



"Succeeding Together"

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MBS Review Taskforce  
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## Linking Physical Health Assessment to Mental Health Items of the Medicare Benefits Schedule

The Schizophrenia Fellowship of NSW (SF NSW) appreciates the opportunity to provide input into the ongoing Medicare Benefit Schedule (MBS) Review, with a particular focus on improving the efficiency of processes and outcomes for patients living with a mental illness.

SF NSW is a specialist mental health recovery organisation, operating across 33 sites in NSW and ACT. SF NSW is committed to improving the circumstances, welfare, access to clinical and allied health services and advocacy for people with a serious mental illness. SF NSW delivers trauma-informed recovery-oriented psychosocial support programs and services for both carers and consumers including care coordination, housing, employment, social inclusion, clinical and peer supported services.

*Who are we?*

**31**

31 years of serving people with a mental illness and their carers

**320**

320 staff members



92% job satisfaction

**400**

More than 400 active volunteer workers



74% of staff have lived experience as a consumer or carer



More than 10,000 people accessed our services in the last 12 months



More than 6,000 outreach calls made



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SF NSW welcomes the findings detailed in the Report of the Obstetrics Clinical Committee (August 2016), which recommends:

*“item 16590 include a requirement that a mental health assessment has been performed by the clinician or another suitably qualified health professional and include screening for drug and alcohol use and domestic violence. This will ensure all women are screened for perinatal anxiety and depression (consistent with Australian guidelines), and improve early detection and intervention, improving mental health outcomes for patients.”*

Perinatal depression constitutes an important public health issue, with long-term impacts on the mother, child and family. There is now a substantial body of evidence that supports the importance of infancy, childhood and the teenage years in determining a person’s life opportunities and outcomes.

In shaping further discussions on the significance of prevention and early intervention in mental health outcomes, SF NSW would like to draw attention of the MBS Taskforce to the importance changes to the MBS that will improve the physical health for those living with a mental illness.

Addressing the physical health of those living with a mental illness has been identified as a priority of the Fifth National mental Health Plan<sup>1</sup>. Further, the NMHC has development a National Consensus Statement on Physical Health and Mental Illness which calls for leaders in mental health to make the physical health of people living with mental health issues a national priority<sup>2</sup>.

A focus on the physical health of those people living with a mental illness has been driven by recognition of the link between an individual’s physical and mental health. People living with mental health issues have a life expectancy up to thirty per cent

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<sup>1</sup> The Department of Health. Draft of the Fifth National Mental Health Plan. 2016

<sup>2</sup> National Mental Health Commission (2016), Equally well: The national consensus statement of physical health and mental illness. Sydney, NHMC.



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shorter than those who do not<sup>3</sup>. Most of the causes of early death relate to physical illnesses, which also greatly reduces quality of life and impedes the mental health recovery journey of individuals.

The poor physical health outcomes for those living with mental health issues also contributes to the burden of chronic disease in Australia, particularly in the areas of cardiovascular disease, respiratory disease, diabetes, metabolic syndrome, smoking, dental health and cancer.

A number of factors contribute to poorer physical health outcomes of those living with a mental illness, however, changes to screening and medical care offer great potential to improve chronic disease outcomes.

For example, people living with mental health issues are less likely to be screened for high cholesterol, despite being twice as likely as the general population to suffer from cardiovascular disease<sup>4,5</sup>.

Physical health care checks should be made part of routine care of people living with mental health issues through linkage of MBS items associated with mental health treatment to general health screens.

While the details of such changes are best addressed by the expertise in the MBS Clinical Committees, SF NSW recommends the MBS taskforce consider linking physical health screening items to items including GP Mental Health Treatment Plan, assessment and management plans, review items for mental health plans and mental health treatment consultations.

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<sup>3</sup> World Health Organization (2013), Mental health action plan 2013-2020. Geneva, WHO.

<sup>4</sup> National Consensus Statement on Physical Health and Mental Illness, (2016)

<sup>5</sup> Lawrence D, Coghlan RH (2002), Health inequalities and the needs of people with mental illness. NSW Public Health Bulletin 2002;13(7): 155-158.



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Guidelines for a GP Mental Health Treatment Consultation could also be amended to include a physical health assessment as well as the already currently included:

- taking relevant history and identifying the patient's presenting problem(s)
- providing treatment, advice and/or referral for other services or treatment; and
- documenting the outcomes of the consultation in the patient's medical records and other relevant mental health plan (where applicable).

Providing greater incentive for preventative health measures through better screening, early treatment and management of the physical health of those living with a mental illness could play a role in reducing the increasing burden of chronic disease in Australia.

SF NSW welcomes the opportunity to work with the Department of Health and other stakeholders towards achieving this outcome.

Regards,

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