



The Royal Australian  
College of General  
Practitioners



Australian  
College of  
Rural and Remote  
Medicine



Thursday, 4 August 2011

Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Email: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

Dear Senators

**RE: Commonwealth funding and administration of Mental Health Services**

United General Practice Australia (UGPA) is the united voice for general practice in Australia and includes the Royal Australian College of General Practitioners, the Australian Medical Association, the Australian General Practice Network, the Rural Doctors Association of Australia, the Australian College of Rural and Remote Medicine, and the General Practice Registrars Association.

UGPA has significant concerns regarding the proposed cuts to the *Better Access* program. These changes will have a major impact on patient access, quality of service, and the overall mental health workforce. The cuts will also erode the major investments made in building and strengthening the primary mental healthcare system over the last ten years .

Specifically, UGPA makes comment on:

1. Changes to the *Better Access* program
2. Access to mental health services
3. Mental health workforce
4. Mental health compared to physical health.

**1. Changes to the *Better Access* program**

In the 2011/2012 Federal Budget announcement, the government reduced funding for mental health support delivered by GPs through universal funding cuts to MBS items under the *Better Access* program.

These items were originally created to facilitate the delivery of quality mental healthcare in general practice, including both face-face consultation time and non-face-to-face time spent preparing plans and coordinating mental healthcare services.

A recent survey conducted by the Australian Medical Association shows that general practitioners are spending 17 minutes on average - outside of the patient consultation – preparing mental health plans and coordinating patient services. The proposed changes will mean that the significant complexity and additional workload involved in delivering vital

GP mental health services, including non-clinical time, will no longer recognised or supported by Medicare.

## 2. Patient access to mental health services

Currently, 92.7 percent of GP mental health services through the *Better Access* program involve no out of pocket costs to patients.

If the proposed cuts to the Better Access program are implemented, many people with mental illness would no longer be able to afford to see their GP – their first point of contact for care and advice – for mental health plans because the Medicare rebates will be between 25 per cent and 50 per cent lower than today. GPs will be discouraged from bulk-billing services and, as a consequence, patient out of pocket costs can be expected to rise steeply.

Reduced patient access to mental health care plans also places at risk their access to vital multidisciplinary psychological services (e.g. ATAPS, Better Access) for which the plan is the referral trigger. For young people, this includes access to GP and other services in headspace settings - one of the service sectors the Mental Health Package seeks to strengthen.

## 3. Mental health workforce

General practice remains the universal access point for healthcare nationally and is ideally placed to deliver out of hospital mental healthcare. All GPs are trained to deliver mental healthcare, and a further 17,000 GPs having undertaken additional mental health skills training since 2006.

With over 7000 general practices around the country, general practice provides the best mechanism to provide universal access to patients. Diluting the role of general practitioners in mental health will seriously diminish vital frontline mental health services provided by GPs in the community.

## 4. Mental health compared to physical health

The government's changes to the Better Access program means that Medicare patient rebates for mental illness are less than patient rebates for people with a chronic disease.

Overall, depending on the time taken, patient rebates for GP Mental Health Plans will be 10 percent to 50 percent lower than GP Management Plans for chronic illness.

UGPA believes that the funding for GP mental health plans should be restored and that GPs should be given more support to play a greater role in mental health.

UGPA is committed to working with the government to find a mutually agreeable solution to mental health funding, which preserves the high quality care and access that Australian patients currently enjoy.

Yours sincerely,



Prof Claire Jackson  
President  
RACGP

Dr Steve Hambleton  
President  
AMA

Dr Emil Djakic  
Chairman  
AGPN

Dr Wicky Wong  
Chair  
GPRA

Dr Jeff Ayton  
President  
ACCRM

Dr Paul Mara  
President  
RDAA