

Julie Dunsmore AM MAPS

To: Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House Canberra ACT 2600
Australia
3/08/2011

Dear Committee:

RE: Commonwealth Funding and Administration of Mental Health Services

As a senior registered psychologist who has worked within the NSW Health / NGO and Private sector for 30 years I appreciate the opportunity to contribute to the discussion and debate that is being generated by the inquiry into mental health funding.

I am a member of the APS Health Psychologists College and the APS Counselling Psychologists College. I am the president of the National Association for Loss and Grief (NSW) Inc and I am one of the founders of CanTeen and SANDS (Stillbirth and Neonatal Death Support group). I have worked in senior positions in the area of health promotion and preventative/ population health, emotional/social health of communities and over the past nine years have been the chief psychologist working with the bereaved and survivors of the Bali bombing and other terrorist attacks such as Mumbai. I am a member of numerous State, National and International committees addressing Disaster/ Trauma Recovery. I have published in the areas of chronic and life-threatening illness, youth health and trauma loss and grief. I also have a small private practice at NSW. I am an Authorised Supervisor.

I would like to make comment on and voice my concerns about:

- The impact of the proposed changes to the Better Access program (in particular the reduction in the number of sessions available for Better Access patients).
- The inadequacy of the current health system to address the access and equity issues that prevents many of the disadvantaged groups from engaging with appropriately trained and culturally competent psychologists.
- The current promotion of restrictive trade practices under the Better Access scheme. This is mainly in relation to what psychological therapies can be provided (without reference to competency and training of psychologists, or taking into account the complexities of client/patient presentation). The need to develop appropriate (evidence based /informed) treatment plans is currently compromised by the restrictions placed on non clinical psychologists.
- The divisive impact on the psychology profession and the standing of registered psychologists within the community of a two-tiered Medicare rebate system for psychologists. This is not based on health outcomes of services provided or professional competencies but on an arbitrary, highly discriminatory distinction between choice of post graduate academic speciality.

Proposed Changes to the Better Access Program:

My concerns come from my experience working with clients who present with complex histories and significant mental health disorder and /or are at risk of suicide or self harm. Many clients who have had a traumatic bereavement (eg sudden unexpected death, death of a child, bereaved by suicide or MVA) experience exacerbations of symptoms over time and the duration and intensity of dysfunction can be prolonged. The secondary losses eg unable to work, loss of home, relationship breakup complicates the recovery process and how people learn to live with their new reality. Many, because of their mental health disorder or adjustment problems are cash poor and would struggle to afford the additional sessions that are often needed to assist with their recovery and prevent further mental health disorders.

International and Australian research repeatedly shows that 15-20 sessions of treatment are required to achieve clinically significant outcomes for common psychological disorders. Respectfully I urge the committee to examine the evidence as ultimately setting up a system that reduces the probability of good treatment outcomes will cost the community more in the long run. I believe that having the flexibility within the system to address the needs of the small percentage of clients who have taken up the current extraordinary circumstances provision was good policy.

Access and Equity Considerations

I regularly consult with communities and Mental Health NGOs throughout NSW as part of my NGO work. There are many difficulties for rural communities in accessing appropriate and affordable mental health care. Many people because of the drought, flooding rains, bushfires and of more recent time the global financial downturn are having serious mental health issues. The cost of psychological treatment for many individuals is prohibitive even with the rebates. Many psychologists who live within these same rural environments have indicated that they would like to be able to bulk bill for example but the two tiered rebate (as most are not clinical psychologists) means they have to charge a gap.

The inadequacy of the current health system to address the access and equity issues that prevent many of the disadvantaged groups from engaging with appropriately trained and culturally competent psychologists is an ongoing challenge. It is of great concern that when there is a dearth of experienced and competent psychologists across the board that the Better Access scheme discriminates against a workforce on a title basis. I understand the need for accountability and quality control for the profession of psychology, a duty of care needs to be always the first priority. There appears to be no evidence to support this hierarchical structure.

Workforce Issues

There is no evidence to suggest that one specialist psychologist category has produced better outcomes. Australia is the only country that has made such a hierarchical distinction with the implementation of the two-tiered Medicare rebate system for psychologists.

The new CPD requirements for maintaining registration allows for both the opportunity to enhance competency and hone specialist knowledge and skills.

The new registration system has 9 areas of specialist endorsement. I fail to see why only one of these endorsed areas of practice has more credibility and is treated so preferentially. Of interest is that the design, development, implementation and evaluation of evidence based psychological therapies for mental disorders has never only been in the domain of one speciality group.

To fulfil requirements for membership of APS colleges and subsequently to be granted speciality endorsement psychologists have to submit evidence that supports/ demonstrates competence and knowledge in the speciality area. The core competencies required to safely and effectively provide professional psychological services to patients with mental disorders can be demonstrated to be shared by a number of speciality areas not just one.

I agree with the College of Counselling Psychologists recommendation that the Psychological Therapies MBS item could be changed to a “specialist psychological therapies” item. In this way at least the psychologists who have been granted endorsement can deliver psychological therapies (evidenced based/ informed) for mental health disorders under the Better Access scheme and clients can have access to the higher rebate.

My only concern is that this will not address the discrimination against a host of incredibly competent experienced and knowledgeable generalist psychologists. I believe we need to move to a system that allows for and rewards a continuing learning and development model that acknowledges experience and competency.

I request that the committee consider the following:

- 1) Reinstate (the former Better Access scheme) the provision of 12 sessions with the additional 6 in extraordinary circumstances.
- 2) Consult with patients and clients of the services to better understand access and equity issues and improve client and therapist engagement and outcomes.
- 3) Remove the two-tiered Medicare rebate system.
- 4) Change the Psychological therapies MBS item to “specialist psychological therapies” item. Opening this up to at least all those psychologists competent to deliver psychological therapies for mental health disorders.
- 5) Acknowledge the skills and competency of generalist psychologists and those who may work in different settings but who are part of a valued and experienced workforce. I feel strongly that this point needs to be made as regular review needs to be undertaken to acknowledge different ways of working that gets results and can better inform models of mental health care.

I would be very happy to discuss further any of the issues I have outlined in this submission.

Yours Sincerely

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