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Dear Secretary,

MENTAL HEALTH ISSUES

I am a general practitioner (GP) with an interest in mental health working for the last 23 years in my solo practice in Belconnen. I would like to share with you my concerns and thoughts on the way mental health is funded and practiced in Australia and more particularly in the ACT.

I would like to congratulate the Government for the reduction in fees paid to GPs for the drawing up of Mental Health Care Plans. I do hope that it will eventually lead to the abandonment of this most wasteful way to spend the health dollar.

I would like raise three points on this subject.

Referrals

If a patient is recommended by the GP to see a psychologist a simple referral letter should be written as is the case with a referral to any other specialist. This should be sufficient for the patient to be able to access psychological treatment under Medicare as is required. The present system simply adds an expensive and unnecessary layer of irritating bureaucracy. It is open to abuse and misuse.

We are told there is a shortage of general practitioners. In reality we are spending our valuable time on inefficient and costly care plans that are no use to anyone and cost the taxpayers lots of money.

Inconsistent Treatment Model

My second point is that mental health in Australia is somehow treated in a very different way from other illnesses.

Like any other disease mental illness has a psycho-social component. It is however, a physical illness and requires careful treatment and assessment by medical practitioners trained and competent in this area of

medicine. So much of the mental health dollar is spend on recognition of the problem. In reality any parent, spouse or teacher can recognise an affected person in their immediate environment.

The problem lies in the next step. It is my conviction that patients do not seek timely help primarily because their experience tells them that the available medical assistance is not going to help them. They have seen their friend and relatives going from one doctor to another and from one psychologist to another. The drug and alcohol or gambling services equally have a very poor record of success. Our prisons are full of people who did not get timely help for their illnesses.

Significant mental illnesses are neuro-degenerative disorders. Like most other illnesses they become more severe and difficult to treat the longer they remain untreated. This can lead to treatment resistance.

Patients need urgent psycho-pharmacological assessment and treatment but that is available only to a lucky minority.

Psychology should be an adjunct to but not the mainstay of management. It is only successful if the brain biochemistry is functioning well.

Private psychiatrists provide valuable treatment but they are too expensive and consultations are not available to patients with the frequency required. Most patients with serious problems can't afford them.

The public psychiatric system is providing much needed care. There is however such a turnover of doctors that the patients feel left without ongoing support. They become disheartened and leave unless they have no other choice and their problems are extreme.

Continuity of care is essential for any serious illness but much more so when it pertains to mental health patients

Left is the GP who can give long term and intensive treatment to patients and is affordable.

. Psycho-pharmacology is to psychiatry what anatomy is to surgery. It is a new and fast evolving science. Few GPs have adequate knowledge in this field. The superficial and elementary courses offered to GPs to up-skill themselves in mental health are of limited value. Patients are rightfully very disheartened when it takes them years to be diagnosed and adequately treated. Considering the risk to the patient, and to others in the community, this situation is deplorable.

I would like to propose that the whole funding for mental health be reviewed. There should be much more input in training interested GPs in the management of mental illness.

There should be a realistic review of the role and place of psychological medicine as an adjunct rather then mainstay of treatment. Often prolonged attempts at psychological management delay essential drug treatment and makes the problem more ingrained and difficult to reverse. We want to make people healthy and functional rather then sustain them in their disability.

"Off Label" Prescribing

The third issue I want to raise is the cost of "off label" prescribing.

It is a great frustration to me that we are so limited in the drugs we can prescribe under the PBS. Drugs that are well accepted, widely used overseas and safe are not available in Australia at an affordable price to the patient. People with mental illness are often not financially well-off and cannot afford "off label" prescriptions. Frequently they, or more often their families, pay a lot of money for medication prescribed "off label". When the choice is stark between health and profound disability it is humbling to see to what extent the families will go to pay for the medication. It is pointless to expect pharmaceutical companies to put up

proposals for recognition of their drugs for additional indications by the PBS. The cost is horrendous and we can simply not expect them to do so as a purely altruistic gesture. The drugs prescribed "off label" are often "off patent" as they have been used for different reasons with great success and have a recognised safety profile.

I would like to present some examples of effective "off label" prescribing:

a) Lamotrigine the second most commonly used drug for bipolar disorder in the USA, specifically to stabilise the depressive phase of the disease. Bipolar patients are in the depressive phase of the illness for 85% of the time.

b) Modafinil to enhance wakefulness in chronic fatigue or daytime sleepiness induces by many psychiatric diseases or their treatment.

c) Naltrexone highly effective to treat alcohol craving and opiate dependence. In Australia only allowed on the PBS for 2 months and only for alcohol addiction, not for opiate dependence. Every serious research paper quotes 2 years as the time required to treat a serious addiction. The government spend millions on advertisements at to the evils of alcohol and heroin but will not allow the prescription of very effective treatments on the PBS.

d) Many of the major tranquilizers have very specific and precise actions that would benefit specific patients and their constellation of symptomatology. This applies to patients with treatment resistant depression as well as psychotic illnesses. We are not able to use these drugs effectively due to uninformed and dogmatic prescriptive restrictions imposed on us. Using these drugs as specifically needed for the patient will decrease the cost of treatment, not increase it as obviously feared.

There are many more examples.

It is obviously true that people with a mental illness need social and psychological support. However what they and their families really want is to be well, safe, happy and functioning members of society. They do not want our charity or our pity but the health care they truly deserve.

The present system has been tried for years without great success. Maybe it is time to do things differently.

Yours Sincerely,

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