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25 May 2010

Senator Rachel Siewert
Chair, Senate Community Affairs References Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Senator Siewert

Inquiry into consumer access to pharmaceutical benefits

Thank you for the recent opportunity to appear before the Senate Community Affairs References Committee to expand on the Mental Health Council of Australia (MHCA) submission to the above Inquiry. I am writing to you regarding the items on notice requested by members of the Committee at our appearance.

Consumer involvement with PBAC process
MHCA supports the opportunity for public submissions to the PBAC for consideration in their decisions about pricing for new prescription and other medicines. However, this is not sufficient to say that there is community or consumer consultation about PBAC processes. Most mental health organisations simply do not have the capacity to monitor upcoming PBAC agendas, and if they do notice a mental illness medicine is coming up for consideration, may not have the capacity or understanding of listing processes to put in a meaningful submission.

MHCA acknowledges the consumer representative position on the PBAC as one mechanism for consumer input. This does not mean alternative methods for consumer input should not be utilised. It is unreasonable to expect a single consumer to be across all of the issues for consumers of any new medicine. There is no expectation that the medical professionals should contribute outside their own expertise. For example, a cancer specialist should rightly contribute to decisions about cancer and related drugs, however we would expect that a psychiatrist would have the most valuable medical input on a mental illness drug. Neither is expected to be an expert on the other's area of work, however this is what a single consumer representative is expected to do.

Other methods for consumer and community input to PBAC decisions include appropriate funds for specific health related consumer organisations to provide medicine or condition-specific input, funding and confidentiality-appropriate mechanisms

for the consumer representative on the PBAC to consult more widely, public forums such as those held in other countries, and others.

Doctor patient relationship in medicines decisions
It is important that the focus of medical consultations remain about how best to manage a particular illness and allow discussion about issues arising from living with that illness. Neither doctors nor patients are likely to want to take up this valuable consultation time to discuss costs and therapeutic groups.

For the broader community, cost may not often be discussed in GP consultations. However, when so many people with mental illness are attempting to survive on the DSP or on reduced incomes, they may be forced to make this a consideration in their medicines decisions. While many may not openly discuss this with their GP, they may not fill their prescription at all, may delay it until payday or pension day, or may (appropriately) choose a generic brand of medicine.

A recent unpublished review of the FaHCSIA funded Personal Helpers and Mentors Program conducted by Courage Partners found that improved access to health services was achieved by having a supportive person able to negotiate on a consumer's behalf with that consumer's health professionals. This finding underlines the inequitable power relationship that exists in many health specialist/ mental health consumer relationships.

Extent of mental illness medicines prescriptions
The AIHW *Australia's Health 2008* report found that one in five prescriptions written in Australia in 2008 were for anti-depressant, anti-anxiety or anti-psychotic medications.

Please feel free to contact me if you or your fellow Committee members require any further clarification.

Yours sincerely

David Crosbie
Chief Executive Officer