



12th August 2022

To: Professor Philip Morris

President, National Association of Practising Psychiatrists (NAPP)
Unit 201, Level 2
50 Marine Parade
Southport QLD 4215

Dear Professor Morris and NAPP,

Thank you for your recent request on 5th August for Lived Experience Australia to provide the voices of people with lived experience of mental health challenges as evidence for the need to seek the reinstatement of the Medical Benefits Scheme (MBS) 91840 item (telephone consultations > 45 minutes with a treating psychiatrist).

I have reached out to the Lived Experience Australia Board, members of our State Advisory Forums and also individuals who kindly participated in focus groups with us last year when we undertook a national consultation with mental health consumers and carers about Telehealth and psychiatry in relation to COVID-19. Several consumers and family carers willingly provided their comments in support of your advocacy on this important issue.

I am pleased to provide the following deidentified testimonials to you. Their comments align directly with many of the concerns that you raise in your own advocacy on behalf of psychiatrists and NAPP. In particular, they express significant concern with regard to access, privacy, responsiveness of their trusted psychiatrist when in crisis, disadvantages of video conferencing as the sole source of longer telehealth appointments, costs, internet connectivity, and potential concerns for consumers located in rural and remote areas, among other concerns.

Lived Experience Testimonials:

I live with a person with complex mental health issues including paranoia, trauma from past abuse, previous homelessness, and significant challenges and much support needed with day-to-day problem-solving and navigating daily tasks. They cannot use the internet video consult options without full input from me as their carer; it becomes simply too overwhelming, extremely anxiety provoking, and also sometimes adds to their paranoia. It just wouldn't happen unless I set it all up, and then I have to coax them into sitting down in front of it; they pace around, can't settle and often get up and leave me to complete the discussion with the doctor. For the past 2 months, my family member has been struggling with distressing voices and becoming increasingly unwell. Every strategy we have in our shared toolkit just didn't seem to be working; the PRN meds, the distractions, sleep, etc. Something was not right and we needed to contact his psychiatrist as it was getting a bit scary and dangerous for all of us. We left messages and waited for the phone call back from them, which came whilst we were out of the house and away from the computer so couldn't make it a videoconference. It was just such a relief to get the call, and my family member agreed to talk on the



phone. We had a detailed conversation with the psychiatrist for about 45 or more minutes and together were able to talk about a whole lot of options and plans for what we could do. The psychiatrist also checked in with me to make sure I was OK. This long phone consult with his psychiatrist clearly was significant just last weekend to avert hospital admission for him (yes, that's right it was after hours and when we were away from home and computer). Our NBN was out at home anyway at that time so videoconference would have been pointless to attempt anyway. (Carer, SA)

It is definitely disappointing when a service that is working is withdrawn from those who need it and it is certainly worth having different options available as depending on level of wellness on how consumers will reach out. (Carer, SA)

I found Telehealth to be a very useful method to see my Doctor when certain factors made it too difficult to travel to the consulting rooms, for example, when my mental and emotional state had deteriorated. In summary, I feel I have benefitted from the service as it has been an ideal substitute and convenient option for attending psychiatric appointments. (Consumer, Victoria)

I support reinstatement of MBS Item Number 91840 allowing telephone consultations greater than 45 mins with a treating psychiatrist. Reasons:

- 1. A person may have serious, escalating, mental health concerns: A person suffering with serious mental illness may need an immediate consultation due to their deteriorating mental health status, therefore a quick phone call with options of greater time (over 45 minutes) may be required. These larger consultations may need to be undertaken to make sure that the person is treated and assessed in a non-hurried, thorough, and professional manner. This option at least needs to be given 'just in case' a long phone call is required.*
- 2. A person may live in a rural/remote area: Rural/remote areas may not have video or face-to-face options anyway. I live in a rural area and face-to-face options with a psychiatrist, in the public health system, do not exist. Video conferences with a psychiatrist are available only, so if you are unwell, good luck getting a psychiatrist video appointment anyway.*
- 3. There are significant financial benefits: An extended phone call may save The Australian Tax-Payers money on: a psychiatric hospital admission (there may not be a bed available anyway), emergency services i.e. the use of an ambulance and police officers - an emergency department visit etc. An extended phone call may be all that is required to address a person's mental health concerns. Personally, I am a consumer with schizophrenia, and would appreciate being given this long telephone consultation 'just in case' I might need it. I live in a rural area and a phone consultation may be the only option available anyway. Serious consideration should be given towards the implementation of this option. (Susan)*

The use of telehealth has been instrumental in the ongoing treatment of mental illness in my house. Without it we would have struggled. My housemate, ex-boyfriend and friend of 16 years has chosen to not be treated for his potentially end of life illness. I myself have many compounded mental illnesses. All of which has become a bit of a joke with Covid and the fact that we now spend most of



