

2019 Submission - Royal Commission into Victoria's Mental Health System

Organisation Name

N/A

Name

Dr Julie McClellan

What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

N/A

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

"The Medicare item numbers to subsidise psychologist visits initially made a big difference to many people accessing mental health care. Unfortunately over time, the majority of psychologists have needed to raise the gap payments (presumably to keep up with the rising costs of running a private practice) and so today, despite the Medicare items the majority of patients are unable to afford the out of pocket costs associated with visiting a psychologist. The average out of pocket payment is in excess of \$70 a visit which is a barrier for the majority of my patients. Patients often only attend once or twice and then stop accessing treatment due to the unsustainable cost. I think if the Victorian government were able to fund programs to access psychologists that were fully subsidised or with a very small co-payment it would make a huge difference to many people seeking treatment for mental illness. Ideally these programs would fund 12-20 visits with a psychologist. The current Medicare initiative that funds six - ten in a calendar year (less than one a month) are inadequate. Most patients with a diagnosed mental health condition would need more than ten sessions in a 12 month period to have significant breakthrough in their mental health. "

What is already working well and what can be done better to prevent suicide?

N/A

What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

As a GP there is a significant barrier to providing quality mental health care to my patients because of the lack of access to bulk billing psychiatrists. I often end up managing seriously unwell patients in the community for longer than I feel comfortable as they are not able to afford the cost of a private psychiatrist. In the community where I work in metropolitan Melbourne I am only aware of one bulk billing psychiatrist and there is a 3-6 month waitlist for an appointment. This is unacceptable. The average cost to see a non bulk billing psychiatrist is \$150-\$200 a visit which is out of reach for the vast majority of patients. The only other way to access a bulk billing psychiatrist in my community is through the public hospital but patients as a general rule need to be suicidal before they can be considered for admission. So many patients with severe mental illness are being managed in primary care due to a lack of affordable specialist services. These patients keep a GP awake at night with worry. They are not sick enough to be admitted but they are far too sick to be managed by a GP and psychologist alone. If the Victorian government were able to fund programs so that GPs could refer patients to services with bulk

billing psychiatrists without waiting until a patient was floridly suicidal it would allow patients with serious mental illness to access appropriate treatment before its too late.

What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

N/A

What are the needs of family members and carers and what can be done better to support them?

N/A

What can be done to attract, retain and better support the mental health workforce, including peer support workers?

GP's would be better supported if they had access to a network of psychiatrists who were prepared to bulkbill for their services. Gp's would also benefit from managing complex patients in teams as opposed to managing seriously ill patients alone in general practice.

What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

N/A

Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

Funding for a network of psychiatrists with short waiting periods who are prepared to bulk bill for their services. Funding for more free or low cost counselling services with psychologists. An over haul of Crisis and Assessment Teams (CATT teams) to make them more user friendly for GP's. The GPs average appointment time is 15 minutes however the average time to make a referral to a CATT team is in excess of one hour. Many GPs choose not to refer to a CATT team for a mental health care patient who is seriously unwell as the process is so arduous and more often than not the referral is declined despite the GP's assessment that the patient requires care.

What can be done now to prepare for changes to Victorias mental health system and support improvements to last?

N/A

Is there anything else you would like to share with the Royal Commission?

N/A