



Stephen King  
Presiding Commissioner – Inquiry into Mental Health  
Productivity Commission  
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22<sup>nd</sup> January 2020

**Re: Productivity Commission draft report on mental health**

Dear Commissioner,

I write to you on behalf of Allied Health Professions Australia (AHPA), our members and the broader allied health sector in response to the Productivity Commission’s draft report on mental health.

AHPA welcomes the Productivity Commission’s inquiry into mental health in Australia and agrees that there is need for significant reform. Overall, AHPA supports the directions and recommendations of the Productivity Commission as outlined in the draft report. However, we draw your attention to some areas that we believe require further consideration.

***Allied health practitioners in mental health care***

In terms of workforce, the Productivity Commission’s draft report focuses primarily on health professionals that provide mental health care through direct psychological care i.e. psychiatrists, psychologists and mental health nurses. Psychologists, as well as occupational therapists and social workers with specific mental health training, are recognised as allied health professions with a role in mental health care through provision of MBS-funded services. However, other allied health professions are mentioned only in passing, or as having a “general role” in mental health, or are completely invisible, having been grouped under the umbrella term of “other allied health”.

The work of professions such as art therapists and music therapists that provide a range of creative interventions, should be considered in proactive approaches to support mental health and wellbeing. Dietitians with expertise in eating disorders are recognised as key players in treatment of this particular cohort. Speech pathologists with expertise in speech and language disorders, often prevalent in people with mental health issues, have a significant but largely unrecognised role to play.

There is growing evidence of the treatment and prevention role afforded by diet and exercise interventions and allied health professions such as dietitians and exercise physiologists are best placed to deliver these.

There is little recognition that, in addition to treating physical conditions arising from mental illness or its treatment, allied health professionals have a significant role in identification of, and education around, mental illness as they interact with their patients and clients.



The current inquiry claims to “differ from previous reviews by considering how reforms outside of healthcare – including in workplaces, education, justice system, housing and social services — can improve mental health”. Allied health professionals work across all of these settings, where they make significant contributions to mental health and wellbeing and have the potential to be even more effective if integrated into a national strategy. However, the focus remains on ‘treatment’ of mental illness by key professions.

AHPA is concerned that despite the Productivity Commission’s broader approach to mental health, the skills and value of the allied health sector continue to be poorly understood. There are major opportunities to improve the mental health and wellbeing of Australians through better and more consistent access to allied health services.

### ***Physical health and mental health***

It is a concern that the mind seems to remain disconnected from the rest of the body in considering the reform and delivery of mental health services.

The draft report recognises that many people with mental illness experience physical illness at higher rates than the general population, have poorer health outcomes and reduced life expectancy. It also recognises that Australia’s mental health ‘system’ has been superimposed on a health system designed to treat and manage physical health.

However, the focus is on the prevalence of physical ailments as a result of mental ill health and the options available to prevent these. Physical health as a contributor to, or victim of, mental ill health is mentioned in passing but sufficient attention is not paid to a more holistic approach. Nor is there appropriate acknowledgement of the contribution of treatments and interventions outside the traditional crisis / pharmacological / counselling approaches where broader allied health has a role to play.

The draft report does not adequately explore the development of mental health problems, particularly depression, as a result of poor physical health. Chronic medical conditions, chronic pain and communication difficulties can all contribute to depression through grief over lost wellness and a sense of isolation and frustration.

Services provided by allied health professions such as physiotherapy, occupational therapy and speech pathology can improve functionality and quality of life, assist with reablement and self-management, and reduce the likelihood of complications and hospital admissions in many physical conditions that contribute to poor mental health. However, access to allied health services under Medicare remains limited and inadequate for many chronic conditions.



The draft report also does not consider the growing evidence that interventions targeting physical health and lifestyle e.g. diet and exercise plans, can benefit people with low-level mental illness, nor their preventive value and potential to stave off chronic physical conditions that can lead to depression.

It is important to recognise that while physical health and mental health need different approaches, they are not entirely separate. By maintaining a focus is on health professions providing a somewhat narrow definition of 'mental health services', the contribution of professions providing primary and preventive physical health care towards the mental health of the community appears to have been overlooked.

### ***Digital health and mental health care***

In Draft Finding 10. 1 – 'Digital records would facilitate information sharing', it is noted that "existing digital health record systems, such as my Health Record, can provide an adequate platform for information sharing between providers of mental health services". However, allied health professionals are excluded from engaging meaningfully with My Health Record as conformant software is not currently available for allied health practices.

Allied health professionals are therefore restricted to read-only interaction through the National Provider Portal and are unable to upload information to the My Health Record system. As a result, many individual My Health Records will be missing important information from allied health practitioners that would support best-practice mental health care. Government support for allied health professionals to connect with and implement My Health Record will be essential to enable the record sharing described by the Productivity Commission.

### ***Mental health care in rural and remote areas***

The draft report notes the disparity between mental health services and providers available in rural and remote areas compared with metropolitan areas. Draft Recommendation 11.7 – 'Attracting a rural health workforce' highlights the need for governments to address workforce shortages in rural and remote areas.

AHPA has made a previous submission to the National Rural Health Commissioner on the discussion paper 'Rural allied health quality, access and distribution: Policy options to improve access, distribution and quality of rural allied health services'. AHPA advocated for the establishment of an education and training pipeline to build the allied health workforce in rural and remote areas and address the discrepancy in available services. Such a pipeline would also contribute to building mental health services, as well as physical health services that support mental health and wellbeing.



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The National Rural Health Commissioner's report to the Commonwealth Government is currently being finalised and is expected to be submitted to the Health Minister shortly. AHPA endorses the measures proposed by the National Rural Health Commissioner and notes that this report should be read in conjunction with the Productivity Commission's recommendations on rural and remote mental health.

Additional information relating to the allied health sector's role in mental health care can be found in the Australian Allied Health Leadership Forum's position statement on mental health, which AHPA also endorses.

Thank you for the opportunity to respond to the Productivity Commission draft report on mental health. If further clarification is required on any of the topics raised or additional matters regarding allied health, I encourage you to contact AHPA.

Yours sincerely

Claire Hewat  
CEO, AHPA

***About Allied Health Professions Australia***

*Allied Health Professions Australia (AHPA) is a collegiate body consisting of 20 national allied health association members and a further eight affiliate members with close links to the allied health sector. AHPA's members collectively represent over 130,000 allied health professionals, including many who support the mental health and wellbeing of Australians across a range of settings such as health, disability, social services, education and justice.*

Please visit [www.ahpa.com.au](http://www.ahpa.com.au) for further information about our organisation and work.