



AUSTRALIAN MEDICAL  
ASSOCIATION

ABN 37 008 426 793

T | 61 2 6270 5400

F | 61 2 6270 5499

E | info@ama.com.au

W | www.ama.com.au

42 Macquarie St Barton ACT 2600

PO Box 6090 Kingston ACT 2604

---

## **AMA Submission: Development of the Australian Mental Health Care Classification (AMHCC) – Public consultation paper 2**

The AMA provides the following comments in relation to an important matter which must be addressed in the next stages of development of the AMHCC.

### Definition of mental health care

The AMA does not agree with the definition of mental health care as set out in the consultation paper (p 9), ie:

*Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical function relating to a patient's mental disorder.*

#### *Mental health care:*

- *is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;*
- *is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and*
- *may include significant psychosocial components including family and carer support.*

The definition does not accurately describe mental health care as it is actually provided, particularly in terms of its delivery under the management of a psychiatrist (or in some cases a GP) (as medical practitioners with specialist mental health expertise).

The definition also does not exclude care which is provided without the direct management of a psychiatrist or GP. Such care should not be classified and counted as mental health care.

Allowing care which is [only] *regularly informed by a clinician with specialised expertise in mental health* to be classified as mental health care has a number of unacceptable consequences:

- without the involvement of a psychiatrist, treating the care provided as mental health care is too wide and too loosely connected with mental health care to be a useful basis for classification as such;
- under the current definition a period of specialist mental health care could be deemed to have been provided in a scenario where the only actual involvement of a mental health professional in the patient's care was in the specification of a care plan; and
- although not the norm, a patient could be managed in a private psychiatric hospital without a psychiatrist's involvement, but with a psychiatrist requested to take over care as soon as something goes wrong with the patient, with issues for the patient's care and for the psychiatrist's responsibility and liability.

The AMA requests the current definition of mental health care in the consultation paper be replaced with the following (replacement text in bold):

Mental health care is care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical function relating to a patient's mental disorder.

Mental health care of people suffering mental disorders:

- is delivered under the management of a **medical practitioner with specialist mental health expertise, usually a psychiatrist (or in some cases a GP)**, which may include psychiatrist supervision of collaborative care provided with GPs and other qualified mental health professionals (mental health nurses, clinical psychologists, mental health social workers etc);
- includes a **formal individualised psychiatric assessment and development** of a documented mental health plan; and
- may include significant psychosocial components including family and carer support.

As noted by the AMA in relation to the first AMHCC consultation paper, the stated purpose of developing the AMHCC is to improve the clinical meaningfulness of mental health classification, leading to an improvement in the cost predictiveness, and to support new models of care being implemented in all states and territories with a classification that can be applied in all settings.

However, without the above amendment to the definition of mental health care, the clinical meaningfulness of the AMHCC is compromised.

**Contact**

Martin Mullane

Senior Policy Adviser, Medical Practice

Ph: (02) 6270 5487