

**Queensland
Mental Health
Commission**

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Ms Sue Cawcutt
Research Director
Health and Community Services Committee
Parliament House
George Street
BRISBANE QLD 4000

Dear Ms Cawcutt

Please find attached the Queensland Mental Health Commission's (QMHC) submission to the Health and Community Services Committee's Inquiry into telehealth services in Queensland.

The QMHC recognises the importance of access to health services in particular clinical services in mental health and problematic substance use for people living rural and remote areas of Queensland. If requested by the Committee the Commission would be pleased to provide a verbal briefing on the issues raised within the submission.

Yours sincerely



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Queensland Mental Health Commission comments on the Inquiry into telehealth services in Queensland

Introduction

The Queensland Mental Health Commission (the Commission) was established on 1 July 2013 to drive ongoing reform towards a more integrated, evidence-based, recovery-oriented mental health and problematic substance misuse system. As part of its legislative mandateⁱ the Commission will promote the best interests of people living with mental illness or problematic substance use as well as their families, carers and support persons. This mandate includes a specific focus on the unique and diverse circumstances of individuals living in rural and remote communities.

As part of the development of a whole-of-government strategic plan the Commission has held consultations (both formal and informal) around the state. Regional stakeholder forums were held in Toowoomba, Rockhampton, Cairns and Townsville, and the Queensland Mental Health Commissioner, Dr Lesley van Schoubroeck, met with local organisations alongside the forums. Most recently Dr van Schoubroeck attended the Queensland Ministerial Roundtable on Rural and Remote Mental Health held in Charleville on 13 March 2014 and has visited Emerald in April 2014.

The issues highlighted in this submission have been informed by the aforementioned consultations and additional discussions with key stakeholders including the Department of Health, the Statewide Rural and Remote Clinical Network and the Rural Doctors Association.

Issues

The provision of clinical services is a critical aspect of supporting the mental health and wellbeing of rural and remote Queenslanders. There is a need to explore innovative, flexible and collaborative models of service delivery that meet the local needs of those communities.

The use and expansion of telehealth or telepsychiatry (video consultation) is promoted as a key tool to improve access to healthcare, especially after hours. The Queensland Government's *Blueprint for better healthcare in Queensland* identified telehealth as a mainstay of remote area healthcare. Flowing from this, the Queensland *Department of Health's Strategic Plan 2012–16*ⁱⁱ includes access to safe and sustainable care for rural and remote communities through a statewide network of telehealth facilities as a key strategy to support access to health services. Key actions to progress this strategy include the development, expansion and coordination of the network of telehealth facilities to improve services to patients in rural and remote communities; the creation of six trial sites for Rural Telehealth Service in 2013; and an action to ensure the activity based funding model for telehealth supports continued expansion of services.

The Commission supports these strategic directions and while the Commission is commencing work to develop guidelines in the use of telehealth for mental health services in consultation with Hospital and Health Services and other key stakeholders, it is noteworthy that it remains the responsibility of each Hospital and Health Service to consider the best ways to maximise the use of telehealth to support service delivery.

1. Enhancement not replacement

Telehealth is an effective tool that enhances access to health care. However it should be considered as complementing, rather than replacing face-to-face clinical contact. For example the

first mental health assessment may be conducted face-to-face and followed up by telehealth appointments, with subsequent regular face-to-face assessments. There are however challenges with the availability of face-to-face appointments in rural and remote areas due to clinical workforce constraints i.e. distance, time and the number of full time equivalent psychiatrists and other clinicians available within the Hospital and Health Service areas.

2. Uptake of telehealth

Compared with general health, the uptake of telehealth by mental health professionals is relatively good although it is still only minimal compared to the occasions of service delivered. It is noted that Children's Health Queensland mental health services and the Mater Child and Youth Mental Health Service both deliver telepsychiatry (eCYMHS) to rural and remote child and youth mental health teams.

In order to increase uptake of telehealth/telepsychiatry clinical services the Commission recommends that an examination of ways to promote the use of telehealth/telepsychiatry be undertaken. This would identify any real or perceived barriers as well as ensure suitability to meet the needs of both the service providers and consumers.

The Commission has commenced discussions with the Department of Health's Telehealth Emergency Management Support Unit (TEMSU) to ensure the integration of mental health and alcohol and drug clinical support in their processes.

3. Aboriginal and Torres Strait Islander Queenslanders

The majority of Aboriginal and Torres Strait Islander people live in regional and remote Queensland and experience disproportionately high levels of mental health issues and suicide. For example Aboriginal and Torres Strait Islander hospitalisation rates for mental illness related to substance use in Queensland were four times higher than non-Indigenous people. Between 2007–11 in Queensland, the *Report on Government Services: Indigenous Compendium 2014* reported that the rate of suicide amongst Aboriginal and Torres Strait Islander people was 21.5 per 100,000 compared to 11.9 per 100,000 for non-Indigenous people. In 2012–13, almost one-third of Aboriginal and Torres Strait Islander Australians aged 18 years and over reported high or very high levels of psychological distress – almost three times the rate experienced by non-Indigenous people. The rate of psychological distress was more likely to be experienced by those living in non-remote areasⁱⁱⁱ.

