

## Commonwealth Funding and Administration of Mental Health Services

### Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services.

To the Senators

I wish to address the following terms of reference before this committee using my part time private practice as an example of why I oppose the proposed changes to **(b)** the Better Access Initiative (i), (ii) (iv) and **(e)** Mental Health workforce issues (i). I believe these proposed changes will impact on the adequacy of services provided to people with mental illness **(c)**.

**(b) (ii)(iv)** In relationship to the rationalization of allied health treatment sessions and the impact of changes to patients with mild or moderate mental illness, I emailed my concerns to my local MP and am including a copy of this email sent on 5/7/11 as a part of my submission.

*The Honourable Jenny Macklin  
Member for Jagajaga*

*Dear Ms Macklin*

*As you would be aware, the recent Federal Budget announced changes to the Primary Mental Care Program that included funding cuts to the Better Access initiative involving a cap on the maximum number of allowable sessions of psychological treatment a client can receive per calendar year (from a possible 18 sessions to 10) from November 1<sup>st</sup> 2011. An unintended consequence includes current clients who have received **ten** sessions this calendar year on November 1<sup>st</sup> will be **unable to attend further sessions until January 1<sup>st</sup> 2012.***

*I am an experienced clinical psychologist with a small part time private practice based at a GP clinic in West Heidelberg. As far as I'm aware I'm the only clinical psychologist in this area that **exclusively bulk-bills**; the clients who are referred to me are unable to afford private psychology services.*

*I know that you are familiar with the mix of population in West Heidelberg where a sizable proportion suffers from some form of mental disability and/or poor coping skills. Many of these clients cannot be 'cured' in six to ten sessions and require ongoing input throughout the year, a service mental health clinics offered in the past. In particular these clients often require psychological input as Christmas approaches, particularly if they do not have family support during this recognized vulnerable period for clients with mental illness. The **proposed changes** to the Primary Mental Health Care Program will leave GPs to provide the extra support during November and December to those clients who have had ten sessions by November 1st. Clients referred for psychological treatment early in the calendar year of 2012 and who require ongoing sessions throughout the year will have access to psychological*

*treatment less than four-weekly. If they are seen more intensively because of acute depression, adjustment disorder, trauma or family crisis (for example) they are left with few sessions for the remainder of the year as assess to “special circumstances” sessions will not be available.*

*I hope you will take into consideration my concerns when changes to the Primary Mental Care Program are discussed in parliament.*

**(e)(i)** The two-tiered Medicare Rebate system for psychologists.

As a clinical psychologist with post graduate training and over 25 years working as a senior psychologist in public mental health I bring a high level of psychological expertise to my **private bulk-billing practice** based at Bellfield Medical Centre. I work closely with the referring GPs from this clinic and The Mall Medical Clinic, West Heidelberg, and am impressed with the doctors’ interest and dedication to patients with mental health issues **(b)(i)**.

I see a diverse group of patients, many from non-English speaking backgrounds who present with a range of diagnoses including depression, bipolar disorder, anxiety and panic, phobias, adjustment disorder, complicated bereavement etc., the majority of whom come from a background of family dysfunction and complex relationships. These patients cannot afford to pay for private psychological treatment; however they do not fit the criteria of severe mental illness for access to public mental health clinics.

I believe that my level of post graduate psychological training and experience in mental health is of great value to the referring GPs as I assist with assessment, diagnosis, and management and provide a range of appropriate psychological treatments to referred patients. I alert the GPs to non-compliance, relapse or other maladaptive behaviours that impact on treatment success.

In my opinion clinical psychologists should be recognized for the training they receive in advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research and supervised clinical placements in mental health facilities during their post graduate courses. The current two-tiered Medicare Rebate system gives recognition to this training.

If the two-tiered Medicare Rebate system for psychologists was abolished I would find it financially difficult to provide a bulk-billing service to this community given that the average number of patients seen in a day is five, the maximum seven.

The Better Access Initiative was introduced in part to provide treatment to patients who could not afford to access private allied health practitioners but were not so mentally impaired that they could be treated by public mental health clinics. The proposed changes

being considered by the senate committee will exclude the very people that the scheme was set up to target and reflect the patients I see in West Heidelberg.

In summary, I believe that the proposed government changes to the Better Access Initiative and Mental health Workforce issues will;

- Reduce the incentive for GPs to refer patients under the Mental Health Treatment Plan
- Reduce access to private psychology treatment for pensioners, low income families and disadvantaged groups
- Reduce the level of psychological expertise that is currently offered to patients particularly those with complex mental health needs by clinical psychologists
- Reduce the number of bulk-billing private psychology practices
- Increase the number of referrals to public mental health clinics.

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