



Supporting Nurse Practitioners through advocacy
resources, networking and professional development

Australian College of Nurse Practitioners response to:

**QUEENSLAND PARLIAMENT
Mental Health Select Committee**

**Inquiry into the opportunities to improve mental health
outcomes for Queenslanders**

Australian College of Nurse Practitioners

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7th February 2022

Dr Amanda Beem
Acting Committee Secretary
Mental Health Select Committee
Parliament House
George Street
BRISBANE QLD 4000

By email: mhsc@parliament.qld.gov.au

Dear Dr Beem,

Thank you for the opportunity to provide a response to the *Inquiry into the opportunities to improve mental health outcomes for Queenslanders* (the Inquiry).

The Australian College of Nurse Practitioners (ACNP) is the national peak organisation for Nurse Practitioners, advancing nursing practice and consumer access to health care. A key focus for the role and scope of practice development for Nurse Practitioners is on unmet needs within the community and increasing access to health care.

The Inquiry presents an important time to understand the current challenges and opportunities facing mental health services and offer some suggestions to support a future-oriented mental health and wellbeing system in Queensland.

Impact of growing need combine with COVID19

For many years mental health care in Australia has been assessed as inadequate to meet the mental health needs of our population. The National Mental Health Commission found that people frequently experience barriers to access, stigma, lack of trust in and appropriateness of services, and service gaps when trying to access mental health support. The widening gaps between people living in wealth or poverty have been further emphasised by the COVID-19 pandemic. Moreover, the pandemic has seriously impacted Queenslanders' mental health, with people losing livelihoods and social connections, and facing increased uncertainty and stress, leading to increased drug and alcohol use, financial worries, domestic violence and loss of affordable accommodation. Access to mental health services in primary care in Queensland is now the most challenging it has ever been. The reasons for this are varied; however, they have resulted in a lack of access to services and have contributed to increasing numbers of Queenslanders calling emergency services or presenting to emergency departments in a mental health crisis.

Genesis of mental ill health

It is critical to understand the underlying causes of mental illness and poor well-being (adversity, poverty, discrimination, social disadvantage and the impacts of Social Determinants of Health), if we are to find a way forward for a future-oriented mental health and wellbeing system in Queensland. Crucially, attention to supporting mental health must start at the beginning of life. Parents with mental illness report a reduced quality of life and are at increased risk for suicide and the infants and children of parents with untreated or poorly managed mental illness have greater life-long risk of poor life outcomes, including developmental delays, educational disadvantage, physical ill health, substance use and mental health disorders. Three in four people with a mental illness develop symptoms before they are 25.

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The missing middle

Like most of Australia, the healthcare system in Queensland is overwhelmed with the demand for mental health care far outstripping the supply of mental health providers and access to mental health treatment. Medicare funding is directed at primary care, tertiary-level psychiatric care is under severe pressure with long waiting times and insufficient staff and services, leaving a huge middle gap of need for secondary-level mental health care.

Nurse practitioners in Queensland

In December 2021, Queensland recorded the highest number of Nurse Practitioners of all Australian states and territories, making up 25% of the national figure (592/2332). The scope of practice of Nurse Practitioners in Queensland working directly and indirectly in mental health encompasses a wide range of clinical settings across public health, community health, primary care and private practice in all areas of Queensland, including metropolitan, regional, rural and remote areas. Nurse practitioners may specialise in a particular clinical setting, for example, child, youth, adult or aged care, dual diagnosis, emergency or forensic health; they may work exclusively with clients who experience specific mental health diagnostic areas, such as eating disorder, early psychosis, developmental disorders, alcohol and other drugs, or support clients with general mental health concerns. Encouragingly, Queensland (unlike many other jurisdictions in Australia) is realising the broad benefits of nurse practitioners, with a number of health services championing the role to a greater extent.

