

22 July 2011

**Submission**

Dear Committee members

**Re: Better Access to Mental Health for Psychologists**

Mental health remains a serious issue for Australia and indeed the international community.

Since its introduction the "Better Access to Mental Health" (BAMH) initiative in November 2006 many thousands of Australians have been professionally and effectively assisted to regain control over their lives. People who otherwise would have lost jobs, had broken relationships, turned to alcohol or other substance abuse, committed suicide, or resorted to crime, have through psychological intervention lived effective lives and not add to Australia's social welfare burden.

Therefore the Gillard Government's move to reduce the number of available sessions under BAMH from a potential eighteen to ten per annum is not only mean and insensitive but short sighted.

Whilst government statistics suggest that the majority of people treated under BAMH require ten or fewer sessions, this is a national figure, which I believe is skewed because it takes into account wealthy capital city based suburbs as well as lower socioeconomic suburbs and regions.

By way of example my own area - the Central Coast of NSW which embraces the Federal seats of Robertson & Dobell has crime rates higher than the national average, more dysfunctional families than the national average, higher unemployment than the national average and the highest rate of suicide in Australia.

As an experienced psychologist in private practice for eight years on the Central Coast I know that in my own case and that of the psychologists who work in my practice as well as other private practice psychologists on the Central Coast I typically will use the initial twelve sessions and occasionally request the additional six sessions. Therefore it is my belief that the situation on the Central Coast is inconsistent with the reported National average statistics. I doubt that the Central coast is radically different from other Regional and country areas.

If the suggested change becomes policy I believe it will have a profound and deleterious effect. Patients will not be well supported and will be pushed back into the already over loaded and none coping public mental health system.



Additionally and at the risk of sounding too "self interested" the viability of many psychological private practices will become untenable. The Psychology Board of Australia has already pushed professional development and compliance well in excess of any profession which becomes a cost factor in two ways – viz time out to attend professional development activities and the cost of attending the activity. In addition annual registration costs and professional indemnity insurance costs are high. Finally there is the general running costs of practice.

Just to put this into perspective, the typical psychological consultation time is one hour. Therefore the maximum number of patients which can effectively be seen is seven. This does not take into account note taking, report writing, consulting with others (e.g GP). Assume a five week. There is also a "no show" or late cancellation factor which runs between 15% - 25%. Assumptions:

7 patients per day. 5 days a week. \$82 per hour (bulk bill rate for Medicare for most psychologists – Clinical psychologist is a higher rate)

$7\text{patients} \times 5\text{days} \times \$82 = \$2,870$  per week  $\times 48$  weeks = \$137, 760pa. This is the gross figure before tax and before costs.

No doubt you are aware that the minimum amount of full time university study to qualify to be registered as a psychologist is six year – the same as a Medical Practitioner.

In my opinion health and especially mental health is everyone's responsibility. Policy should not be driven on partisan lines.

Finally, even if the national statistics are accepted where is their any cost saving in the Government budget? The actual cost is based on actual use. If typically the current extra eight sessions are not being accessed there is no cost.

My request to you is that you your Government reject the proposal to reduce the number of BAMH sessions for psychological treatment and at the very least leave the number of sessions as is presently the case. Increasing the number would be preferred.

I W Kilpatrick  
Endorsed Psychologist (Counselling)/Principal