

27 July 2011

Senate Committee Inquiry
Commonwealth Funding and Administration of Mental Health Services
Parliament House
Canberra ACT 2600

Dear Senators,

I am mental health social worker and psychotherapist with 25 years of experience in the mental health field, 20 of these in private practice.

Last year our profession and our clients were put under enormous strain as we were excluded from the Better Access program. After a protracted campaign, the decision was reversed. Six months later, we are told that the number of sessions available to clients will be reduced to 10, which is for 30% of my clients, a reduction of 8 rebatable sessions per calendar year.

The review conducted by Department was resoundingly positive about the impact of mental health social work services on the outcomes for clients.

Many clients in my practice are on low incomes with mild to moderate disorders. At different times they have needed the flexibility of extra sessions for exceptional circumstances. It must be stressed that they *do not* require referral to another specialist and do not fit the criteria of acute, chronic or ongoing difficulties. They just need to continue the relationship with the therapist they began the work with. These patients will definitely suffer without the option of extra sessions if required.

The government has argued that these patients will be covered under new programs but until we see what comes of the new Medicare Locals and see whether indeed social workers will be included, it is worrying to eliminate the exceptional circumstances category. For these reasons, I urge that the exceptional circumstances category be retained.

I appreciate your consideration of this matter.

Yours sincerely,

Antonia Harold
BA, BSW, MAASW
Masters of Counselling

- (1) Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Scheme Initiative (**Better Access**)
- (2) p.21 *Post Implementation Review of the Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS Initiative. MBS Items. May 2009. DoHA (Mental Health and Chronic Disease Section) (PIR)*
[http://www.health.gov.au/internet/main/publishing_nsf/Content/D7E9963F2C67A94ECA2576F500831403/\\$File/finalpirreport.pdf](http://www.health.gov.au/internet/main/publishing_nsf/Content/D7E9963F2C67A94ECA2576F500831403/$File/finalpirreport.pdf)
- (3) *Budget Statement – Department of Health and Ageing. Contributions to Outcome 11. p.320*
“ From 1 July 2010, support for allied health workers, such as occupational therapists and social workers, will transfer from the *Better Access* initiative to the new ATAPS service stream. The new arrangements will provide a more flexible funding pool for care packages, and increase the role of allied health workers in the provision of new care packages for people with severe mental illness. “
[http://www.health.gov.au/internet/budget/publishing_nsf/Content/2010-11_Health_PBS_sup2/\\$File/Department%20of%20Health%20and%20Ageing%20PBS.pdf](http://www.health.gov.au/internet/budget/publishing_nsf/Content/2010-11_Health_PBS_sup2/$File/Department%20of%20Health%20and%20Ageing%20PBS.pdf)
- (4) *Better Access* was introduced in 2006 as part of the COAG endorsed National Action Plan on Mental Health
- (5) p. 73 Op cit PIR
- (6) p. 13 Op cit PIR
- (7) *Press Release May 19, 2010. Health Minister Nicola Roxon*
“...To ensure that future the *Better Access* reforms are informed by the evaluation, and the detailed design of care packages can be developed in consultation with professional groups, the Government will defer the introduction of the care packages and any associated changes to fee-for-service Medicare arrangements until 1 April 2011. Until then, current arrangements will remain in place. The revised implementation strategy will be cost neutral over the forward estimate..”
<http://www.alp.org.au/news/role-social-workers-and-occupational-therapists-providing-coordinated-mental-health-care>
- (8) p. 73 Op cit PIR
- (9) p. 21 Op cit PIR
- (10) Access to Allied Psychological Services (ATAPS)

ARTICLES

headspace concern over exclusion of key workers from mental health care

Changes to the mental health Medicare rebates that will exclude social workers and occupational therapists will deal a blow to national youth mental health foundation **headspace**.

Social Workers and Occupational Therapists provide an important role within the **headspace** model which at its core has a multidisciplinary team delivering quality, individualised, mental health care for young Australians.

The CEO of **headspace**, Chris Tanti said: “The government's decision to remove Medicare rebates for clients accessing mental health services provided by social workers and occupational therapists will ultimately impact on vulnerable young people and their families particularly those in rural, regional and remote communities.

