

5th August 2011

Susan M Garnett MAPS

B.App.Sc Graed Dip. App Sc

Director

Susan Garnett and Associates

Commonwealth Funding and Administration of Mental Health Services:

I appreciate the opportunity to comment in relation to point:

(b) changes to the Better Access Initiative, including:

(ii) the rationalisation of allied health treatment sessions,

(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;

(e) mental health workforce issues, including:

(i) the two-tiered Medicare rebate system for psychologists,

(ii) workforce qualifications and training of psychologists, and

(iii) workforce shortages;

(j) any other related matter

(b) changes to the Better Access Initiative, including:

(ii) The rationalisation of Allied Health treatment sessions:

The reduction of treatment sessions from the current 12 + 6 to 6 + 4 will seriously disadvantage patients with complex mental health problems by denying this group access to needed clinical psychological treatment. This group of clients is often unemployed, socially disadvantaged; suffer other physical health problem, are isolated and sometimes homeless. These are marginalised people who often have no one to speak up for them. Many of them do not fulfill criteria for treatment at either a public outpatient clinic or as an inpatient unless they are an immediate danger to themselves or others.

In the group practice I work with, there are 4 clinically endorsed psychologists and 4 generalist psychologists who are very experienced in the clinical field. Each generalist psychologist has an average of 15 years working exclusively in this field. The clientele of the practice comprises 95% clinical case load. Over the last 2 years, 22% of the clinically endorsed psychologist's case load and 21% of the generalist psychologist case load were complex cases with co-morbid issues and who accessed more than 12 sessions each year. Of these complex cases, only 0.04% were financially able to fund a portion of their treatment, the remaining clients (99.96%) were unable to afford any treatment. Most were unemployed or unable to work because of their Mental Health issues. As a result of the 12 – 18 Medicare funded sessions these people received treatment and achieved better health outcomes. The remaining 80% of clients accessed 8 or fewer sessions and 72% were able to partially fund their treatment. These clients also received treatment suitable to their needs.

The generosity of the psychologists and the philosophy of this practice enable complex cases to be seen under Medicare claimed at the bulk billing rebate thereby providing a service to our referring practitioners and our community. However if the rebate is rationalized to the lower

rate then the practice could no longer provide this service as the lower rebate for all psychologists would put the business in significant financial jeopardy and potentially force the psychologists to leave in search of a more equitable income.

Recommendations

I recommend that treatment sessions remain at 12 + 6 and should not be reduced. Because those most at need will be disadvantaged by this proposed reduction, potentially harmed, and be a greater drain on conventional and mental health care systems in the future. Those who need fewer sessions will not be disadvantaged as they will receive the treatment that meets their mental health needs.

I further recommend an increase in numbers of sessions for those with complex or co-morbid issues and whose therapeutic needs are not met by the available 18 sessions. This recommendation is supported by Medicare in its recommendation of using evidence based treatment of CBT or IPT. The research indicates that these treatment protocols are effective (at 6 months and 12 months follow up) when applied as they are designed, within a 20 session treatment plan.

(b) changes to the Better Access Initiative, including:

(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule; Patients need to be appropriately assessed. Some patients presenting with what appears to be “mild or moderate mental illness” may mask quite significant chronic and or complex and co-morbid issues which do not become obvious until either a complete clinical assessment of psychopathology and biopsychosocial functioning or treatment begins. If someone with limited expertise in this field determines the degree of disturbance to be mild or moderate, when in fact ongoing clinical assessment finds this to be an inaccurate assessment, the client may then be disadvantaged by not having appropriate and timely treatment available to them.

Recommendation

I would recommend that patients be referred with a general referral letter from their general practitioner as is the case when being referred to a Medical Specialist.

(e) mental health workforce issues, including:

(i) the two-tiered Medicare rebate system for psychologists, Clinical psychologists commit to formal training for either 6, 8 or 10 years of in depth knowledge and understanding of psychopathology and how to translate that knowledge into effective treatment for specific individuals. This training is complex and requires significant financial cost to the training psychologist. For this reason alone they should be recompensed for their knowledge and expertise as are specialists in any other professional field. Therefore a 2 tiered system is appropriate as it recognizes specialist skills

Generalist psychologists who have a special interest in the clinical field may also have advanced clinical skills through ongoing Professional Development, private study and professional supervision over and above that required by their professional body or the Australian Health Regulation Agency - Psychology Board. These skills may be equivalent to the knowledge and expertise of the endorsed clinical psychologist. This further training, for the psychologist with a

special interest in the clinical field, is also costly and time consuming and requires considerable effort and organization.

