

**From Janne McMahon,  
Independent Chair,  
Private Mental Health Consumer Carer Network (Australia)**

**14 September, 2011**

**Question on Notice (QoN)** from **Senator McKenzie** following my appearance at the Community Affairs public hearing on Monday 5 September.

The Committee requests that answers to QoNs be received by **COB Monday 12 September 2011**.

### **QUESTION**

***Comment on the use of online services, please expand particularly in reference to using online services as treatment or complimenting face-to face treatment or primarily as an information/education platform.***

### **RESPONSE**

**Tele-psychiatry, Telephone and Internet-based alternatives for treatment for hard to reach consumers and to support their carers.**

The newer technologies bring new opportunities to develop innovative ways in which to deliver services particularly to those hard to reach consumers and carers particularly who reside in rural or remote locations, indigenous communities, those house-bound because of physical or mental illness and those who may prefer this as an option, rather than face-to-face consultations with a mental health professional.

Whilst tele-psychiatry has been available for a while now allowing psychiatrists to assess, manage and consult directly with patients in particular geographic regions especially from the public sector services, there have previously been difficulties with this mostly in terms of amount of remuneration paid for services provided by private psychiatrists and the infrastructure costs involved with establishing such services. There has not been a specific MBS Item number for psychiatrists for tele-psychiatry or telephone service delivery under these arrangements. Neither of these services provided by psychiatrists, or any like services, have to our knowledge previously been available under the *Better Access Initiative* for isolated consumers to access psychologists, Mental Health Nurses, Occupational Therapists or Social Workers.

To ensure appropriate, effective, cost efficient services are delivered in the least restrictive environment to geographically or isolated or house bound consumers and carers, there has been an urgent need for an MBS Item to encourage the use of these alternative forms of electronic, internet and telephonic technology.

There are a range of technologies currently available that could be further used to facilitate the consultation including computer linked 'skype', internet and telephone, whereby the health professional could directly link in real time, with the consumer and/or their carer or family member on a truly face to face basis, regardless of distance.

We see some of the benefits as obviating distances, engaging in a manner not previously available, potentially inspiring confidence that advice is immediately available and therefore relieves anxiety and stress.

We actually see the principles for implementation as critical. Firstly is the good news that a specific MBS Item number has now been provided for psychiatrists to access but there also requires the establishment of a range of technologies to enable consumers and carers to access such technology and we also think that education and training is a component which is necessary for potential practitioners.

We would also like to see the MBS or some other process made available under the Better Access initiative for allied health practitioners to also offer specific services, not just restricting this to psychiatrists.