A mental health system that delivers care which is affordable and accessible in a timely way

Benefits and enablers of nurse practitioner care in mental health:

- Most people in need of mental health treatment don't require the specialist care of a psychiatrist, but need a clinician with specific mental health training and experience – mental health nurses and nurse practitioners can fill this service gap.
- Nurse practitioners with mental health skills can fill the gap in between a GP and a Psychiatrist. Nurse practitioners can already refer to a Psychiatrist (or other medical specialists) when necessary.
- Nurse practitioner care allows early access to mental health care for people who may not require psychiatry-level care or while waiting to access a psychiatrist, paediatrician or specialist Mental Health service.
- Nurse practitioners work in close collaboration with specialist mental health clinicians, initiating and continuing mental health treatment with monitoring, prescribing and providing ongoing psychological and other health interventions.
- People with mental illness are the highest proportion of people receiving the disability support pension, yet access to private psychology and psychiatry services with out of pocket expenses are often unaffordable, limiting access to care. Nurse practitioner interventions can reduce the cost to clients for specialist mental health care.
- No referral is required to see a nurse practitioner, reducing the delay and challenges in accessing mental health treatment, and maximising the opportunity for early intervention.
- For some people, the requirement to have a GP Mental Health Care Plan creates barriers to accessing mental health care and treatment due to receiving a reportable diagnosis for insurance purposes, impact on professional recruitment (i.e. to the armed forces) and stigma issues. Self-referral to a nurse practitioner can bypass this issue.
- Nurse practitioner Medicare items (face to face and telehealth) are generic to all nurse practitioners across all scopes of practice. A nurse practitioner can provide assessment and treatment without the client being identified as a mental health client under the Medicare

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billing, which allows for early intervention, particularly for children and first mental health presentation, and people with significant life stress circumstances and adjustments.

- Nurse practitioner MBS items allow for unlimited number of consultations, unrestricted by Mental Health Care Plans.
- Nurse practitioners can provide absence/sick certificates with assessment for competency to attend work, vocational or educational related duties, or other activities.
- Regrettably, nurse practitioner MBS items provide much lower MBS rebates when compared to MBS items for other mental health professionals. Accordingly, the Queensland Government might consider supporting alternate funding strategies to address this issue, which otherwise limits the capacity of nurse practitioners to provide care to low-income clients outside the public hospital system. Another barrier is the inability of Nurse Practitioners to refer to Allied Health (e.g. Psychologist) under MBS, this needs to be addressed by the Commonwealth Government as a matter of urgency.

A mental health system that delivers care seamlessly across the lifespan

Perinatal:

- Perinatal mental health services in Queensland are currently under-resourced and under-developed in contrast to other Australian states. Despite integrated perinatal and infant models being identified as critical and best practice, current Commonwealth funding allocation is separate; adult services providing perinatal care to the women, and children's services providing infant care.
- Perinatal depression and anxiety are prevalent disorders affecting 1 in 5 mothers and 1 in 8 partners/fathers (PANDA, 2019). In addition, during the perinatal period, parents with existing mental illnesses are at risk of relapse or ongoing impacts of their condition.

Child and Youth:

- Current data suggest 1 in 5 young people are struggling with their mental health and according to the Australia Talks National Survey 2021, across almost every mental-health-related question, young people came off worse.
- The public sector mental health service in Queensland is over capacity with children and young people being turned away every day. The private sector is no better, with almost every child and adolescent psychiatrist in Brisbane having closed their books due to being over capacity. The waiting list for an allied health professional is in excess of many months.
- Currently, young people are waiting 12-months to access specialist care for mental health interventions. This reduces opportunity for recovery, increases the burden on the public health system, increases wait times in emergency departments and further strains an already burdened system. The impact of this is not only limited to hospitals and primary health care, it extends to emergency services, with families seeking crisis intervention due to a lack of available services.
- Nurse Practitioners with generalist or specialist mental health skills can offer the full continuum of prevention, crisis response, harm reduction, treatment and recovery. Their model of care can incorporate both physical and mental health factors as well as opportunities to explore avenues for supporting young people in education and workplaces as well as improved family functioning.

Aged care:

- Nurse practitioners can provide Aged Care mental health without a referral, delivering mental health assessment and treatment and provide medical specialist referrals if required.

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A mental health system that maximises and grows its skilled mental health workforce

