

Community Affairs Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services

28th July 2011

Dear Senators,

The recent policy decision announced by the government to significantly reduce medicare rebates to those in our communities who suffer from mental health problems and seek care from their GP is regrettable. It is likely to put further barriers in place for those seeking care.

GPs are the predominant providers of mental health services to the Australian community, and it is to GPs that the majority of Australians seeking mental health care turn. This has been well established in both recent National Surveys of Mental Health and Wellbeing undertaken in this country. Better supporting GPs to provide quality primary mental health care to their communities was therefore a central objective of both the Better Outcomes for Mental Health (Better Outcomes) and the Better Access to Mental Health (Better Access) Initiatives.

The decision taken by government in this year's budget measure to significantly reduce rebates for people seeking mental health care from their GP erodes the significant gains made to strengthen the primary mental health care system by both persuasions of government under Better Outcomes and Better Access. The degree to which funding has been reduced to support this care cannot but reduce the capacity of general practice to undertake this role, and it will increase both costs and barriers to care for the community.

This will be a concern for Australian communities and, I would argue should also be for government, if for no other reason than the economic imperative. There exists an established body of evidence internationally that identifies that in health systems without a strong generalist practitioner underpinning services, costs to government go up, and both health outcomes and access for the community go down.

The significance of this is particularly striking when it comes to consideration of the system of care government supports for those in Australian communities with mental health problems. It is well established that those with mental health problems have poorer physical health care, and those with physical health problems, particularly chronic diseases, are far more likely than the general population to suffer from coexisting mental health problems. With up to 70% of general practice consultations being for the provision of care to those with chronic disease it is an imperative therefore that Governments seek to strengthen the primary care generalist in undertaking this role. To illustrate this, consider a person with diabetes seeking care. In the general Australian population approximately one in every five people will suffer from a mental

health problem in any twelve-month period of time. Someone who suffers from diabetes has up to three times that risk. If we do not develop our general practitioner workforce to identify the coexisting mental health problem and have the skills to manage this as well as management of their diabetes, the cost of providing their diabetic care goes up and their diabetic outcomes deteriorate. This has very real costs for the individual and their family, their productivity and their workplace, and significantly increases health care costs for governments.

Providing whole of person care to people with complex physical health and mental health care takes time and high-level skills. Prior to Better Outcomes young GPs told me they struggled to even meet their overheads if they bulk billed a person with a mental health problem. Under Better Access the vast majority of mental health plans developed by the GP were bulk billed, removing the economic barrier to seeking care for those with mental health problems. Feedback now is that GPs will not be able to absorb the significantly reduced medicare rebates and that people seeking mental health care may be asked more frequently to contribute a copayment to meet the real cost of their care. This will especially place an added burden on those most disadvantaged, as well as those in rural and regional areas.

From a health system perspective we need to develop a well-rounded general practitioner workforce. Under the Better Outcomes Initiative approximately 20% of the GP workforce across Australia undertook further education to increase their skills in providing mental health care. This trend continued under Better Access. This was a particularly important workforce development as mental health care training traditionally was underrepresented in undergraduate training in the past, and practitioners had been asking for increased access to training in this area.

Governments need to continue to support workforce developments in this area and reduce, rather than increase impediments for those with complex and interwoven physical and mental health problems to receiving the whole of person care they need. Not only will this ensure the system is better orientated to the needs of the community, but it is a more cost efficient model of care.

I was invited by the government to sit on both the Evaluation of Better Access Committee, and the Mental Health Expert Working Group chaired by Minister Butler. Despite this it was only on Budget night that I first heard that government was going to reduce the pool of funds to provide medicare rebates to those seeking care from their GP by an estimated \$400 million dollars. It is unfortunate that consultation did not occur with the profession to better understand the implications of this prior to making this decision. Consultation would have also provided an opportunity to explore options that may have been less likely to decrease the community's access to mental health care now and into the future.

I fervently hope that government will give further consideration to this matter that has implications for so many Australian families, and thank the Senate Committee for the opportunity to raise my concerns.

Thank you for your consideration of this submission.

Yours sincerely,

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