental health nursing workforce more effectively in order to deliver efficient and effective health care to those requiring mental health interventions and service. This included:

- That programs delivering psychotherapy or focused psychological strategies, such as Better Access, be provided by registered health professionals with appropriate post-graduate qualifications and supervised experience, including Credentialed Mental Health Nurses.

• Expanding MBS item numbers to include adequate reimbursement for Credentialed mental health nurses to lead therapeutic group based activities.
• Providing MBS item numbers to enable Credentialed mental health nurses to work directly with individuals, families, employers and education providers.
• Strengthen and support post-graduate mental health nurse education through an increase in Commonwealth supported places for courses that develop mental health nurse clinical capabilities.

The ACMHN also made a submission to the Health Workforce Scholarship Programme Stakeholder Consultation in which it was recommended that the Australian Government’s review of the scholarship program address the range of educational needs of nurses, across the education and career continuum, through supporting nurses and midwives to access mental health nursing specific content.2

The ACMHN recognises that the funding mechanism through which the Government will progress the mental health reforms is a flexible pool of funding to be established through PHNs to commission services. We urge the Government that in implementing this process, they engage and work with the ACMHN and all relevant stakeholders across the health workforce, and consider the other reform processes in primary health care occurring, such as the MBS Taskforce Review. This is to ensure that the implementation of the mental health reforms makes the best use of the available and qualified workforce.

It will be essential to determine and provide clarity for consumers, carers and health professionals about how the flexible funding pool and the commissioning of services through PHNs will work in practice. This includes how the reform aim of person centred care funded on the basis of need will be achieved, particularly if services are being commissioned by PHNs and not directly by consumers (as is occurring under aged care and disability service reforms).

Credentialed mental health nurses working under the MHNIP have been impacted by the suspensions applied to MHNIP since 2012, leading to ongoing uncertainty about their future, often reduced session allocations, and a lack of capacity to build their practice. The employment/engagement status of mental health nurses working within MHNIP has been tenuous, and therefore certainty will be required through the proposed changes to ensure this essential and demonstrably effective workforce is maintained, supported and enhanced (as stated in the response to the NMHC Review).

The ACMHN recommended in the 2015-16 Pre-Budget Submission that the Government’s response to the NMHC 2014 Review incorporate specific strategies to utilise the mental health nursing workforce to its full capacity, and support the development of a mental health nursing workforce strategy. The ACMHN believes both these recommendations remain relevant and important and should be undertaken as part of the mental reform implementation process.

**Mental Health Nurse Incentive Program**

The MHNIP has been funded by the Australian Government since 2007 for Credentialed mental health nurses to work collaboratively in primary care settings with General Practitioners (GPs) and

---

private psychiatrists. It is the only program that provides people with a severe and persistent mental illness with continued and holistic support from a specialist mental health professional. The program is delivered by credentialed mental health nurses who provide targeted psychosocial interventions, evidence-based psychological therapies, family and carer therapy and support, medication monitoring and management, risk assessment and monitoring, physical health assessment, health promotion, early intervention and management, and appropriate referrals to other services.

Mental Health Nurses working under MHNIP are highly skills specialists with postgraduate qualifications and, as noted above, credentialed in mental health nursing. Their skilled contributions have been pivotal to the successful outcomes of MHNIP.

At present the MHNIP provides non-MBS incentive payments to eligible community based general practices, private psychiatry services and other appropriate organisations (such as PHNs and Aboriginal Medical Services) who engage mental health nurses to coordinate treatment and care for people with serious mental illness and complex needs.

The ACMHN has commissioned and reported on a number of surveys of MHNIP providers\(^3\) and in 2012 the Department of Health and Ageing undertook an evaluation of MHNIP\(^4\). The outcomes have been overwhelmingly positive and findings have included:

- The model of care involving credentialed mental health nurses working with eligible medical practitioners received strong endorsement from consumers, carers, medical practitioners and relevant peak bodies.
- Consumers receiving treatment and support under MHNIP had improved levels of care through increased continuity of care, follow-up, access to support and compliance with treatment plans. There was evidence of an overall reduction in average hospital admission rates and lengths of stay in hospital where admission occurred; increased levels of employment; improved family and community connections; and positive impacts on GP workloads.
- Costs analyses showed savings on hospital admissions on average at approximately $2,600 per patient per annum, which was about equivalent to the average direct subsidy levels of providing MHNIP\(^5\).

As noted above, the Department of Health has advised that MHNIP will be a component of the mental health services covered under the mental health reforms, through the funding provided to the PHNs in 2016-17 and then as part of the flexible funding pool from 2017-18. As a key stakeholder in the design and operation of MHNIP, the ACMHN is in a unique position to offer advice regarding implementation of MHNIP and the associated reforms.

Mental health nurses currently working under MHNIP are required to be credentialed by the ACMHN. This level of specialisation and qualification ensures that consumers are provided with an exceptional level of mental health care, provided by a professional with the experience to integrate

---

\(^3\) [http://www.acmhn.org/career-resources/mhnip/mhnip-review](http://www.acmhn.org/career-resources/mhnip/mhnip-review)


and co-ordinate treatment. The qualifications and experience of these nurses is integral to the excellent outcomes MHNIP has achieved.