- Nurses working in mental health must be assisted to advance their practice, with supported career pathways developed towards advanced roles such as Credentialed Mental Health Nurse and Nurse Practitioner.
- Recognition of the role that nurse practitioners have in the mental health workforce is imperative. Nurse practitioners are uniquely placed to offer early access to mental health care for people who may not require psychiatry-level care or while waiting to access a psychiatrist, paediatrician or specialist mental health service. They fill service delivery gaps and provide a broad range of generalist and specialist mental health care.
- Nurse practitioners who are already interacting with large numbers of people with mental health conditions should be identified and offered support to do additional mental health training, e.g. Paediatric nurse practitioners, primary care nurse practitioners, AOD nurse practitioners, Remote Area nurse practitioners – this would expand mental health capacity in other areas of the healthcare system, improve access to care and reduce the burden on specialist mental health services.
- Nurse practitioners have demonstrated their skills and abilities as evidence-based health practitioners managing complex mental health presentations, across a broad range of the Australian population, including dementia, delirium in older persons, mental health disorders and suicidality, which are often complicated by drug and alcohol use, poly-pharmacy, and other co-morbid conditions such as chronic pain, diabetes, hypertension and cardio-metabolic disease.
- Providing nurse practitioners with funding, and removing barriers to referral, would allow them to participate equally with all other mental health providers and meet the needs of their patients. Nurse practitioners are unable to access any mental health MBS item numbers, Better Access and Primary Mental Health step care models, yet can provide care equivalent or at a higher level to Psychologists, Mental Health Social Workers and Mental Health Occupational Therapists.
- Both Nurse Practitioner Generalist and Specialist mental health roles should be encouraged. This includes generalist roles such as in primary care, aged care or rural and remote health, as well as those nurse practitioners who specialise in psychiatry and/or mental health.
- Provision of education scholarships, supported internships and mentoring opportunities for mental health nurses to progress to nurse practitioner roles. Utilising the transitional nurse practitioner model would be a useful strategy to rapidly grow advanced practice nurses in mental health. *[A transitional nurse practitioner is a registered nurse employed into a nurse practitioner position and working towards Nursing and Midwifery Board of Australia (NMBA) endorsement. Transitional nurse practitioners do not have the same legislative permissions for autonomous practice as endorsed nurse practitioners and require supervision and clinical oversight (including prescribing, diagnostics and referrals) for the care they provide.]*

A mental health system that improves access to treatment

Addressing geographical isolation

- Nurse practitioner models of practice are aimed at providing services in all geographic areas including rural and remote areas, and filling services gaps. The individual nurse practitioner model of practice is unique to the local area services needs and scope of practice can be developed to meet the local community needs.

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- Proportionally (per population), more nurse practitioners work in remote and very remote areas of Queensland than in other geographical areas. Offering enhanced mental health training to these nurse practitioners (if required) would have a significant benefit for the communities they serve.
- Telehealth is very useful in rural and remote areas. Telehealth in combination with public Community Health Services or via Medicare telehealth item enables nurse practitioners to initialise and stabilise patients with mental health concerns and provide follow up.

A mental health system that provides support for vulnerable groups

Justice system

- Growing numbers of nurse practitioners are working in the justice system in Queensland.
- Nurse practitioners are providing assessment and treatment for a broad range of issues, and while able to provide mental health services, can also address related and medical issues such as addiction and dependence, blood borne viruses, and general health and wellbeing.

Dual diagnosis – mental health/alcohol and other drug (MH/AOD)

- Nurse practitioners often support complex and/or transient patients, people with dual diagnosis, patients 'not wanted' by other health services or those who do not connect with existing primary care health services.
- Nurse practitioners can undertake credentialing to provide Opiate Dependence Treatment Program (ODTP) prescribing. Evidence for ODTP demonstrates significant benefits for maintaining people on this treatment and changes to codeine scheduling has demonstrated a substantial need for more ODTP prescribers. Additionally, many people on ODTP programs have concurrent mental health conditions and benefit from nurse practitioners with a mental health skillset.
- ACNP is seeing a fast growing workforce of nurse practitioners working in the delivery of Opiate Dependence Treatment Programs (ODTP) in Queensland in order to meet the needs of their communities. There are geographic inequities in access to Opiate Dependence Treatment (ODT) medicines, and more generally, ODTP and AOD services, and we believe nurse practitioners are a safe and high quality workforce to meet these needs.
- Our members are involved in developing innovative strategies to increase consumer access to ODTP at more convenient and extended hours, which reduces disruption to their workforce participation and stigma, minimises harm from illicit drug use and reduces the spread of blood-borne viruses.
- Concerningly, our members report increased difficulty for clients accessing ODTP in rural areas, citing their clients report extreme difficulty accessing a registered prescriber then further challenges with increased stigma and shame when seeking treatment from rural pharmacies. Members also report limited access to long-acting injection ODT medicines is leading to inequity. Again, this is more prominent outside capital cities.
- ACNP suggests that the Queensland Government explore and review the current Nurse Practitioner Models in the delivery of ODTP to health consumers, and improving access to treatments, including a review of current and future nurse practitioner role and contribution to reducing opioid misuse in Queensland, with particular emphasis on dual-diagnosis clients.

