

AUSTRALIAN ALLIED HEALTH LEADERSHIP FORUM

Position Statement 2020

Mental Health

Key Messages

- An opportunity exists for allied health professionals (AHPs) to be better utilised in the provision of effective and cost-efficient services to promote and maintain mental health and wellbeing in the community.
- The current relative lack of utilisation of AHPs has resulted in less effective and more expensive services for those at risk or with lived experience of mental illness.
- In addition, the social and economic impacts of mental illness are not being tackled as effectively as they could be.
- AHPs provide services that contribute to the minimisation of ill-health associated with mental illness through assessment, diagnosis, treatment, enablement and management.
- Models-of-care that focus solely on medical services for treating and managing mental illness are not supported either by current scientific evidence or consumers' experiences.
- The most effective, cost-efficient and sustainable treatment and management of mental illness is through integrated models of care involving medical, psychological, social and occupational interventions.
- When involved with people with mental health disorders, AHPs frequently work as part of an inter-professional team with general practitioners, psychiatrists, nurses, peer support workers and psychosocial support workers to provide comprehensive individualised care.
- There is growing evidence for the need for reform across the mental health workforce and models of care. Non-traditional interventions such as diet modification and exercise therapy have a role in treating mental illness, not just physical comorbidities.

Context

- Mental health problems and mental illness are widespread and have a substantial social and economic impact. Mental illnesses cause distress and affect a person's ability to function at work, in relationships and/or everyday tasks.
- AHPs provide treatment, develop strategies and support lifestyle changes to overcome psychological, social, occupational and environmental challenges that are integral to consumers' quality of life and participation in society.
- AHPs also provide effective interventions to reduce the risk of suicide and self-harm.
- The National Mental Health Strategy (the Strategy) aims to promote the mental health of Australians and, where possible, prevent the development of mental health problems and disorders.



- The Strategy currently focuses on the psychology workforce with little recognition of the other AHPs that provide essential mental health services.
- As listed below, a broad range of AHPs work with consumers to achieve meaningful social and occupational participation:
 - Psychologists, occupational therapists and social workers use a range of focused psychological strategies with individuals, their carers and family, including for those at risk of suicide and self-harm. Intervention strategies include: cognitive behavioural therapy, behavioural interventions, cognitive interventions, goal setting, self-management techniques, relaxation strategies, skills training, problem solving, anger management, social skills and stress management.
 - Dietitians and nutritionists provide diet interventions that promote wellbeing and support people to manage their symptoms of mental illness and side-effects of medications. There is growing evidence of the link between physical and mental health and the importance of nutrition and healthy lifestyles.
 - Physiotherapists and exercise physiologists prescribe exercise therapy for individuals with mental health conditions. Exercise therapy and involvement in general physical activity is increasingly being used as an adjunct to psychological and pharmacology therapy for individuals with mental health conditions who are at an increased risk of a range of physical health problems, including cardiovascular diseases, endocrine disorders and obesity.
 - Arts therapists and music therapists provide a range of creative interventions to support those with mental illness to improve their emotional health and wellbeing.
 - The Aboriginal and Torres Strait health workforce plays an important role in strengthening the provision of culturally secure and appropriate treatment for individuals with mental health issues, as well as providing health coaching and promoting healthy eating and physical exercise.
- The above services all enhance an individual's ability to participate socially and economically, develop their capacity to actively contribute to their community and achieve greater wellbeing both physically and mentally.

Australian Allied Health Leadership Forum's position

- A co-designed, whole-of-community and whole-of-government approach would be more effective and sustainable towards reducing the prevalence and impact of mental health problems and mental illness. This would include public mental health services, government agencies (ageing, disability, education, police, justice, communities), primary health care providers and non-government organisations.
- AHPs are skilled in providing a range of early intervention, cost-efficient models-of-care that have been demonstrated to lower health system costs and reduce demand on public hospital services.
- These models-of-care are currently overlooked at the system level and represent a major untapped resource, particularly in the primary health care arena.
- Referral to AHPs needs to be supported by appropriate and viable funding mechanisms to ensure comprehensive team-based care is available to the general population.
- Consumers should have greater flexibility and choice in access to appropriately qualified AHPs for services. Current referral pathways provide limited access to early intervention services and choice of provider.



- Hospital emergency departments are not the most appropriate mechanism for urgent access to treatment for those with severe episodes of mental illness. There should be better access for these individuals to services within the community. Consideration should be given to implementing programs such as intensive home-based multidisciplinary support services, which have had highly positive evaluations.
- Existing psychosocial disability funding levers available through the NDIS support flexible treatment delivery (e.g. telehealth). A similar approach is required within the health sector and not just for rural and remote areas.
- Access to research funding should be prioritised and more accessible, with a focus on improved data on outcomes and evaluation of allied health interventions in mental health programs.
- The National Mental Health Workforce Strategy should consider the full range of AHPs that provide mental health services in identifying and addressing skill or profession shortages.
- The current funding models, such as the MBS, should be broadened to enable access to the full range of relevant allied health services.
- Access to specific allied health supports and services are vital for children under 12, young people, older persons, those with co-morbidities and people from vulnerable populations who are at risk of mental health issues. Greater investment in accessible services and care coordination for these groups is required.

Regional issues

- There is a higher burden of mental illness and short supply of mental health practitioners in rural and remote areas. Addressing mental health service gaps and workforce shortages in rural and remote Australia is urgently required. To provide care closer to home, funding structures that support the use of telehealth and online support from allied health services are required.
- A paradigm shift from providing predominately care coordination activities to targeted therapeutic interventions by the full range of AHPs is required.
- Regional service planning in relation to the number of public acute mental health beds in hospitals, specialist mental health community treatment services and subacute/non acute mental health bed-based services should include utilisation of the multidisciplinary allied health workforce to provide comprehensive team-based care in each setting.

References

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Date Approved: 27 January 2020 by Chair AAHLF, Catherine Turnbull

Review Date: 27 January 2021

