

19 March 2020

The Hon Greg Hunt MP
Minister for Health
Department of Health
GPO Box 9848
Canberra ACT 2601

By email to: Minister.Hunt@health.gov.au

Dear Minister Hunt

Re: New COVID-19 Telehealth/Telephone MBS items

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) commends the Australian Government Department of Health on the release of new COVID-19 telehealth and telephone MBS items, including for psychiatry services.

Psychiatrists across Australia are committed to ensuring safe access to mental health care for existing and new patients, both in hospital and in the community, and to minimising harm caused by increased distress and isolation of vulnerable members of the community.

As the COVID-19 situation continues to escalate, I am writing to request that you urgently consider expanding the provisions to allow telehealth and telephone access for **all** psychiatry consultations, including for MBS funded outpatients, privately insured inpatients and DVA funded consultations. This would include vital coverage for:

- New patients (e.g. MBS items 291, 293 and 296)
 - We are seeing a daily increase in new patient referrals due to heightened anxiety and exacerbation of pre-existing anxiety and other mental health conditions leading to increases in distress, symptoms and relapse rates. There are also many instances of new patients that have already been booked in ahead of the COVID-19 pandemic, and their appointment is now due or soon approaching.
- Patients attending group psychotherapy (e.g. MBS items 342, 344 and 346), where the face-to-face group needs to be suspended
 - Many patients, who are involved in group therapy to maintain/improve their mental health, are at significant risk in the event of group work being suspended due to social distancing measures or if one or more group members have suspected/diagnosed COVID-19.
- Family members and/or carers (348, 350 and 352)
 - Separate consultation with family members and/or carers is an integral component for new assessments, particularly for children and adolescents, and for ongoing care.

- Inpatients admitted to a private hospital (e.g. MBS items 297, 320, 322, 324, 326, 328)
 - Patients admitted to a private hospital require regular review which could be more safely undertaken by telehealth/telephone.
- All psychiatrists to be able to offer consultations via telehealth/telephone, particularly those psychiatrists who are themselves in vulnerable groups who are considered more susceptible to COVID-19 and those psychiatrists who have a family member who is vulnerable.

As well as providing safer care for patients and their families, these proposed measures would contribute towards protecting staff of private hospitals and private practices, other mental health professionals and support workers, as well as psychiatrists themselves.

In summary, psychiatry is well positioned to provide care for people that is delivered as much as possible via telehealth and telephone. This is critical for patient safety, psychiatrist safety and community safety.

I look forward to hearing from you regarding the practical measures proposed and can be contacted for any queries via Rosie Forster, Executive Manager, Practice, Policy and Partnerships Department via rosie.forster@ranzcp.org or by phone on (03) 9601 4943.

I wish to assure that the RANZCP is available to assist in every way in a comprehensive and collaborative mental health response to COVID-19.

Yours sincerely



Associate Professor John Allan
President

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