Community Affairs Committee (SEN)

Mental Health Funding in Australia

I am a 'generalist' psychologist in private practice in Brisbane. I run a practice from my home and that situation allows me more economic freedom in decision making than others who have more overheads than I. I bulk bill a large percentage of clients, these are all individuals who would not be able to access my services for more than 1 or 2 sessions (or not at all) if I charged them a full fee. Most of my clients experience very good outcomes but in order to achieve this within the limited model of Better Access to Mental Health I often find myself running sessions in excess of 2 hours, on occasion much longer indeed. This is my own choice and economically I can operate like this because of low overheads and because I have no debt. With the aforementioned as a caveat I would like to offer some suggestions.

(b)(iv)

Due to the above, I would estimate that I see around 70% of my clients in excess of 12 hours contact within any calendar year. All of these individuals have strong unhelpful skill-sets that cause them significant problems in their lives. A strongly dominant skill set has usually been laid down over years of practice and it does take time, commitment and practice to develop a more helpful skill set to the extent that it may predominate over others. I would rather operate so that my clients do not have to return to my services at all or perhaps once or once a year for a 'tune up' after we have finished our initial block of consultations. With all clients, who 'stay the distance' I have been able to achieve this with only one exception. It is indeed a privilege for both myself and my clients to be able to operate under this model and this has been made possible by the Better Access to Mental

Health (BATMH) initiative. I am most grateful. I have no doubts that my client base will certainly experience difficulty if the allowable sessions are decreased from 18 to 10 in a calendar year. I cannot see how such a hole could be filled by an ATAPS model. You will appreciate the somewhat unusual nature of my operating model, however I hope it does suggest that to be truly effective with human beings in change it does require time. I have listened to opinions that the BATMH initiative is to provide short targeted sessions of evidence based therapy such as CBT to individuals who can then move on with life and that other more moderate/severe/chronic issues are not the focus of BATMH. I would be inclined to disagree in at least two areas. Firstly individuals who have only 'mild' issues are a small percentage of clients I have encountered. Most have strongly learned unhelpful skill sets and to be really effective in dealing with these requires, for the majority of my clients, more than 12 hours of contact. So I do not entirely agree with short targeted sessions of CBT as an enduring 'cure'. Realistically, for most individuals, it takes more time to be truly effective. Secondly why would we wish to exclude severe and or chronic conditions from the very personalised and experienced care that can be provided by psychologists in private practice? Why must they be shuffled off to a service delivery model where they must compete with overall organisation funding issues and the outcomes that these requirements place upon the quality of care they will receive?

I do strongly recommend that the decision to reduce the available sessions from 18 to 10 within a calendar year be reversed. I know that a majority of my client base will suffer otherwise.

(e)(i)

I'm not sure that this is a question that needs to be included in this enquiry at all. I suspect that it needs a forum of it's own and at a later date after we have dealt with the most important issue, 'the needs of clients'.

However for what it's worth I would like to make the following observations.

All of the better studies I have encountered have revealed no or little correlation between how much an individual is paid, job satisfaction and individual effectiveness.

If a persons needs are met then the amount they are paid beyond that point does not result in productivity or effectiveness increases.

People who are 'happy in their work' generally produce the best outcomes for both themselves and others.

Due to the immediately above I imagine those points were not factored into the decision making process regarding the establishment of a two tiered Medicare rebate system for psychologists. So there must be other reasoning involved.

I would like to suggest that the reasoning be revealed, at least I have not personally seen it, and how it was decided exactly what the difference between the two tiers would be. What formula etc was applied? The entire profession would then at least have some valid information to begin with regarding this question.

I would also like to suggest that the question be considered in a different forum, divorced from the other important considerations of this current committee. I believe it was an error in judgement to include it here. Most organisational consultants would suggest to remove pay from the performance appraisal process. To do otherwise introduces a whole host of factors which are not valid within the context being considered. The context here is surely the outcomes for individuals in our society with mental health issues. I see this as a priority and the two tiered rebate system as running a very distant last. Hopefully the committee can deal with it at a later date and tackle the most important points first.

(a)(i)

Forgive me for including this point down here - it is out of alphabetical order but not semantic order.

I think we really need to apply some basic common sense and respect the rights and abilities of individuals in considering this question. I have clients, probably all psychologists in private practice do, who use their private health insurance to access my services. Some of these individuals have multi-layered and deep seated issues, some have symptoms that satisfy known personality disorders or known mental health conditions. Some are quite severe in their presentation and how the symptoms affect their everyday living. Not one of these individuals needed a Doctors (GP) consultation or opinion involved in their decision making process to seek my services.

I decided to register to provide services under Medicare in 2007. Since then I have seen a large number of individuals under GP Mental Health Treatment Plans. I have yet to encounter one person from this group who actually needed to see their GP before seeking my services.

I believe that almost all individuals are capable of making their own decisions regarding whether or not they want/need to see a psychologist or a GP, a naturopath, an acupuncturist etc. All of my clients discuss medical issues with me, not to seek opinion or have it offered, but as part of the process so that a complete overall picture is obtained. So I am aware of 'medical' factors affecting my clients. If I do suspect an individual needs a medical opinion then I always make that suggestion. To date I have found it necessary to refer 2 clients to Psychiatrists and that is the extent of it.

So, all in all, I think that adequate risk management already exists within the system as it currently operates.

Also, and a little surprisingly to me, I have discovered that the majority of GP's with whom I have relationships agree with me about GP Mental Health Care Plans - they really do not have the time or the resources to manage individuals' mental health, nor do they have the expertise and skill set of psychologists.

An odd corollary of the above situation regarding GP Mental Health Treatment Plans is that a lot of individuals did go to see their GP when in fact they needed to see myself.

All of the above suggests to me that we take a good look at perhaps allowing individuals in our society to make their own decisions regarding their mental health requirements. We could even consider allowing them to decide, yes they would like to see a psychologist and then ring and make an appointment which is subsidised by Medicare – that is, we could allow them the same conditions that individuals who use their private health insurance already enjoy.

For your consideration

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