

Safety Net has big holes for patients with mental illness

“The Health Insurance Amendment (Medicare Safety Net) Bill introduced into Federal Parliament yesterday will hurt disadvantaged patients who are being kept out of hospital by intensive psychiatric treatment,” Vice President of the National Association of Practising Psychiatrists (NAPP), Dr Gil Anaf said in Adelaide today.

There are many patients who need to see a psychiatrist more than once a week to keep functioning because of intensive negative feelings including depression, anxiety, rage and suicidal thoughts.

On the advice NAPP has been given, from 1 January 2016, once the patient has exhausted their 50 sessions (item 306) and moves to using item 316, the operation of the new Safety Net arrangements will mean that if the psychiatrist charges the same average fee, the patient will have a total out-of-pocket cost per service for item 316 of around \$107, an increase of \$74 compared to the current safety net arrangements.

In some cases it is estimated that the patient’s out of pocket costs will increase by as much as \$200 per week which effectively will wipe out this modality of treatment for lower income earners.

Unless this is corrected, the government has decided that only the well off are entitled to intensive psychiatric treatment.

There are many urban myths about intensive psychiatric treatment that need to be corrected. Intensive psychiatric treatment is evidence based, and might include intensive psychotherapy as a mode of treatment when other treatments and medication haven’t worked completely. Over a period of time, patients are assisted to understand the impact of past trauma and the core issues that are having such a devastating and negative effect on their lives.

Many of our patients have had very disturbed and traumatic experiences. In their struggle to cope with the burdens of mental distress, without appropriate treatment, they may experience greater trauma and cost in the health and legal systems.

With regular appropriate psychiatric treatment, they can continue to function and after time start to see some improvement in their emotional health as their feelings and thoughts become more understandable and manageable.

It is a travesty of natural justice that these vulnerable patients are being asked to forgo their treatment because of ill-thought out changes to the safety net. Because they cannot defend themselves, they are marginalised.

NAPP is calling on the Senate to examine the situation of patients undergoing intensive psychiatric treatment and demand amendments to the safety net that will ensure the ongoing viability and accessibility of their treatment and maintain their wellbeing and dignity.

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