

SUBMISSION TO SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

I am making a submission to the Senate Standing Committee as a clinical psychologist in private practice, with particular reference to (although not exclusive to) Terms of Reference points (b) *changes to the Better Access Initiative* and (e) *mental health workforce issues*.

SUMMARY

The detail is set out below. Clients will either be financially worse off as a result of the proposed changes to Better Access or leaving psychological therapy before the treatment has been fully implemented (ie they are not better). Alternatives to Better Access proposed by the Government are not realistic options. Psychological therapy under the Better Access program has been demonstrated to work well, including amongst individuals with moderate to severe mental health conditions. In addition, any change to the two-tier Medicare rebate (such as changing it to one rebate, which presumably would be lower than the current higher one) would also unfortunately lead to higher gap fees for clients.

Detailed submission:

(b) Changes to the Better Access Initiative (as they impact upon clients using services provided by a psychologist under this initiative).

My understanding of the proposed changes as they relate to psychological services is that sessions under Better Access will be cut back from a maximum of 12 (up to 18 in certain circumstances) in a calendar year to an absolute maximum of 10. This is despite a recent evaluation of Better Access conducted via the Australian Psychological Society which demonstrated the **effectiveness and value for money of this program** in treating people with a range of disorders (including many with moderate to severe depression and anxiety). As a clinical psychologist I will not be disadvantaged by this as I have an extensive waiting list and will continue seeing clients, albeit for a shorter duration (I just want to make the point that this submission is not self-serving). **The real losers will be the clients**, many of whom need more than 10 sessions to treat their mental health condition, and who will be left with the decision to either try and pay for the remaining sessions themselves, or leave treatment with their condition unresolved, thus at threat of a major relapse. From a health, welfare, and economic perspective this is short-sighted and irresponsible. **A significant number of people with mental health problems (I believe the Australian Psychological Society has estimated 80,000) will be severely disadvantaged by this.**

The Government's rationale for this significant reduction in sessions appears to be that the money saved would be better spent elsewhere (eg Headspace, online services, ATAPS) as they consider that individuals on low incomes and those in rural areas are not receiving the same

level of assistance under Better Access as those in higher SES groups and urban areas. I also understand that the Government claims that the thousands of clients now receiving in excess of 10 sessions under Better Access could instead receive assistance from State/Territory mental health services, ATAPS, or private psychiatrists. This is utter nonsense. **Even with the doubling of ATAPS places, there will be insufficient funds to cater for the many individuals who will need extended psychological therapy.** In addition, the payment to psychologists under ATAPS (which I believe to be around \$120 per session) is well below the fee charged by the majority of clinical psychologists, who are best placed to treat individuals with severe or complex conditions. Hence, there may be a shortage of psychologists available who are willing to see patients under ATAPS.

In relation to State mental health services, these are chronically under-resourced and over-stretched (I speak from experience of having worked in one for six years). Only those clients who are psychotic or at imminent risk of self-harm, eg suicide, are taken on by community mental health teams. Most of the additional 80,000 or so former Better Access patients would not get a foot in the door. Even if they did, they would be unlikely to see a skilled and experienced psychologist who can provide evidence-based therapy, as we have left in droves due to poor pay and conditions.

Similarly, private psychiatrists are stretched and in short supply. Many also charge fees in excess of the schedule fee, leaving a significant gap for patients. In addition, the majority tend to favour prescribing medication over therapy, for obvious reasons (time being a major one). Therefore one of the 'gold standard' treatments for depression, anxiety, and psychological trauma (therapy, particularly cognitive behaviour therapy) will be denied to many people.

Finally, I have to note that I see a significant number of clients with moderate to severe mental health problems who are socially and economically disadvantaged. As with many of my colleagues, **I ensure my sessions are affordable** by either giving them a substantial discount or (in certain cases) bulk-billing. I use the latter option rarely as it is not economically sustainable for me to do this too often, but also because a small fee (even a few dollars) garners more commitment from a client to therapy: simply put, you value something more if you pay for it.

In summary, the Government wants to make significant cut-backs to a program that demonstrably works well in helping people to overcome major mental health problems. **Psychologists use evidence-based therapies that have none of the side-effects of costly anti-depressant medication, and work equally as well (if not better). Yet our treatment is to be curtailed for some highly dubious reasons.**

(e) Mental health workforce issues (two-tiered medicare rebate system, and workforce qualifications and training of psychologists)

The training of psychologists in Australia has over the past decade been moving more towards extended post-graduate training, for very good reasons.

- i) to ensure a consistent standard of education and training (minimum 2 years post-graduate education following a 4 year undergraduate degree) that offers accredited coursework, supervised practical placements, and a substantial research thesis

- ii) consistency with what is recognised as appropriate basic training accepted in other Western countries for psychologists (again, usually a minimum of 6 years university education)

It is still possible for psychologists to become registered via the “4 plus 2” pathway, which consists of four years of undergraduate education (usually a 3 year BSc or Bachelor of Psychology, which is theoretical and general in nature) plus either an Honours year or a one year Graduate Diploma in psychology. This is followed by two years working as an intern psychologist under supervision. However, the nature of this supervision can vary tremendously, and cannot replace the theoretical training provided through an accredited post-graduate university program.

It should be noted that even after completing postgraduate training (which varies from two to four years, depending on the type of postgraduate degree completed: Masters, Professional Doctorate, or PhD) further supervised experience is required (one to two years, again depending on the type of postgraduate degree completed) before a psychologist can become eligible to join the Clinical College of the Australian Psychological Society (APS). Ongoing continuing professional development (CPD) amounting to 30 hours per year of skills-based supervision and training is also a condition of remaining a clinical college member.

For the reasons outlined above, there is a clear distinction under Better Access between ‘generalist’ psychologists (who often fall into the ‘4 plus 2’ category) and clinical psychologists. The latter have more extensive qualifications, rigorous CPD requirements, and the necessary training to deal with complex and difficult clients (eg dual diagnosis, personality disorders, severe depression). The distinction may be considered to be similar to that of GPs and medical specialists: a GP who has undertaken additional training in urology cannot be considered to have the same training and expertise as a urologist, for instance. The Medicare rebates differ in recognition of the additional skills and qualifications (and hence expense in obtaining these). A similar situation applies in psychology: clinical psychologists have spent a considerable amount of money on both postgraduate training and additional supervision following this to gain eligibility for the APS clinical college. They need to be considered as psychology specialists, in a similar way to medical specialists. Any changes to the two-tier Medicare system (such as replacing this with one, lower rebate applicable to all psychology services) would once again simply disadvantage psychology clients as clinical psychologists would be unlikely to lower their fees. It would also lead to inappropriate referrals to generalist psychologists who would not necessarily have the skills and expertise to deal with more complex clients.
Thank you for your time in reading this submission.

Yours faithfully

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