the time at home, avoiding people because of the risk of making him worse or sending one of us to hospital. For the government to cut MBS funding to less than 45 mins is a bit of a joke to be honest. It takes time to open up, it takes time to go over the events, the feelings, the chaos and find some semblance of logic and reason in under 45 mins. There have been times where I have utilized some professionals time for double that, as the catastrophic disaster that is my life has seemed untenable. This has kept me from hospitalization. Increased anxiety symptoms. Feelings of despair. All of that which comes from long-term PTSD, Anxiety, depression etc and it has also kept me level enough to manage the highs and lows of my bipolar disorder. It has enabled me to stay at home, to be safe and to find ways of dealing with situations in times of crisis. On the other hand, extended phone consults have helped my housemate come to terms with his choice, discuss how to approach and inform me and family. It has meant that we have been able to sort what needs to be done to make his life as easy as possible while he suffers. It is ridiculous to think that an appointment can and should be capped at 45 mins. Crisis and treatment should be as needed and discussed by the ill person and the practitioner. Today, my appointment went for exactly 44 mins. I didn't feel heard, or like we had discussed the issues at hand well enough to make me feel safe and today that is an issue as a recurring trigger has re-emerged. So, I will spend the next week or two trying to sort through the information we unpacked today and try to find my own answer. So, to the government officials I thank you with as much sarcasm as possible. Thank you for the next week of uncertainty, for the feeling of abandonment and for making my trust in my treating professional a little bit less. The government has cut so much from mental health over the years. Women's health. Places I would go for help are empty buildings. Normal consulting times of 60 mins down to 45? My health is not a sport for the government to play with. It is a daily battle that I fight every single day. Every night. From the things I touch, to the food I eat, from learning how to behave in society to learning my own waves. It is a fight. A war. Every. Single. Day. I don't get to give up, or have enough, I don't get to ignore it or wish it away. I get to fight it and one of those tools is treatment by psychiatric professionals. Do not minimize our battles. Do not take our tools from us and tell us what you allow is sufficient. Most of us have spent more time understanding our own minds, our illnesses than many will ever do. We have better relationships with our team than our loved ones. We. Work. Fucking. Hard. To. Exist. Every minute counts and you can't put a time of appointments that may keep someone safe. I'm advocating very loudly for this issue to be looked at again, with a proper assessment of the situation. Sometimes you can't get to your treating professionals. Sometimes fifteen minutes can save someone. Sometimes an hour can. It should be as needed, not as dictated. Stop cutting funding to mental health. That's the bottle line. Just freaking stop.

Thank you for the opportunity to provide some feedback regarding MBS psychiatric consultation cuts. I wish to approach this from two angles – one being the length of the consultation, and secondly, the availability of telehealth consultations (as opposed to a face-to-face consultation). Firstly, for at least the last 12 years I have been accustomed to a consultation length of at least one hour/60 minutes. My need for such a long consultation has, in my opinion, been based on the difficulties I have “starting” or “warming up” to the consultation – trust issues, fear of exposure, fear of preferencing “the wrong thing” to say, fear, fear, fear. A shorter ie <45 minute consultation could leave me with greater anxieties, greater fears and greater sense of failure than when I entered the consultation. Secondly, the matter of telehealth consultations vs. face-to-face consultations. I reside in Melbourne



but have had to spend a significant amount of time in Sydney over the past six months due to family matters. Telehealth consultations with my psychiatrist have been an absolute lifeline during these periods. They helped me deal with the family matters at hand, as well as maintaining some stability in my experiences. Unfortunately, where we stay in Sydney doesn't have internet access, so at least some of these consultations have had to be over the phone.

The following comments are from consumers and carers who were spoke to us during focus groups that informed our national report and submission on telehealth in 2021, which advocated for the full range of telehealth options to be made available:

My son has severe catatonic days and COVID made him more paranoid. So, telehealth was generally great. It is fantastic. And if we choose it that must be our choice.

Yes, I see psychologist and psychiatrist on a weekly basis. This has been a godsend. It's a 2.5hr journey of great distress to have a face to face consultation that includes many stressful stuff on the way.

It is imperative that it continues.

It is of huge value and imperative to my mental health.

Having the phone consultations reduces panic attacks in public and is great.

The cost of getting to appointments is huge for me, sometimes my son can't afford transport.

In high traffic time [internet speed] the quality was bad and the psychiatrist dropped out.

I work for a living and having to take time off work is very hard, and to be waiting in the waiting room puts a stress on my workplace.

Very difficult as my partner is a part of the problem. It was hard for me to ask him to give me space to talk, he thought that I was talking about him, and I was. The psychiatrist had no understanding of this issue for me. [Telephone would have meant more privacy to speak]

Not having to travel to a small room, where my son feels intimidated is much better. We feel safe in our home where my son is relaxed and can speak more.

I have a better conversation with people [clinicians] who I have had a long relationship with. Able to discuss things in the background in my home, really great.

Discussing problems at home had a less emotional impact compared to the complex needs of my assistance dog and my needs attending face to face meetings.



Feeling safer at home. The psychiatrist asks questions about important things in my home in the background, it makes me feel like a person and important in my space with interesting things. An office space has lots of power at play; it's his office and I am a patient. At home, it's my space and I feel safe.

As a working Carer, the inconvenience of attending with my son at face to face appointments is huge. Long waiting times are very hard for my son. Usually, he leaves the waiting room and I call him wandering the street to get him to return to the appointment, maybe an hour late because of the person is running late. I am much less stressed before a session when it's by phone.

I did have to spend much more on my internet data plan, \$89 per month. I can just afford this but many others can't. It's a big problem.

There is a digital divide, those who have and those how have not; lack of internet, computers, I needed a more expensive plan.

Thank you again for the opportunity to support your advocacy on this important issue for mental health consumers and their families. Please feel free to attach this letter to your own advocacy statements to government.

Warm regards
Sharon

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