7 April 2020

The Hon Brad Hazzard
NSW Minister for Health
Minister for Health
Minister for Medical Research
GPO Box 5341
SYDNEY NSW 2001

Re: lifting of bulk-billing requirements for vulnerable people with a mental health condition

Dear Minister,

The NSW Branch of the Royal Australian and New Zealand College of Psychiatrists has welcomed the expansion of mental health MBS items that can be delivered via Telehealth. The staged roll-out of this program has been complicated, due to the focus on vulnerable groups in the first instance, then the provision of more items and lifting of bulk-billing restrictions on certain items. The bulk-billing requirements have remained for various groups, including women with children under 12 months, children under 16 and the elderly. This has had unintended consequences. The RANZCP Section of Perinatal Psychiatry and Faculty of Child and Adolescent Psychiatry have detailed their concerns, and the probable impacts on NSW Government services.

**Perinatal and Infant Psychiatry** work is recognised as a subspecialty. Perinatal and Infant Psychiatrists are both Adult and Child/Adolescent Psychiatrists. They specialise in the assessment and management of women both during pregnancy and postnatally. Perinatal Psychiatrists are experts in prescribing psychotropic medication during pregnancy and breastfeeding. They attend to the crucial relationship developing between the infant, mother and family.

The perinatal period is a high-risk time for maternal mental illness including depression, anxiety and psychosis. There is a significant risk of suicide, domestic violence and risk of harm to the infant. Babies are vulnerable to the effects of maternal illness and stress both during pregnancy and postnatally. At present, the pandemic is placing pregnant women and their families are under additional strain. There is uncertainty around the impact of COVID-19 on pregnancy. It is likely mothers will not have their support people present for birth. In practice we are already seeing an increase in distress.

The bulk-billing measures that cover pregnant women and those with a child under the age of 12 months will likely decrease the availability of specialised care for these vulnerable patients. Perinatal and infant psychiatrists will struggle to sustain their practices and thus these patients will likely be transferred into an already stretched public health system.

With the risk of mental illness likely also impacted by the pandemic we are also likely to see an increase in distress and an increase in the rates depression, anxiety, suicide and risk of harm to the infant. Allowing perinatal and infant psychiatrists to practice as usual is, again, a cost neutral exercise and will assist these vulnerable patients to access the specialised care they need.

**Child and Adolescent Psychiatrists** specialise in the assessment, diagnosis and management of children and teenagers with mental illness and developmental disorders. They are experts in prescribing psychotropic medication, delivering psychotherapy and educating parents in managing their children’s acute and chronic conditions.
Mental health, the prevention of youth suicide, and support for children with disabilities are national priority areas. There is a significant risk of suicide and family violence during this period of lockdown. Parents obtain significant support from the Child and Adolescent psychiatrist managing their child’s illness. Children with complex neuro-developmental conditions are particularly at risk as families would usually be supported by regular contact with multidisciplinary teams.

Children and teenagers have an urgent need to be supported by their usual therapy and provided with their usual medications. Many of these prescriptions are only able to be provided by Child and Adolescent Psychiatrists. In practice we are already seeing an increase in distress in children and parents.

Bulk billing ability assists Child and Adolescent psychiatrists in providing care to families who have lost employment or who are unable to pay a gap for their treatment. However, many families are able to continue to pay private rebatable fees as usual. These private fees support the continuation of private practice Child and Adolescent psychiatrists. They cover rent and staff payments so that the service can continue unchanged.

Forcing private Child and Adolescent psychiatrists to bulk bill every child under 16 will likely decrease the availability of specialised care for these vulnerable patients. Private practices will close. Large numbers of patients will be forced to seek treatment in an already stretched public system of hospital CAMHS teams.

Child and Adolescent psychiatrists being able to practice as usual is a cost neutral exercise and will assist families to function during an extremely high stress period with children and adolescents attempting to cope with the new lockdown isolation while their parents attempt work from home.

Equality with the extension of usual billing practices for Telehealth items to adult psychiatry is essential for pregnant women and mothers of babies, and children under 16 to continue receiving their care.

With the risk of mental illness significantly increased by the pandemic we are also likely to see an increase in the rates depression, anxiety, suicide and risk of harm to children, pregnant women, young mothers and babies. The same arguments apply to the elderly group.

We have previously advised government that psychiatrists flexibly respond to the changing financial circumstances of their patients, and this is especially so in the current environment, but to maintain the viability of these practices, the capacity for billing must be extended.

Ultimately, forced bulk-billing among these groups will lead to increased demand for and the overwhelming of NSW public sector services. We ask that you advocate with federal authorities for the lifting of these restrictions as soon as possible.

Yours sincerely,

Dr Angelo Virgona
Chair, RANZCP NSW Branch Committee

cc The Hon. Greg Hunt – Federal Minister for Health