

Committee Secretary

Senate Standing Committees on Community Affairs

PO Box 6100 Parliament House Canberra

ACT 2600

APS Carlton – Brunswick Psychologist’s Peer Consultation Group Submission to the Inquiry into Commonwealth Funding and Administration of Mental Health Services.

Introduction:

Thank you for the opportunity to provide a response to the senate inquiry into the Commonwealth Funding and Administration of Mental Health Services. The APS Carlton-Brunswick Psychologists’ Peer Consultation Group is a group of Registered Psychologists working in a range of Private Practice, Private and Public Mental Health Programs. The Group meets monthly to provide collegial support, discuss case studies and organise professional development opportunities.

We are very concerned about the Governments rationalisation of the funding and administration of mental health services in Australia, with particular reference to:

- (a) the Government's 2011-12 Budget changes relating to mental health;
- (b) changes to the Better Access Initiative, including:
 - (i) the rationalisation of general practitioner (GP) mental health services,
 - (ii) the rationalisation of allied health treatment sessions,
 - (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
- (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;
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;
- (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;

(f) the adequacy of mental health funding and services for disadvantaged groups, including:

- (i) culturally and linguistically diverse communities,
- (ii) Indigenous communities, and
- (iii) people with disabilities;

(g) the delivery of a national mental health commission; and

(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups

Prior to the 2011-12 Budget, Medicare's Better Access to Mental Health Care Initiative provided up to 12 sessions of Psychological Treatment per calendar year (and up to 18 sessions for clients with exceptional circumstances). Working in Private Practice, we found that a significant number of clients accessed funding via this service. Participants in our network provide service to several suburbs in the West and North of Melbourne including, Brunswick, Carlton, Footscray, Moonee Ponds, and Preston.

This included clients that were able to afford paying a fee, as well as clients from lower socio economic backgrounds that were offered bulk billing and concession rates. Presentation of psychological disorder among patients ranged from mild to severe. With the option of up to 18 rebate-able counselling sessions per year, this provided helpful options to individuals needing psychological support and who were not eligible or linked with other services. These sessions allowed Psychologists to maintain psychological counselling and provide significant support to clients that needed ongoing management.

The reduction in the number of Psychological Therapy sessions awarded under the Better Access to Mental Health Care Initiative impedes our work. We are no longer able to provide up to 18 sessions of psychological treatment for the more severe complex client issues that require a greater amount of assistance. We are concerned that these clients will 'fall through the gaps', leaving them vulnerable to more prolonged and more severe mental health problems, which in the long run will be more costly to the community and inflict more suffering for these people.

The questions that come to mind with a reduction of the number of services due to the rationalisation include:

- Will the number services available to people with severe mental illness and complex psychological disorders be increased?
- How long will the waitlist be?
- What will the final cost be for the community if we do not address this problem?
- What will be the eventual human cost?

Reduction of the number of Psychological Therapy sessions will impact on lower socio-economic individuals who are not able to afford additional sessions of counselling once they have accessed their 6 + 4 sessions per year.

In our peer consultation network we are comprised of both "General" (Medicare terminology) Registered Psychologists and "Clinical" Psychologists. Our "General" and "Clinical" Psychologists both report working with clients on a range of mild to severe disorders. We pride ourselves on the quality of our work and positive feedback and treatment outcomes of our clients.

We are concerned about the differentiation between General Psychologists and Clinical Psychologists, due to these categories being generated as Medicare Provider Categories rather than occupational categories. The Better Access to Mental Health Care Evaluation (2010) demonstrated that there is no difference between the outcomes between 'Clinical' and 'General' Registered Psychologists. We believe that a two – tiered rebate system for psychologists is divisive, unfair and unhelpful. We urge the government to reconsider the changes that have been implemented in the 2011-2012 budget in the areas of most concern to us, which are:

1. A reintroduction of the 12 (plus 6) sessions available for clients with more severe mental health problems, which place them at higher risk of harm.
2. A review of the two –tiered system of Medicare payments which has now been demonstrated to be unjustifiable as a result of the Better Access to Mental Health Care Evaluation (2010) which showed no difference in outcomes for clients who were treated under this initiative.

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