Given that the industry recommendation for a 45-60 minute session is set at \$218 neither the lower rebate of \$81.60 nor the higher rebate of \$119.20 reflect the training, knowledge and effort demonstrated by the psychologists who choose this profession.

Recommendations

I would recommend maintaining the 2 tiered system to reflect the level of training acquired by the treating psychologist.

I would further recommend an increased remuneration for both generalist and clinical psychologists in line with their level of responsibility and to reflect more accurately the value of their services.

(e) mental health workforce issues, including:

(ii) workforce qualifications and training of psychologists,

The vast majority of registered psychologists have generalist endorsement. The mental health needs of our communities are increasing as evidenced by the increasing access to primary health care providers for help with mental health issues, to mental health professionals and the public mental health system. There are limited places for clinical postgraduate studies at universities and these are in high demand. It is likely that the demand exceeds the ability of universities to provide enough places to meet this demand. In the short term it would appear to be impossible given that specialist qualifications require at least 2 years of formal study and 2 years professional supervision over and above the training of a generalist psychologist. Therefore for the foreseeable future, generalist psychologists will be required to provide services for the population of clients with both mild and complex psychological issues.

At present there is no mechanism to determine if the skills of a generalist psychologist are sufficient to fit the category of clinical psychologist unless they complete a Clinical Masters degree with the compulsory supervision. However psychologists are ethically bound to only provide services for which they are competent and trained. Therefore it is likely that the majority of psychologists accepting clients with Mental Health Care Plans are competent to treat the cases they accept. To determine their clinical skills and to decrease pressure for funding and associated issues to universities to produce larger numbers of well trained Clinical Psychologists, by having experienced psychologists with a special interest in the clinical field,

Recommendation

I would recommend either verbal or written assessment of their applied clinical skills with a view to endorsing them as competent to deliver clinical psychological services for Medicare.

(e) mental health workforce issues, including:

(iii) workforce shortages;

Currently there are not enough psychologists to meet demand for mental health services in private practice or in the public health system. In the public health system positions in the mental health area are open to Social Workers, Mental health nurses, Occupational Therapists and Psychologists to enable the Public sector to fill the roles that were once only open to psychologists. As demand grows for mental health services so does the demand for qualified psychologists.

Also, there is an unmet demand for Clinical psychologists to supervise newly graduated Masters and Doctors of Clinical Psychology.

Recommendations

I would recommend an increase in clinical psychology places at universities including Masters, Dr of Psychology, and Drs of Phil in Clinical Psychology.

Provide another mechanism to gain recognition of advanced clinical skills for generalist psychologists to address the current shortage of clinical psychologists.

Increase the Medicare rebate to improve the retention of psychologists in private practice.

(j) any other related matter;

(1)The current emphasis on focused treatment strategies dictates to Clinical psychologists how to treat their clients' Mental Health needs. This is a stance that would not be accepted or tolerated in the Medical profession or in any other specialist field where a specialist is told when and how to do their job by someone who has limited or no understanding of what is required for the job. It limits treatments that are required by mental health patients by limiting appropriate assessment and treatment design to a 'one size fits all' design.

Recommendation

I would recommend that the emphasis on focused treatment strategies be changed to focus on being informed by evidence and based on clinically assessed client need.

(2)The administrative requirements with the emphasis on reporting after every 6 sessions and General Practitioner permission for ongoing treatment has shown itself to be rigid, interfere with treatment and potentially increase distress to clients. Frequently clients have difficulty in seeing their GP for a review in a timely fashion because of the workload of their GP. They can become distressed at not being able to see their psychologist as they have agreed or as the treatment requires. This disruption interferes with the relationships among all parties and the client's effective treatment.

Recommendation

I recommend that reporting should be undertaken similar to that of other specialists in the Medical field, that is after the patient is first assessed and then as required to inform the referring practitioner of progress or significant changes.

Signed

Susan M Garnett MAPS

B.App.Sc Graed Dip. App Sc

5/08/2011