

From: Juliet Gibson
Sent: Wednesday, 30 November 2005 11:12 AM
To: Committee, Mental Health (SEN)
Subject: BOMHI problems

The Senate Select Committee on Mental Health.

For 8 years to July 2003, I worked from a General Practice base, in private Psychological Medicine, servicing the more difficult mental health patients General Practitioners (GP) need to refer on, particularly those with major mental illness, dysfunctional family dynamics and a big group of patients with personality disorder. I welcomed calls from GP's whilst they had such a patient in their rooms, to facilitate GP decisions on best management.

Whilst I practised from a Canberra base, I also visited Bega once a month over a period of 5 years and provided phone consultations to doctors in Bega and the surrounding district (for no remuneration).

My training includes: Family Therapy -1 year
Relationship Therapy -1 year
Clinical Hypnotherapy -1 year
Psychiatry including 18/12 Child & Adolescent Mental
Health-7 years total

Psychotherapy -Conversational model- 4 years in total.

Additionally, for the past 10 years, I have provided regular mental health seminars (on topics chosen by the various groups of doctors themselves, by the Division of General Practice and by BOMHI) to GP's in Canberra and surrounding NSW.

Amongst the skills based training workshops I have conducted are Autogenic Relaxation, Eye Movement De-sensitising & Reprocessing, Motivational Therapy, Inter-personal Therapy & Cognitive Behavioural Therapy.

For 9 months to February 2005, I worked for ACT Health to replace a Child & Adolescent Psychiatrist who was on leave; my responsibilities were to provide consultation to a team of 15 clinicians. (As an interesting aside, analysis of the clients colleagues asked me to review, revealed that 75% of the young persons had a parent with personality disorder, which neither public mental health nor the Medicare System factor into their schedule. Yet personality disorder in a parent is well-known to cause major and enduring psycho-pathology in offspring, more so than any other form of mental illness.)

My employ with ACT Health ended in February this year, owing to \$500,000 shortfall in the Canberra Mental Health budget!

The following issues have blocked my working from a General Practice base as a practitioner in private Psychological Medicine. The BOMHI requirements of:

-having to work from an accredited General Practice

-the lack of Government -funded support to GP's with specialised training in Mental Health

-the exclusion of Personality Disorder from the BOMHI schedule.

The narrow frame of reference of BOMHI has forced me to cease practising Psychological Medicine in the service of treating the more difficult mental health patients whom GP's need to refer to practitioners who can make difference.

Limitation of location

Having to work from an accredited medical practice imposes major limitations for my working with patients with mental health problems. GP principals constantly voice concern that I will treat patient's physical complaints, thereby denying them income.

Certain accredited practice reception staff have been unable to maintain the empathic approach required for patients with chronic mental illness (MI) and:

- talk of them as "too much trouble"
- are annoyed that they have to phone MI patients on the day prior to appointment to remind them to attend
- voice resentment at having their general practice routine disturbed by such troubled souls
- in one particular accredited practice I would like to have worked in, the senior receptionist took it upon herself to make an executive decision that she would not have mental health patients in the waiting room; she failed on three occasions to pass on my phone request to negotiate further with the principal, with the result that he engaged another doctor, thinking that I was no longer interested!
- in one of the accredited practice locations I worked in, the senior receptionist broke the contract set in place between myself and the two principals, both in their mid-60's, saying that it was simply too bothersome to deal with one mental health patient per hour on three days per week!! She forced the principals to withdraw all my reception support after I had been at the practice for only four weeks. The principals considered this nurse too valuable a resource for them to discipline her and I was left for 11 months handling bookings, accounts, billings and emergency distress calls, alone. Owing to the low Medicare rebates accorded my mental health patients, which in turn affected the level at which I could pitch a private fee, I was unable to afford to employ my own receptionist.

Hence, forcing mental health trained GP's into accredited practices that will agree to have them is clearly counterproductive. Myself, I am more suited to working in a clinic alongside psychiatrists, psychologists and psychotherapists or simply working solo from a location of my choosing.

Lack of government funded support for GP Mental Health

Despite my being a BOMHI trainer, BOMHI 2 doctors referring patients to me for therapy, generally command a higher medicare rebate for their patients than I am able to obtain. This is because there are insufficient tiered BOMHI categories for GP's with specialised training in mental health and many of my clients represent the more difficult personality disorder group, excluded from BOMHI.

BOMHI 2 doctors require only 12/52 post-graduate training in mental health, where I have had more than 12 years training!!

Exclusion of Personality Disorder from Medicare funding under BOMHI

This marginalised group of patients with personality disorder are further marginalised and unable to sustain regular professional help to work through their issues, because the Medicare system denies them a reasonable rebate for prolonged consultation, due to an exclusion clause in BOMHI. Most psychiatrists decline to deal with these difficult patients and your average GP, who sees scores of them, has neither the time, nor the training to make difference. However GP's are the professional group expected to see these recidivist attenders for recurrent physical complaints, their tensions with the law and requests for specialist investigation. Personality disorder patients are over-represented in Emergency Departments and are the group who sue doctors - especially obstetricians and plastic surgeons - because they project their anger at the world onto apparently successfully others. Hence, they consume an inordinate proportion of the health dollar.

If BOMHI is set to continue in Australia, I would look to the following changes to allow practitioners like myself a fair go:

A) multi-tiered BOMHI with categories, perhaps 1-5, depending on the doctor's Mental Health credentials

B) an end to the limitations imposed by having to practice from an accredited GP location.

C) increased Medicare rebates for 1 hour mental health consultations for GP's with specified skills in Relationship Therapy, accredited Psychotherapy practice and for Dialectic Behaviour Therapy; improved rebates for Family Therapy, as it is challenging to work with a group of people to effect lasting change.

D) acknowledgement by Government through Medicare rebates, that mental illness is a life-long condition that demands vastly more than six session 'bandaid therapy' to make lasting difference.

Skilled and experienced GP's working with Mental Illness do not wish to suffer the intolerable disadvantage that the current Medicare rebate system accords their patients.

My discussions with mental health academics, local politicians, email to beyondblue staffer, Dr Kaye Wilhelm of Black Dog Institute, Aust NZ Assoc Psychotherapy and the College of Psychological Medicine have not helped me to solve my dilemma.

In desperation, in April this year, I visited NZ to entertain the possibility of continuing medical psychotherapy practice there. I have since visited the UK and have subsequently applied for jobs in two of their major institutions (outcomes pending).

A copy of my CV can be made available on request.

Thank you for your deliberation on this urgent matter of Australia's improved mental health.

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