

Dr Katie Dimarco
MBBS (Hons), BMedSci, FRANZCP
Consultant Psychiatrist and Psychotherapist

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Via email: community.affairs.sen@aph.gov.au

18 Nov. 15

Dear Committee

Re: Proposed Changes to the Medicare Safety Net in 2016

I am writing to express my grave concern about the proposed changes to the Medicare Safety Net in 2016 in reducing affordability of psychiatric services for people who require intensive support through the private sector.

The 2007 National Survey of Mental Health and Wellbeing estimated that 7.3 million Australians aged 16-85 have lived experience of a mental illness. To ensure cost-effectiveness of services, a stepped care approach in managing mental health conditions is advised e.g. less intensive, briefer and cheaper resources utilised initially.

However, the importance of ongoing Medicare Safety Net coverage for psychiatric services pertains to the reality that the breadth and depth of training and experience that psychiatrists have results in them managing the most complex presentations of mental illness. Outpatient private sector psychiatry care is essential in managing a patient load that would otherwise fall into an already overstretched public sector. The public sector is challenged to provide continuity of care, and services must often discharge patients after an acute crisis settles (until the next crisis, if there is no ongoing appropriate treatment).

Intensive, ongoing outpatient treatment (often not available in the public sector) is required for complex, severe and/or chronic conditions that have not responded to briefer therapies and/or medication. There are a number of recent reviews noting the effectiveness of long term therapy for a number of severe conditions (1-4) In the NHMRC document, a summary of evidence for psychotherapy for patients diagnosed with Borderline Personality Disorder notes improvements in patient's mental state and distressing symptoms, quality of life, decreased self-harm and

other suicide related measures, decreased use of health care services and improved interpersonal functioning. This review also noted that the psychological approaches shown to be effective in high quality clinical trials, the duration of treatment is for several years and at least one session per week is considered necessary (1).

Ongoing intensive treatment serves to reduce more costly emergency department presentations and hospitalizations for complex, severe and/or chronic mental illness, and, through recovery, enable people to lead more enriching lives and contribute to the community.

The result of reduced affordability of intensive psychiatric care through the proposed changes to the Safety Net would be increased morbidity from psychiatric illness, more emergency department presentations and pressure on acute psychiatry beds in hospital, potentially increased suicides and the collateral impact of trauma for those left behind. Mental illness may also create an intergenerational impact of psychological trauma.

The Government must protect the interests of the community; mental health is everyone's interest. Please do not pass changes to the Medicare Safety Net and further disadvantage those members of the community who require intensive psychiatric treatment.

Yours Sincerely

Dr Katie Dimarco
Consultant Psychiatrist

1. Australian Government, NHMRC, Clinical Practice Guideline to the Management of Borderline Personality
2. Fonagy P et al, Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS), *World Psychiatry* 2015;14:312–321
3. Fonagy P, The effectiveness of psychodynamic psychotherapies: an update, *World Psychiatry* 2015;14:137–150
4. Bateman A et al, Treatment of personality disorder, *Lancet* 2015; 385: 735–43