
PRIORITISING ACCESSIBILITY OF MENTAL HEALTH SERVICES

TELEHEALTH AND THE MEDICARE BENEFITS SCHEDULE



On 14 March 2021 the Prime Minister announced that telehealth coverage under the Medicare Benefits Schedule (MBS) would be extended until 30 June 2021 ([link](#)). Prior to this announcement, telehealth coverage under the MBS for mental health sessions was to cease for the majority of young Australians on 31 March 2021.

While this extension of time is welcomed, Orygen considers that there is a need to make telehealth a permanent feature of the MBS system. Since its introduction, telehealth has become an established feature of Australia's healthcare landscape and has provided a valuable alternative for young people seeking mental health care.

RAPID ROLLOUT OF TELEHEALTH

After the onset of the COVID-19 pandemic, the Australian Government instituted requirements for individuals to physically distance to minimise the risk of transmission of the disease. Physical distancing requirements necessitated a rapid adjustment to service provision from primary and mental health services, with telehealth services rolled out around the country.

In March 2020 the MBS was expanded to provide for temporary MBS telehealth items for mental health for the general population. Previously, telehealth items had only been available under the MBS for individuals living in rural and remote locations.

The move to expand mental health care options was necessary considering the negative impact that the pandemic had upon mental health and wellbeing. A survey by headspace National found three-quarters of young people (n= 3,575) reported their mental health was worse since the outbreak of COVID-19. Eighty-six per cent of young people reported a negative impact on mood, wellbeing or sleep.(1)



INCREASED USE OF TELEHEALTH

Once telehealth became a viable alternative for all Australians there was a significant increase in the use of telehealth services. In April, May and June 2020 telehealth consultations comprised approximately 50 per cent of the total mental health attendances during that period.(2)

The increase in telehealth services did not occur purely due to a drop in the use of traditional face-to-face care. There was a four per cent increase in the number of people attending mental health care sessions in April-to-June 2020 compared to April-to-June 2019.(2)

Uptake of telehealth care was particularly evident among younger people. Young women were found to have the highest utilisation for video conference and telephone items.(2) In general, 75 per cent of the video conference sessions completed under the MBS were completed by adults under the age of 45 years. While this increase is partly attributable to the mental health impacts of COVID-19, it is also an indication that telehealth could be a key part of a fully utilised mental health care service environment.

REVOLUTION IN MIND

THE EFFECTIVENESS OF TELEHEALTH



There is evidence demonstrating the effectiveness of telehealth for people experiencing mental ill-health. A systematic review of video-conference psychological treatments for anxiety found positive evidence of its effectiveness.(3) A systematic review of telehealth for depression stated that telehealth was a viable alternative to more traditional care arrangements.(4) A similar study of military veterans with post-traumatic stress disorder (PTSD) found that in the majority of cases, telehealth options were as effective in reducing PTSD symptoms as in-person interventions.(5)

Across a range of mental health domains, it has been found that video-conferencing is a viable alternative to face-to-face clinical services for a variety of populations, and is associated with good user satisfaction and provides similar

treatment outcomes.(6)

YOUNG PEOPLE'S EXPERIENCES OF TELEHEALTH

A national survey by headspace found that most young people positive experience with telehealth. Ninety-four per cent agreed that they had a positive experience with headspace and 78 per cent agreed that the mode of telehealth service they received was suitable for their needs.(7) Half of all young people surveyed indicated that they would like to use telehealth in the future.

A survey of young people attending Orygen headspace services found that telehealth was perceived positively due to three primary reasons: the convenience and accessibility of telehealth; the ability to flexibly access services while balancing educational and employment burdens; and the additional comfort that can come with minimising the interpersonal challenges present in a face-to-face clinical environment.

Telehealth can also be beneficial for young people who may struggle to access face-to-face care. A study on the use of digital interventions for young people during the COVID-19 pandemic found that high levels of social isolation, psychological distress and worrying were associated with a positive attitude towards digital interventions. This study further found that severe levels of distress and worry were associated with increased use of digital health interventions.(8) These findings demonstrate the value of telehealth. Young people who are experiencing challenges such as social isolation, distress and worry are less likely to engage with services and can face barriers in maintaining service engagement. (9, 10)

While the Australian data on young people and their use of telehealth is encouraging, there are a proportion of young people who are struggling to engage with telehealth. Seven per cent of young people who responded to headspace's national survey felt that the telehealth mode of service was not suitable for their needs. The reasons that young people may negatively perceive telehealth include technological challenges, concerns around confidentiality and missing the engagement that comes with face-to-face care.

CONCLUSION

Neither face-to-face care nor telehealth are appropriate in all circumstances. Both forms of care have their advantages and their disadvantages. However, the experiences of the COVID-19 pandemic have shown that Australia can operate within a mental health care system that provides young people with the flexibility to choose whether face-to-face care or telehealth, or a combination of both, is more appropriate for their needs. If the MBS returns to only covering face-to-face mental health care, the Government is limiting the role that telehealth can play in Australia's health care system and some young people may miss out on the mental health care they need.



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