The ACMHN has previously recommended that the Government commit additional funding to expand MHNIP to meet unmet need and the real costs of providing these services. Investment was also needed to facilitate and support the uptake of MHNIP in under serviced areas, and to develop stronger clinical governance frameworks for health professionals and organisations using MHNIP. Further recommendations the ACMHN has made previously include:

- Session payments be increased annually equivalent to CPI for the program to remain financially viable.
- Funding for MHNIP increase to $76.6m (cost provided for 2015-16).
- An online administration and claiming system be developed to reduce the administration burden on clinicians and improve data collection.

While the MHNIP will become a part of the flexible funding pool from 2017-18, these recommendations are still relevant as the cost of providing MHNIP, maintaining a viable mental health nurse workforce, targeting areas of need, and the governance of delivering MHNIP will need to be addressed as the identified reforms are implemented. This is important to ensure people living with severe and persistent mental illness continue to receive the essential care and support provided through the MHNIP, and that this care and support is consistent across jurisdictions.

The ACMHN strongly suggest, on the back of the outcomes of MHNIP, it is time the Government explored expanding the MHNIP funding model to other areas of nursing in particular aged care. The ACMHN are keen to work with the Government to develop programs for other areas, where appropriate.

**Conclusion**

Mental health nurses work in mental health across a variety of settings and are a key component of Australia’s mental health care system.

The ACMHN 2016-17 Pre-Budget Submission focusses on issues related to the mental health reforms announced by the Australian Government, in response to the NMHC Review of Mental Health Programmes and Services, and the MBS Review Taskforce. This submission reiterates recommendations made in the 2015-16 Pre-Budget Submission and a joint submission to the Senate Select Committee on Health Inquiry into Health Policy, Administration and Expenditure.

Key issues raised and recommendations made in this submission include:

- Reform the MBS fee-for-service funding model to better support the ongoing, multi-disciplinary care people with chronic illnesses and mental illness require, and provide additional funding streams to increase access to specialist nursing and midwifery services.
- The reform processes occurring with the MBS and in mental health need to be considered together to ensure that the system change sought and required for person-centred care; outcomes for consumers and carers; addressing under-serviced populations; and making optimal use of the workforce are actually achieved.
- The Government response to the NMHC Review specifically states that in improving services and coordination of care for people with severe and complex mental illness, services delivered by mental health nurses will be enhanced. Considering how this enhancement can be achieved not just through the mental health reform process but in how nurses and the services they provide are funded, are both important elements.

- That in implementing the flexible funding pool through PHNs, the Government engage and work with the ACMHN and all relevant stakeholders across the health workforce.

- It will be essential to determine and provide clarity for consumers, carers and health professionals about how the flexible funding pool and the commissioning of services through PHNs will work in practice. This includes how the reform aim of achieving person centred care funded on the basis of need will be achieved if services are commissioned by PHNs and not directly by consumers.

- The ACMHN recommended in the 2015-16 Pre-Budget Submission that the Government’s response to the NMHC 2014 review incorporate specific strategies to utilise the mental health nursing workforce to its full capacity, and support the development of a mental health nursing workforce strategy. The ACMHN believes both these recommendations remain relevant and important and should be undertaken as part of the mental health reform implementation process.

- Both the formal evaluation and ACMHN commissioned surveys of MHNIP have found that MHNIP improved service user outcomes, kept people out of hospital and was associated with positive occupational and social outcomes.

- On the back of the outcomes of the MHNIP Program, the Government explore expanding the MHNIP funding model to other areas of nursing in particular aged care.

- Mental health nurses currently working under MHNIP are required to be credentialed by the ACMHN. This level of specialisation and qualification ensures that consumers are provided with an exceptional level of mental health care provided by a professional with the experience to integrate and co-ordinate treatment.

- The ACMHN has previously recommended that the Government commit additional funding to expand MHNIP to meet unmet need and the real costs of providing MHNIP services. Investment was also needed to facilitate and support the uptake of MHNIP in under serviced areas, and to develop stronger clinical governance frameworks for health professionals and organisations using the program. These recommendations are still relevant as the cost of providing MHNIP, maintaining a viable mental health nurse workforce, targeting areas of need, and the governance of delivering MHNIP will need to be addressed as the identified reforms are implemented.

The Government’s response to the 2014 NHMC Review mentions the role of mental health nurses and specifically the MHNIP. Mental health nurses will play a vital role in the implementation of the mental health reforms, along with the groups that represent them, and will need to be a central part of budget considerations now and into the future. As the peak mental health nursing professional organisation, the ACMHN has a significant interest in the role that mental health nurses will play in the implementation of the mental health and other reform processes occurring. The role of mental health nurses will be essential to ensuring people living with mental illness continue to receive the essential care and support provided by this workforce.