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Senate Standing Committee on Community Affairs  
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**Re: Health Insurance Amendment (Safety Net) Bill 2015**

1. The Australian Doctors' Fund (ADF) has major concerns over the impact of the changes to the Safety Net for patients undergoing intensive psychiatric treatment that will flow from this legislation if it is not amended.
2. The ADF understands the difficult role the Minister, the Government and the Senate have in determining priorities in all portfolios and in particular spending priorities at a time when the budget is under considerable revenue and expenditure pressure.
3. **Intensive psychiatric treatment has never been more important as a modality than today.**
4. **Australian psychiatry is under enormous pressure** for reasons well known to senators who regularly meet constituents in need of mental healthcare.
5. For those psychiatrists who take up the challenge of intensive psychiatric treatment including psychotherapy the workloads are particularly demanding as **these doctors are often the doctors of last resort** when general psychiatrists, GPs, psychologists and counsellors have not been able to achieve a satisfactory outcome for the patient and the patient's family.
6. **Specialising in investigating the subconscious** in order to identify and help the patient control impulses and drives that lead to disruptive and damaging behaviour **is one of the most challenging and unattractive areas of medicine. Yet it is these professionals who will be in even greater demand in the age of terror and trauma that now challenges us across the globe.**
7. It is therefore critical that this modality of treatment remains viable and is able to treat all patients who meet the criteria and the indications for a beneficial result. It must be said that this modality is not a cure-all for all patients with depression or damaging symptoms. The treatment is demanding on patient and therapist as thoughts and feelings are explored and clarified and eventually aligned for a more productive future. **This modality is not available in the public hospital sector.**
8. A review by the National Association of Practising Psychiatrists (NAPP) of the legislation deems that changes to the Safety Net will create a loss of this modality for patients and will act as a deterrent effect on young psychiatrists from taking up this sub-specialty because they are unable to treat a range of patients from all backgrounds. **These doctors are close to very disturbed patients and their views are not manufactured in order to obtain a personal benefit.** They are not giving a soft option to the wealthy or having coffee with "the worried well". They are the experts in their field, they should be listened to and their advice should be acted on.

9. There is an assumption by the Federal Health Department that changes to the Safety Net will simply result in a market adjustment where “consumers go to cheaper product lines”. Nothing could be further from the reality of what will happen. Patients will drop out of treatment if they need to find another \$100-200 a week. **Psychiatrists already cross subsidise patients who are financially strapped. No-one is claiming that intensive psychiatric treatment is a major profit centre. Health Corporates are not lining up to offer this service.** It is only viable because solo practitioners operate on a low cost, no frills model.
10. Given the relatively small number of patients and the small number of specialist psychiatrists practising intensive psychiatric treatment, the ADF believes that some adjustment is possible to lower the impact of Safety Net changes on this vulnerable group and should be a necessary condition of this Senate passing the legislation.

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