“This decision will no doubt result in increased waiting lists, meaning young people at-risk may not be able to access timely and affordable mental health care. Early intervention in the lives of young people with mental health problems is crucial, and restricting access to health professionals makes it harder for young people to access treatment. We are anticipating that this Budget decision will have the

biggest impact on the capacity of rural and remote **headspace** Centres where the workforce is already stretched.”

headspace was one of the primary beneficiaries of the mental health funding in the federal Budget, receiving \$78.8 million for new youth services including 30 new youth-friendly mental health services and the existing 30 **headspace** sites.

“The **headspace** model is effective because we offer young people a range of health and mental health services, delivered by medical and allied health professionals, including Social Workers and Occupational Therapists. We believe the Government’s investment in **headspace** may be undermined by these changes,” Mr Tanti said.

Research indicates that effectively trained social workers and occupational therapists are providing good outcomes when working with people who show early signs of mental illness. They use focused psychological strategies, complemented by an understanding of a person’s social environment, which becomes important when dealing with mental illness.

Mr Tanti said, “Building the capacity of allied health workers, including Social Workers and Occupational Therapists, ensures the long term sustainability of our 30 centres and the delivery of effective and efficient care to those who need it the most, when they need it.”

headspace has 30 centres in both regional and metropolitan Australia that offer health advice, support and information for young people. A **headspace** centre is youth friendly, a place where young people can seek help and a confidential low cost or free service.

Social workers fear for mentally ill clients

*KATE HAGAN
May 19, 2010*

SOCIAL workers are outraged at a federal government decision to cease Medicare payments for mentally ill people who see them, claiming it will prevent vulnerable clients from accessing care.

The decision, announced in last week’s budget, will affect mainly low-income people who can’t afford to see psychologists.

Under sweeping changes announced by the Howard government in 2006, people with mental illnesses could for the first time receive payments from Medicare for seeing psychologists and social workers.

But more than 1100 social workers who were accredited under the program will be excluded from July. The social workers provided 121,540 sessions in 2008-09 at a cost of \$9 million.

The government says it is redirecting funding to GP networks to co-ordinate care for people with severe mental illness.

But social workers have been left reeling by the cancellation of what they say is a successful early-intervention program set up to ease pressure on the mental health system.

Peter Keil in 2007 set up the only bulk billing counselling practice in Bendigo and with two colleagues now provides about 150 sessions for 80 clients each month.

His clients, who see him for an average of six sessions, have conditions including anxiety, depression, post-traumatic stress disorder, and anger management problems linked to substance abuse.

Mr Keil, who has 20 years’ experience as a social worker, said the Better Access program was designed for people who couldn’t normally afford mental health interventions and there was “no evidence that need has dissipated”.

He said the only other option for his clients would be to see a psychologist, paying \$100 to \$160 a session before claiming some of the money back from Medicare, usually leaving them anywhere from \$20 to \$60 out of pocket.

"People struggle to put petrol in the car to come and see me. If I were to ask them for \$20 a time they just wouldn't come," he said.

Mr Keil said social workers at his practice were able to see clients within about a week - but the waiting list for publicly funded counselling in Bendigo was about eight weeks, which would only worsen once Medicare rebates were cancelled for his service.

"Shifting to the GP sector simply means that people who have major and highly disabling mental health problems will be able to go to the GP and get some help," Mr Keil said.

"But that's the whole point. What happened to preventative mental health?"

St Kilda social worker Danielle Elisha, who works with a GP in a small medical clinic, said: "I can't think of a client who doesn't also have a social issue like drug and alcohol addiction, homelessness, financial problems or domestic violence."

"There's no one out there to deal with these issues, as well as the mental illness."

Health Minister Nicola Roxon said redirecting funding to provide care for people with severe mental illness would "deliver co-ordinated mental health care to those most in need in our community, rather than treatment on an ad hoc basis.

"The services social workers provide to the community are valued.

"This measure is about using and funding those services in a different way."

(The Age)