



24 March 2021

Our ref: KM21-150

Toni Gutschlag
Deputy Director-General Mental Health and Addiction
Ministry of Health
WELLINGTON

via email: MHAD-responses@health.govt.nz

Tēnā koe Toni,

Mental Health and Addiction Long-Term Pathway

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the Mental Health and Addiction Long-Term Pathway.

The Royal New Zealand College of General Practitioners is the largest medical college in New Zealand. Our membership of 5,500 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. Our kaupapa is to set and maintain education and quality standards for general practice, and to support our members to provide competent and equitable patient care.

Submission

The College understands the urgency of work to address the current unsatisfactory provision of mental health services. Unfortunately, however, the short timeframe provided to respond to this important consultation did not allow us to ask our members for feedback to inform a College response. We have instead asked our members to respond to you directly.

We are aware however that general practitioners are under considerable stress currently and while they may feel passionate about mental health and addiction services, they may not have the capacity to respond to the consultation. We would urge you not to interpret a possible low response level as a lack of concern or interest, but rather as a symptom of an overloaded primary health system.

In September 2019, the College surveyed its members about their involvement in mental health. Results revealed that 31 percent of consultations included a component relating to mental health or addiction. Taken together with information that GPs provide around 13.8 million consultations per year, this indicates that nearly 4.3 million GP consultations per year include a component relating to mental health or addiction. General practitioners play an important role in providing mental health services.

The College welcomes the new Integrated Primary Mental Health and Addiction Services (IPMHAS) currently being rolled out in primary care as part of the Access and Choice programme. This new service improves the capability of GP practices to respond to mental distress early before it escalates to more serious mental health concerns. IPMHAS enable patients to see Health Improvement Practitioners or Health Coaches promptly and within the practice. The College looks forward to IPMHAS being rolled out to all areas of New Zealand.

We would like to reiterate issues that our Medical Director, Dr Bryan Betty has previously raised with Dr Juliet Rumball Smith and Jo Chiplin. These issues need to be considered during the development of the long-term pathway.

Addressing mental health and addiction issues at an early stage via PIMHAS can be expected to reduce the demand for more intensive services. In the meantime, however, a significant and concerning service delivery gap remains for patients with moderate to severe mental health and addiction issues.

General practitioners are telling us that patients who are too complex to be managed by Health Improvement Practitioners and need to be seen by a psychologist are unable to access these services in the public health system. Access to such services is therefore dependent on the ability of the individual to pay for services privately, or to access employer funded services. The resulting inequities of access can have a profound effect on not only the wellbeing of the individual, but also their employment opportunities and the wellbeing of their dependents and whanau.

Without access to psychologists, the burden of providing the necessary care falls back on the general practitioner. The care that such patients require is not easy to provide within the current model of care with 15-minute timeslots and patient co-payments. General practitioners, especially those with large numbers of such patients, are really feeling the strain. There are impacts on both provider wellbeing and practice sustainability.

General practitioners are also feeling extremely isolated in the current environment. Not only are they frequently unable to refer to secondary care services, but they are also unable to get timely advice from a psychiatrist or mental health team to assist them in managing these patients. Having the ability to pick up the phone and discuss the management of a challenging patient with a psychiatrist can support GPs to continue providing mental health services in primary care.

We would like to share a couple of examples provided to us by College members where such support would have been invaluable.

Example 1

"A mental health patient who I sectioned under the Act because he was arming himself in a household with two small children. At first the crisis team worker refused to go and assess the patient. When I eventually insisted that they did, I was told that I was "wrong" to have placed the patient under the Section 8A. He was subsequently assessed by the psychiatrist who took my concerns seriously and the patient's medication regime was changed - but then the DHB GP liaison office arranged a meeting with me to see what "my issues were" and how "they could help me" - effectively treating me as the problem because I complained to the hospital about their service".

Example 2

"An 18 year old patient discharged from 6 day in-patient stay at different DHB, moved into area for whanau support, with ongoing psychotic symptoms. Referred to secondary services however on a waiting list of several weeks. Difficult to access psychiatrist advice in the interim".

Conclusion

The College urges you to ensure that when the Service Specifications are developed that provision is made to ensure that such support is available for general practitioners managing patients with moderate to severe mental health and addiction issues, in terms of ready access to psychiatric expertise. We also urge you to consider how funding could be provided to enable longer consultations without the barrier of patient co-payments.

If you have any questions, or would like more information, please email us at policy@rnzcgp.org.nz

Nāku noa, nā



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