05/08/2011

Committee Secretary
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Submission for Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services

Thank you for the opportunity to comment on this inquiry. I would like to commence by stating that I do not feel I have had as much time as I would have liked to prepare and provide comment to the Terms of Reference of this inquiry. I have read a number of submissions already published and believe that a number of valid points have already been made. To make informed decisions on such important matters, I believe there is a need for further time, data, consultations - however, I also understand the political realities that dictate current timelines.

I believe that the Better Access Initiative's introduction was a very progressive initiative for providing mental health services to the public and my reading of the evaluations indicate it has exceeded previous worldwide attempts at improving the public's utilisation and access of mainstream mental health services.

My area of expertise is child and youth mental health - hence I work with children, adolescents, young people and their families - so my comments are from this frame of reference.

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

(ii) the rationalisation of allied health treatment sessions,

I am opposed to the reduction of allowable sessions from 18 (12 + 6 for exceptional circumstances) to 10 (6 + 4 for exceptional circumstances) for a variety of reasons:

- Even 18 sessions in a calendar year may not necessarily be adequate for certain mental health issues/problems -- particularly when working with the complexities of a family where they may have to overcome the stigma of accessing services, and the development and maintenance of a strong therapeutic alliance is important in ensuring treatment compliance and success.

- I believe that there is data to indicate that greater than 18 sessions are required for completing certain evidenced based cognitive behavioural therapy programs
- Basing a reduction of “allowable sessions” on statistics that indicate that the “mean” number of sessions currently utilized is 5 is a poor usage of statistics that fails to take into account a range of factors: for example, whether the sample distribution is a “normal” or “skewed” one as this would dictate which measure of central tendency is more appropriate; if the majority of people only access five sessions then there is no major “cost” savings to be made by the reduction, in fact it will be discriminating against those who are in more need of services/sessions. However, I also wonder if the statistics are an accurate measure of needed sessions, for example, do the statistics take into account if people accessed sessions prior to being seen as part of the Better Access Initiative.
- The current session limit is not even comparable to the number of sessions available to clients of psychiatrists - is session numbers about best practice or cost savings and if it is about cost savings then is this short term saving worth it given the longer term costs of ongoing mental illness and its consequences in individuals, families, workplace etc.

(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

There are a number of questions to be considered here:

- How do we define mild or moderate mental illness - particularly for children?
- What if more complex and/or severe mental health issues are being serviced - are there really alternative services available publicly? Or are publicly available services already stretched to capacity in some areas?

(e) mental health workforce issues, including:

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

This issue is linked to next item. I support a two-tiered Medicare rebate system - similar to such other tiers for medical specialities.

(e) mental health workforce issues, including:

(ii) workforces qualifications and training of psychologists, and

This has become an emotive issue and various opinions reign - however as a clinical psychologist who has been trained in a speciality I obviously value my training and the impact it has had on improving my quality of work. Of course, one can debate that there are other similarly experienced psychologists without this endorsement but would these similar arguments hold for other professions - such as doctors who may have expertise and skill in some speciality area despite not having the specialist training or endorsement? Let’s not be distracted - specialist psychologists are trained and provided with training experiences to undertake and manage more complex cases - specialist training and endorsement is the best (and cheapest and objective method currently) available criteria for distinguishing specialist vs non-specialist groups of psychologists. This does not exclude the need to consider the expertise of other specialist endorsed psychologists and what they may offer in the delivery of services to the community.

(e) mental health workforce issues, including:

(iii) workforce shortages

Workforce shortages are a major issue due to the ageing population - additionally we have a geographically diverse country and wide distribution of professionals in some states such as Queensland.

(f) the adequacy of mental health funding and services for disadvantaged groups:
I work both publicly for Queensland Health and privately as a clinical psychologist in the area of Child and Youth Mental Health. I am constantly amazed at the complex cases I see in my private practice work. Despite having worked in this area as a clinical psychologist for nearly 20 years the current 6 + 6 (+ 6 exceptional sessions) allowable sessions are often inadequate for developing a therapeutic working alliance with children and their families as well as assessing the complexities of the presenting problem and completing evidence based treatments. I am truly concerned at how this work can be completed with a reduction of sessions as announced in the recent Federal Budget. Instead of reducing sessions, I would have found it useful if a "family" medicare item had been introduced to allow the complex family work being conducted with these families to be respectfully acknowledged and measured.

Yours respectfully,