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Prof Danielle Mazza
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Dear Professor Mazza

Draft Clinical Guideline

Thank you for the opportunity to provide feedback on the draft Clinical Guideline for the diagnosis and management of Work-related Mental Health Conditions in General Practice.

Relevant interests of the actuarial profession

Actuaries are key advisers to different parts of the insurance sector regarding risk assessment, premium setting and reserving. The Actuaries Institute, as the sole professional body representing actuaries in Australia, has a strong public policy focus.

As part of its public policy focus the Actuaries Institute issued a Green Paper on Mental Health and Insurance in October 2017. It appears there are no major inconsistencies between the commentary in the draft Clinical Guidelines and the content of the Green Paper (see page 23 for example on the role of GPs).

Actuaries are not qualified to advise on the clinical or patient management aspects of mental health conditions. Regarding the draft Clinical Guideline our feedback naturally reflects the interactions with the insurance sector – workers compensation schemes and insurers, disability insurers and others.

Positive comments

The Clinical Guideline responds, in our view, to a real need.

Opportunities for improvement

To be frank, we were disappointed in how the draft guideline responds to the current issues.

We do not think it is helpful to make a lengthy submission, and we suggest that if any of the issues we raise are worth your further consideration that you organise a face-to-face discussion.

The immediate areas where we assessed that the draft guideline would fall short of meeting the real needs are:

1. Nothing on referrals – there is a balance between referring too often/too quickly and not referring when it would help. The draft guideline does not deal with this subject at all.

2. The therapeutic relationship – we agree with the importance of this, but there is no information about what works and what doesn't.

3. Relationship with the insurer (if relevant) – the GP should know what to expect in terms of interaction with the insurer – reporting, funding for long consults, provision of further support such as rehabilitation expertise – this would rarely be at the initiative of the GP

4. Mingling of PTSD with other conditions – there is good evidence that cases of PTSD (at least single-event cases) have different and much better outcomes that than other high prevalence conditions. It would make sense to call out PTSD as a distinct topic rather than mingling through the guideline.

5. Relevance of the direct workplace – unlike many physical injuries the immediate work area and the human relations therein are often the problem (or the perceived problem); this requires a different approach to return to the workplace than other conditions; many rehabilitation experts are not very good at this.

6. Not sufficiently optimistic – while there are positive statements in the background material the substance of the guideline spends most of the space talking about all the things that can go wrong and the problems to look out for. It does present a 'wellness' focus.

7. Certifying fitness for work – research shows that GPs typically are less likely to certify fitness for work for a mental health condition. The guideline appears to do nothing to promote more fitness for work certification.

We encourage development of the Clinical Guidelines and if further collaboration would be of assistance please do not hesitate to be in contact. The Actuaries Institute tries to take a constructive position on improving outcomes for stakeholders and we trust this submission is viewed in that light. Should you wish to discuss or clarify any aspects of this submission please contact Elayne Grace, CEO Actuaries institute elayne.grace@actuaries.asn.au

Yours sincerely

John Evans
President