

2<sup>nd</sup> September 2024

National Secretariat

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The Hon Mark Butler MP  
Minister for Health and Aged Care  
The Hon Emma McBride MP  
Assistant Minister for Mental Health and Suicide Prevention  
Assistant Minister for Rural and Regional Health  
Via email minister.butler@health.gov.au / minister.mcbride@health.gov.au

Dear Minister Butler and Minister McBride

Lived Experience Australia (LEA) applauds the government's decision in this year's budget to permit telehealth admissions and inpatient consultations in private hospitals from 1 November 2024 for a two-year trial period. As the national lived experience voice representing people with mental health challenges and their families, carers and supporters who use and rely on private mental health services, we have a strong interest in this initiative. We recognise and advocate strongly for recognition of the crucial role of private hospitals and the private sector plays in delivering vital mental health care to many Australians.

LEA's priority is advocating with and for those who are the end-users of mental health services, to ensure consumer and carer voices are present and central to decisions about policy, funding and regulation, and quality care in the public and private mental health sector. We, therefore, also collaborate with the Australian Private Hospitals Association (APHA), Private Healthcare Australia (PHA), and the Royal Australia and New Zealand College of Psychiatrist (RANZCP). This places us in a unique though sometimes 'tricky' position when the views and perspectives of these 3 key stakeholders on the private sector do not fully align with each other and where they may sometimes be at odds with lived experience perspectives. Despite these tensions, there is enormous goodwill between us.

LEA and our national network of friends who use private mental health services support telehealth as a useful option (when used wisely in the correct context to meet service users' needs) to improve mental healthcare access and care. We conducted a survey and focus group consultations with them in 2021 (<https://www.livedexperienceaustralia.com.au/telehealthpsychiatry>). The survey focused on how consumers and the people that support them felt about using telehealth psychiatry services and how well they felt their psychiatrist supported them or the person they care for in using telehealth options since COVID-19 has been in our community. Our report highlighted how valuable telehealth can be for people who are isolated because of distance and/or impacts of mental health challenges. Benefits of telehealth included convenience and cost, significantly cutting down travel and waiting time and that it is particularly helpful for those who might have difficulties travelling to a psychiatrist's office or outpatient clinic either due to mobility/transport barriers or anxiety triggers when leaving the house. They also expressed concern about privacy when using telehealth, and also concerns for people with lower literacy in using technology for telehealth. They indicated some contexts in which face-to-face were perceived as essential in preference to telehealth, especially when the person was in acute crisis, experiencing severe mental health symptoms, and when building trust upfront was crucial to help-seeking.

### **Trial Evaluation**

We understand that the intention of the suite of Medicare Benefits Schedule (MBS) for inpatient telehealth psychiatry is to provide for one telehealth consultation on admission and one subsequent telehealth consultation per week of admission with the remaining consultations to be provided face to face using existing in-hospital subsequent consultation items.

We also understand that the proposed telehealth trial will be evaluated. We echo the concerns of others that this evaluation properly specified before implementation. This is because we believe the evaluation of process as it occurs, and learning from it in situ, is just as important as evaluation of outcomes. This approach also provides added safeguards to consumer participants in the trial, provides more effective and timely monitoring to ensure appropriate standards are being maintained throughout, and can help mitigate any potential risks or harms in its delivery.

Given the problems we have alerted you to regarding online prescribing of medicinal cannabis, despite the many regulations and safeguards that are meant to be in place (see our correspondence dated 8<sup>th</sup> May 2024), we are concerned for the proper use of these telehealth items. Similar to concerns expressed by Rachel David and the Private Healthcare Association (PHA), LEA is concerned about maintaining appropriate standards of health provision to consumers who use private hospital services. We seek assurances that the Minister will implement appropriate guardrails to prevent a deterioration of clinical care.

We also wish to emphasise that the trial must have sufficient rigor and ability to monitor the behaviour of clinicians and private hospitals so that there is transparency concerning potentially perverse financial incentives that could undermine the quality of care, unintentionally disrupt workforce roles, or create inequities in access to care.

We note former APHA CEO Michael Roff's comments to media and particularly support the importance of enabling space for private hospitals to innovate and survive given their significant and complementary role to public mental health care: *Private hospitals are always examining innovative approaches to care where it benefits patients. However, the main barrier to innovation in the private hospital space is the payment model and many large private health insurance organisations are moving into the provider space. This means they do not fund private hospital innovation but create their own programs that only allow their members can participate.*

LEA has and has always had a keen mandate to advocacy for rural communities and we are also keen to understand how the telehealth changes might improve access and quality of care for consumers and family/carers/supporters in regional and rural Australia, and also hope that the evaluation will shed light on how the trial may improve access and quality of care for people in rural areas.

LEA would welcome being involved in any stakeholder consultations and structures that the Department establishes to support the evaluation of the telehealth trial. Lived Experience voice and input is crucial to understanding the breadth of how implementation is actually occurring, what should be measured, and the impacts for consumers and their families, carers and supporters.

**Should you or the Department have any queries about the issues we have raised here, please do not hesitate to contact Sharon Lawn, LEA Executive Director, via email [slawn@livedexperienceaustralia.com.au](mailto:slawn@livedexperienceaustralia.com.au) or telephone 0459 098 772.**

Yours Sincerely



Professor Sharon Lawn  
Lived Experience Australia