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Changes to QLD Medicines and Poisons Act 2019

Nurse practitioners working in specialist Psychiatric Mental Health are not fully authorised to prescribe and manage psychostimulant treatment. With advanced education and training in the field of psychiatric-mental health and in the condition of ADHD/ASD, nurse practitioners could improve access to treatment, considering the current treatment guidelines, the psychopharmacology of the indicated agents, and the management of potential associated risks.

Flexible, innovative change to build capacity

Many of the current solutions enacted or proposed to address mental health system improvements focus solely on a medical response to the crisis. The ACNP recommends a movement away from this traditional medical-centric methodology in patient care, by enabling opportunities to utilise and maximise the potential contribution of nurse practitioners, nurses and midwives, who make up a considerable volume of the healthcare workforce, and are more likely to be accessible to patients from geographical financial perspectives. In order to maximise their impact these nurse practitioners, nurses and midwives must be supported to work to their full practice authority and capabilities.

Individuals engaging with nurse practitioners, nurses and midwives for their mental health care are currently unable to refer to psychologists and social workers. Instead, they have to redirect their clients to GP for duplicate consultations to enable a referral from a medical practitioner for Medicare rebatable services. This is often problematic, leading to additional cost, prolonged waiting times, additional complexity, a reduction in likelihood of follow up or access to timely health care, and impacts negatively on patient autonomy and choice. Another major barrier that currently exists for people seeking support for their mental health the need to form relationships of trust and relive their experiences, or tell their stories to multiple health professionals, prior to any therapy occurring.

Sometimes, issues are raised around nurses 'fragmenting care' as we move away from the 'gatekeeper' or medico-centric model of care; however, it is also widely acknowledged that nurses take the lead role in care co-ordination, actually de-fragmenting care, which invalidates this often repeated and unsupported assertion.

Nurse practitioners have become an essential health care provider in enhancing the capacity of the Australian healthcare system. Even with the current health system challenges, nurse practitioners continue to demonstrate their ability to be effective and cost-efficient health care providers in addressing the health disparities, geographical challenges of delivering health care to a diverse range of populations and vulnerable and disadvantaged groups.

In conclusion, Nurse Practitioners and Nurses must be part of the long-term strategy and solution for the mental health workforce in Queensland. The ACNP represents over 60% of the Australian nurse practitioner workforce, and a large proportion of the nursing workforce that are upskilling to a nurse practitioner role. ACNPs membership encompasses a diversity of nurse practitioners working across a broad range of generalist and specialist roles, in government, community and private health care systems. This encompasses hospitals, rural and remote areas, Psychiatry, Mental Health, Primary Care and Aged Care. These nurse practitioners support individuals and their family members with their health, and mental health conditions.

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Nurses are not a homogeneous group in the mental health workforce. They have different skills and expertise, capabilities and capacity, and varied levels of education and experience. A nurse practitioner can provide care autonomously and collaboratively, and incorporate prescribing and diagnostics into care as required, with advanced practice skills and extensive training on the background of broad experience and education as a Registered Nurse.

Furthermore, we believe it is in the best interests of the Queensland Government to consult with other peak body nursing groups and colleges including, but not limited to, ACNP, APNA (Australian Primary Care Nurses Association), ACMHN (Australian College of Mental Health Nurses), DANA (Drug and Alcohol Nurses Australasia), ACCYPN (Australian College of Children’s and Young People’s Nurses) and Australian College of Midwives (ACM). Many generalist and specialist nurse practitioners, nurses and midwives are already working to support patients/clients through periods of suicidality, mental distress and living with acute and chronic mental health conditions.

A review of public mental health nurse practitioner services is needed, with a view to increase the scope of practice of these nurse practitioners to maximise the number and volume of services, and lead teams in providing care. The same could be completed for Drug and Alcohol nurse led teams.

Reducing regulatory issues for nurse practitioners is essential to improving access to mental health care, these include but are not limited to MBS and PBS restrictions, restricted medication prescribing, diagnostic testing barriers, and poor communication pathways between private and public sector.

Support is needed for mixed funding models, enabling nurse practitioners to provide sustainable mental health services in communities without needing to charge out of pocket costs for their services.

Thank you again for the opportunity to participate in this important review.

Yours sincerely

Leanne Boase
 President
 Australian College of Nurse Practitioners

[Redacted contact information]