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Submission to the Senate Community Affairs Reference Committee inquiry into  
Commonwealth Funding and Administration of Mental Health Services

Dear committee members,

I want to express my concern about the proposed budget changes relating to mental health including the proposed reduction of the number of Medicare supported treatment sessions under the Better Access scheme and a threat to two-tiered Medicare rebate system to psychologists.

I am a Senior Clinical Psychologist with South East Sydney Area Health Service and also have private practice in which I see clients with mostly moderate to severe mental health problems. I have over 20 years experience in state run mental health services and I can see the serious gaps in the treatments provided by the government sector. In reality it is mostly medication that is on standard offer there. Many referrals are sent away because they are considered “not serious enough”, but in fact are very seriously impaired people for whom there is no effective medication treatment or who require a combination of medication and psychological intervention.

The Better Access to Mental Health initiative has been the most successful strategy to emerge in Australia in response to these needs. The uptake of the service speaks for itself. This initiative allowed me to begin private practice as most clients I am working with are in considerable financial difficulties due to poor mental health and would need Medicare support in seeking psychological treatment.

In my private practice I utilise the experience I have accumulated over the years in public sector where I am working with clients who are severely disabled by their mental illness and by psychosocial disadvantage. My skills prepare me well for working with clients who are not accepted to the public sector but require serious, carefully crafted psychological treatment. I receive referrals from psychiatrists and GPs who are aware of my skills and who select more difficult to engage into treatment and to treat clients to me. I am very mindful of the need for coordinated care for my clients.

I am very concerned about the proposed reduction in Medicare supported sessions from 18 to 10, as it will adversely affect the group of client I am working with.

In preparation for this letter I performed statistical analysis of my own private practice for the last twenty-four months. To my surprise I realised that 58% of my clients saw me between one and six times. When I looked closely at the clients in this category I realised that it is a group of people who fall into following categories:

- a) had mild mental health problems, received short-term treatment and were discharged;
- b) had started treatment recently and will probably require more than six sessions in future as treatment unfolds;
- c) had moderate to serious disorders but did not engage in treatment in a meaningful way.

Further analysis revealed that the amount of sessions I have provided to clients who attended one to six sessions is only 19% of the total amount of sessions I have provided.

17% of my clients attended between 7 and 12 sessions. This group of my clients varied in their clinical improvements. Majority have completed treatment, some are still in psychological treatment and will stay longer than 12 sessions and a small proportion stopped psychological therapy due so some technical reasons, e.g moving interstate etc. Out of total amount of sessions I have provided in the last 24 months this group received 18%.

25% of my clients received more than 12 sessions and this group took 62% of sessions I have provided. This group includes the moderate to severe mental health presentations, including co-morbid problems and personality disorders. Though this group of clients is relatively small, it constitutes the bulk of my work.

The summary is presented in table below.

Table 1. July 2009 to June 2011 percentage of clients and sessions provided.

	1-6 sessions	7 -12 sessions	13 and over	Total
% Clients	58%	17%	25%	100%
% Sessions	19%	19%	62%	100%

These results show that the clients who attended my clinic and who can be classified as moderate to severe in their level of psychopathology required well more than 12 sessions and sometimes more than 18 sessions to produce meaningful improvement in their mental state. The reduction of Medicare supported sessions to 6 + 4 as it is currently proposed will lead to significant financial difficulties to majority of clients who are able to engage in meaningful therapeutic process or will lead to premature termination of treatment, which can be very dangerous to some clients, e.g. increased risk of suicide, psychiatric admissions, decreased quality of life and decreased participation in the workforce.

The threat to the two-tier Medicare rebate for psychologists has not been announced in proposed budget 2011-12 but was accepted into the terms of references for this committee under pressure put by a group called AAPi. This group was organised in the recent months and only around one issue - Medicare rebates for psychologists.

For many years Psychologists and Clinical Psychologists were working alongside each other without any animosity and with mutual respect for each other's skills. The NSW Health Psychologists' Award reflected the difference in training of each

profession. There was never any controversy about the remuneration for each group. The remuneration reflected the level of training and professional skills required to enter each level of the professional practice.

It is well known fact that Clinical Psychology is the only profession, apart from Psychiatry, whose entire postgraduate training is specifically in the field of psychopathology and mental health across the life span. It includes advanced assessment (including complicated cases and co-morbidity), diagnosis, case formulation, psychological therapies, evaluation and research. Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in the provision of psychological therapies. This is reflected internationally and nationally by Psychology Registration Board in form of endorsement and the peak professional body – the Australian Psychological Society. Recognising this specialisation helps the public to feel secure in knowing what they are getting in terms of the level of training their treatment providers have received.

#### Summary

The two tier Medicare rebate system should be maintained and Clinical Psychologists should be recognised as having unique skills and providing specialised services for patients with range of mental health presentations including complex and severe across the life span.

It needs to be recognised that Clinical Psychologists have sufficient expertise to assess the need for treatment and provide an appropriate evidence-based therapy for a range of conditions. Mild conditions will be treated within 6 or 10 sessions, however the proportion of total number of clients, who present with complex mental health conditions require 18 or even more sessions.

It is my firm opinion that this will produce the best outcome for consumers.