To address the high levels of mental health, problematic substance use and suicide, services need to adopt a holistic, whole-of-life view of health inclusive of the social, emotional and cultural wellbeing of a whole community. To meet the needs of Aboriginal and Torres Strait Islander people and their respective communities flexible, culturally capable models of telehealth service delivery need to be developed and implemented. For example to build a trusting relationship between the clinician and consumer telehealth will need to be complemented by face-to-face appointments. Additionally, Aboriginal and Torres Strait Islander consumers may need to be supported to use telehealth services by Aboriginal and Torres Strait Islander health workers or other community respected professionals.

4. Define local telepsychiatry protocols

There is a range of available resources and tools to support the delivery of telehealth/telepsychiatry services. However the Commission has heard through its statewide consultations of a need for clearly defined local protocols in the use of telehealth to support quality and safety for both consumers and clinicians. Specifically, the development of follow up protocols; referral practices and information sharing between clinical and local support services to promote

continuity of care; and onsite support from local clinical staff for consumers at their telehealth appointment. Any protocols to be developed need to be culturally capable ensuring that the differing needs of Aboriginal and Torres Strait Islander consumers and other cultural groups are met. The Commission has commenced work in this area with Hospital and Health Services.

The National Rural Health Alliance has recently noted the growing use and uptake of telehealth for specialist appointments and recommended the identification and support of local coordinators to ensure that patients and health professionals make the best use of specialist visits or telehealth consultations^{iv}. It is anticipated by local people that some telehealth services will be delivered not only in rural clinics but also directly into the homes of people who live on remote stations.

5. Medicare Benefit Schedule payments

Medicare Benefit Schedule payment incentives^v for the use of telehealth video consultations in an eligible telehealth area are currently available to:

- Consultant psychiatrists, consultant physicians and specialists who have a Medicare provider number and are in a private practice; or
- Medical practitioners, nurse practitioners or midwives who have a Medicare provider number, provide support to a patient located in an eligible telehealth area during a video consultation with a specialist, and are in a private practice; or
- Practice nurses and Aboriginal health workers who provide services on behalf of a medical practitioner using their provider number.

Currently, mental health worker services (as defined in the *Medicare Benefits Schedule — Allied Health Services 1 March 2014*, as services provided by psychologists, mental health nurses, occupational therapists, social workers, Aboriginal and Torres Strait Islander health practitioners/Aboriginal health workers^{vi}) are not eligible for the incentive payments. This may act as a disincentive for mental health workers. Additionally it may result in diminished access and choice for people in rural and remote areas to the full range of these services.^{vii}

ⁱ Queensland Mental Health Commission Act 2013

ⁱⁱ See: http://www.health.qld.gov.au/about_qhealth/strat_plan/12-16/

ⁱⁱⁱ <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4727.0.55.0012012-13?OpenDocument>. See Table 2.1 Selected health characteristics by Remoteness Area – 2012–13, Aboriginal and Torres Strait Islander persons (estimate).

^{iv} Better in the Bush? Annual face-to-face meeting of the National Rural Health Alliance 2013 Communique, 2 December 2013. See: <http://ruralhealth.org.au/sites/default/files/documents/nrha-policy-document/policy-development/nrha-councilfest-communique-2013.pdf>

^v See <http://www.medicareaustralia.gov.au/provider/incentives/telehealth/information-for-health-professionals.jsp>

^{vi} See [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/2F8294726E8247C8CA257C70001292AD/\\$File/201403-Allied.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/2F8294726E8247C8CA257C70001292AD/$File/201403-Allied.pdf)

^{vii} <http://www.abc.net.au/news/2014-02-21/video-conferencing-effective-in-mental-health-services-delivery/5274426?>



Health and Community Services Committee

Terms of Reference

Inquiry into Telehealth Services in Queensland

In accordance with section 94 of the *Parliament of Queensland Act 2001*, the committee has resolved to undertake an inquiry into telehealth services managed by the Department of Health and delivered by the Department and Hospital and Health Services.

For the purposes of this inquiry the committee has adopted the definition of *telehealth* used by the Department of Health in its *2012-13 Annual Report*; the definition is reproduced below.

In conducting its inquiry the committee will:

- examine the implementation of the telehealth service by the Department of Health and Hospital and Health Services in trials, pilot and other sites, including:
 - expenditure and budget
 - governance arrangements
 - models of service delivery
 - technology and communication systems capacity and capability
 - patients, clinicians and health staff perceptions and experiences of telehealth
 - the outcomes of trials and pilot projects
 - quality of patient care
 - access to health services, particularly in rural and remote locations.
- consider the value for money of the delivery of telehealth services
- examine the factors that support successful implementation of telehealth services and identify any barriers to successful implementation
- consider strategies to address any barriers to successful implementation of telehealth services in Queensland.

Telehealth

"Delivery of health-related services and information via telecommunication technologies, including:

- live, audio and/or video interactive links for clinical consultations and educational purposes
- store-and-forward telehealth, including digital images, video, audio and clinical (stored) on a client computer, then transmitted securely (forwarded) to a clinic at another location where they are studied by relevant specialists
- teleradiology for remote reporting and clinical advice for diagnostic images
- telehealth services and equipment to monitor people in their home."

Source: Department of Health, *2012-13 Annual Report*, State of Queensland 2013, available at:
<http://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2013/5413T3564.pdf>