

PBAC Guidelines Review Steering Committee

C/o Ms Penny Shakespeare
First Assistant Secretary
Pharmaceutical Benefits
Department of Health
Canberra ACT 2600

5 April 2016

To whom it may concern

Mental Health Australia is the peak, national body promoting mental health and representing the interests of organisations working in the mental health sector. Our members include service providers, consumer and carer organisations, professional associations, researchers and many others.

This diverse membership provides us with a broad view of issues affecting the mental health of all Australians. We also enjoy a close relationship with the National Mental Health Consumer and Carer Forum (NMHCCF), a COAG funded representative group for mental health consumers and carers, which we currently auspice.

Mental Health Australia is funded by the Commonwealth Department of Health to advance the national conversation on mental health issues and to bring to the attention of government and other relevant authorities issues that are of concern to the sector.

The purpose of this letter to bring to your attention a range of issues that arise in the context of the current review of PBAC Guidelines. The issues we raise have the potential to impact negatively on the mental health of the many Australians who rely on appropriate pharmacotherapies as part of their management and treatment of mental illness.

Mental Health Australia does not have the resources to make an extensive submission in relation to all these issues, but we hope that by bringing our concerns to your attention, and by highlighting some of the potential solutions to these concerns, your inquiry might be able to consider these issues more fully.

Embedding consumer and carer participation in all processes that affect them

The engagement of consumers and carers in the decision making processes that affect them must underpin any approach to the review of PBAC Guidelines.

The NMHCCF has produced a Consumer and Carer Participation Policy. The National Mental Health Commission and Mental Health in Multicultural Australia project (MHiMA) have also produced helpful guidance for consumer and carer participation. I commend this guidance to you and encourage you to consider how PBAC processes might be structured in order to better reflect a true commitment to consumer and carer participation.



NMHCCF:

<http://nmhccf.org.au/sites/default/files/docs/consumerandcarerparticipationpolicy.pdf>

National Mental Health Commission:

<http://mentalhealthcommission.gov.au/media/79498/FINAL%20PEF%20-%202011%20September%202013.pdf>

MHIMA: <http://www.mhima.org.au/framework/supporting-tools-and-resources/key-concepts/consumer-and-carer-participation>

International Best Practice in consumer and carer participation in Health Technology Assessment

Needless to say, consumer and carer voices should be at the centre of all decisions about health and health interventions. This place should be detailed in all guidelines and arrangements and in the terms of reference and processes that are part of the process.

We note here that we have reviewed the Consumer Health Forum (CHF) submission (Submission 12: <http://www.pbs.gov.au/reviews/pbac-guidelines-review-submissions/subm-12-consumer-health-forum-of-australia.pdf>) to this review in detail and would like to support many of the suggestions made in their submission.

The CHF suggestion that we use this review process to examine international best practice and embed this practice in future PBAC processes is important. This review provides a unique opportunity to advance our practice in this space and we should maximise the opportunities that it presents.

In particular, the CHF suggestion that the PBAC examine the processes of the Scottish Medical Consortium bears special consideration. These processes appear to support both systematic advocacy and individual advocacy, and warrant careful consideration with a view to inclusion in relevant Australian processes.

Capacity building for consumer and carer participation

It is essential, but not sufficient, that consumers and carers have a place at the decision making table. It is just as important that organisations like PBAC that rely on consumer and carer participation, invest in the consumer and carer capacity building required to ensure that consumer and carer representatives have the skills and information and support that they need to do their job well.

In this context, it is fair to ask, “How will the proposed revised processes contribute to capacity building for consumers and carers involved in PBAC processes?” And further, “What processes and supports are required to ensure consumer and carer representatives remain well engaged with their various constituents in order to validate their input to PBAC processes?”

Assessing the impact of new technologies – choosing a comparator

Going to particular issues that arise from the proposed draft guidelines.

We note that changes to the way in which new medicines might be compared could have detrimental effects on innovation, particularly in medications for mental illness.

It is fair to say that benefits of some mental health medications are less well understood, and therefore less easily compared, than medications in other areas of health. Mental



health medications are routinely trialled in individual consumers and amongst particular group in order to determine the best medication and the most appropriate dosage. Therefore it is important that consumers and their carers have as much choice as possible, because what works in one person might not work for another. PBAC processes should ensure that any comparisons to other medications recognise the fully suite of current medications in use.

We would be concerned at any changes that could restrict innovation in this area of medicine, which already lingers substantially behind other areas of practice, and urge the review to consider these areas of the guidelines carefully.

Assessing the impact of new technologies – considering potential benefits broadly

The final area of concern relates to how the benefits of new medications are assessed.

The proposed draft guidelines warn that non clinical benefits (such as productivity gains for instance) will be considered as secondary benefits. This approach does not appear to be consistent with broader government goals of increasing productivity and workforce participation.

Sponsors ought to be encouraged to explore these benefits as widely as possible and to make submissions based on the feedback they receive from consumers and carers – including in relation to consumers, and carers, ability to return to the workforce. Australian Government policy in mental health has moved significantly in recent years to support a system built on achieving “whole of life outcomes” for people who experience mental health issues.

At the request of COAG, Mental Health Australia and the National Mental Health Commission provided substantial input to the COAG Expert Group on Targets and Indicators (<http://www.mentalhealthcommission.gov.au/our-reports/expert-reference-group-on-mental-health-reform.aspx>). COAG has made an in principle agreement to take up “whole of life” indicators as the basis for future national agreements in mental health. These include an explicit focus on people with poor mental health improving their physical health; employment rates; and year 12 completion rates. Therefore, PBAC should consider the impact that proposed listings have on these factors – and the flow-on economic benefits to government and society.

I commend this work the review as a possible starting point for developing an assessment framework for future medications.

As indicated at the outset, Mental Health Australia does not have the resources to provide detailed analysis of the draft guidelines, but have focussed on key concerns that we think are most likely impact on the many Australian who experience mental illness each year.

Thanks for the opportunity to contribute to this review.

Sincerely



Frank Quinlan
CEO

