

## SUMISSION TO THE DRAFT MENTALHEALTH DRAFT PRODUCTIVITY

### COMMISSION REPORT 2019

I am writing this submission because of a family member who has mental illness who lives in Rural Australia in a Large City that has limited Psychiatric services. Also I am concerned at the lack of Psychiatrists who actually live and work in Rural Australia . The Report only devotes a few pages to Psychiatric issues in Rural Australia . The main body of the Report only focuses on Major Cities. Rural Communities in Australia are treated as Third Rate people. The few Psychiatrists who do visit Rural Areas from a Capital City mainly deal with Acute Psychiatry and develop a Treatment Plan for GP's to treat the patient and the Psychiatrist then departs home to their Capital City home leaving an overworked GP the do all the actual management of the patient.

I am concerned with Draft Recommendation 7.2 Psychiatry Consultations by Video Conference recommendations removing item 288 from the MBS , (RA2-5). This will affect my Family member who has a weekly subsidised Video Conference with her Capital City Based Psychiatrist. My Family member is on NIDS and a disability pension. The current incentive payment for this service encourages Capital City based Psychiatrists to help Rural Patients who lack adequate medical services to treat them where they live.

In 2013 I investigated Rural Psychiatric Work Force Issues and put a submission to our Medical Staff Council documenting the appalling lack of Psychiatrists in Rural Australia.

The situation is largely unchanged in 2020.

In the 2017 Work Force Document 9.8% of all Medical Specialists were Psychiatrists and of all Medical Specialists were the most concentrated of all Specialties in the Capital Cities.

In NSW 9 out of ten Psychiatrists live in Capital Cities 16.2 per 100,000 people Outer Regional Australia Cities 4.9 per 100,000 . In our Region only two Psychiatrists live Rurally locally.

There are a number of reasons for the maldistribution of Psychiatrists,

A lack of Rurality in those in training for Psychiatry

A lack of Private Psychiatric Rural Hospitals

A lack of Psychiatric Registrar Positions in Rural Australia

A Bias against Psychiatrists living in Rural Australia

A Bias by the College of Psychiatry against Rural Patient Care and encouraging Rural Psychiatric Practice and Training in Rural Areas

A Critical Mass Of Psychiatrists in any one Rural Area

A Comprehensive Failure of the College of Psychiatry to Address Rural Psychiatric Disease and the results of this failure to care for Rural Australian Communities in Mental Illness Treatment.

Kind Regards,

Dr Stuart S Gamble MB BS FRACS.