

Submission to Senate Community Affairs Committees

Commonwealth Funding and Administration of Mental Health Services

I believe the decision to reduce the patient rebate for mental health treatment plans fails to appreciate the problems in smaller communities.

I am a general practitioner in full time private practice in Launceston, Tasmania. I obtained my medical degree in Hobart, completed my intern and resident years in Launceston, practised in the very rural community of Circular Head, Tasmania for a decade and have spent the last decade or so back in Launceston. I know the Tasmanian health system well. It is dire. Despite the enormous advances in health care in my time the public health system has struggled and continues to struggle. Access to surgery seems worse than ever, the ageing population is considerably stressing the system and a number of well intentioned reforms have worsened the situation.

Mental health has always been poorly catered for in Tasmania and at present it is at its lowest ebb. Psychiatrists will only work in Hobart and the North and Northwest have always functioned with a skeleton workforce. The Hobart service is reasonable but has not shown a willingness to support the North or Northwest. Our suicide rate is appalling, our use of recreational drugs and alcohol as self treatment is one of the highest in the country and we have a State government that seems to have no idea and more importantly no funding.

The injection of funding into Mental Health through Medicare has alleviated the problems a little. General Practitioners have done much of the heavy lifting in mental health for decades. But our availability has always been a balancing act as General Practice has to cover all the cracks in the health system, not just in mental health. We have to care for the patients on ever lengthening waiting lists, we have had to increase our care to residents of nursing homes as they slash and dumb down their workforce, we have to provide a growing number of reports for Centrelink as Tasmania increases the percentage of its population receiving Centrelink payments, we have to complete a growing number of charts and documents as our population ages quicker than the rest of the country and of course we have to provide primary care to our patients.

The ability to share the mental health care of some of our patients with mental health workers and psychologists has been a help. It has increased our workload in one way as there is paperwork involved in communication but it has reduced our workload in another as we are sharing a patient's problem and collaborating in their treatment. We still need to see the patient frequently but other professionals are assisting with management. Mental health problems are time consuming, demanding, stressful and at times overwhelming but you are not necessarily doing it all by yourself which is how it used to be.

Slash the rebate. What a kick in the guts. The hardest and most time consuming part of your work is going to be slashed. At the same time more (I repeat more) money is being allocated so healthy (I repeat healthy) 4yo and 45yo patients can have a check up. What is the message? Spend more time with healthy patients and less with those with mental health disorders.

I cannot express how angry this change has made me. In Launceston we have nowhere to send patients with mental health disorders. The public system is virtually non-existent, the local Division of General Practice is sacking psychologists as it cannot fund them through Better Access and our local Headspace facility is near collapse as psychologists will not work there and the GPs they employ are finding work with Headspace just as hard as within General Practice.

In the middle of Melbourne and Sydney where psychologists and psychiatrists hang off trees the world won't collapse with this change. In Launceston Tasmania everything just got a little harder. Find the time but don't expect any thanks and don't even dream of a financial return. My practice has been to always book patients with significant mental health issues at the end of a session as they could go on forever and if they are a suicide risk you just have to stay with them until you can access a service somewhere. Mental health treatment plans didn't solve the problems but they open up access and even though they are the last thing you feel like doing at the end of a stressful consult they serve a purpose.

Will the reduced rebate harm the patient? Hard to know. Some doctors will extract the gap from the patient and life will go on. Some doctors will reduce the charge and try and do them quicker. Some doctors will stop doing them and return to doing what was done before and manage the patient by themselves. The reduced number of plans will mean reduced referrals which mean less psychologists and so less services.

Giving the money to Commissions and Medicare Locals makes my blood boil. Our local Division started providing no gap psychology services so, in response, the local public health system scaled down its service and a few private psychologists went broke. Recently the Division found the no gap service wasn't sustainable so withdrew it. Oops. The public service is gone and so have the broke private psychologists. Now we are worse off. Medicare Locals of course won't make the same mistakes will they? And the world is flat.

Taking funds from the mental health care provided by General Practice is one of the truly dumb decisions in public health policy and as we all know bad health policy can cost lives.

Donald Rose

Launceston