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Senate Standing Committees on Community Affairs
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**Submission from the Australian Council on Healthcare Standards (ACHS):
Inquiry into Commonwealth Funding and Administration of Mental Health Services**

I am a 'generalist' psychologist (ie. not a clinical psychologist) in private practice in a regional centre and I am proud to be so. I am dedicated to providing clients with timely and effective assistance to improve the quality of their lives.

Session limits:

When the Better Access initiative was introduced the mental health of Australians was clearly a concern to the then Government. As has been documented by the Australian Psychological Society, during the first three years of this initiative 2,016,495 individuals were provided psychological services with 262,144 of these individual's requiring more than 10 sessions. If the current plan to reduce session limits to 6 with a maximum of 10 (as opposed to the current maximum of 18) is applied, that will clearly cause a huge disadvantage to a significant number of individual's. The result will be highly detrimental to the mental health of Australian's and the improvements in this area since the inception of the initiative shall be dramatically eroded.

I believe it is a backwards step cutting the current number of sessions, if anything an increase is necessary for more complicated or chronic cases. I personally have found that some clients have long standing conditions due to their inability to access psychological support prior to the Better Access Initiative. I have found that often clients with severe symptoms or chronic conditions have many layers in their presentation and while the first 8 -10 sessions may be dealing with the most immediate, debilitating or intense symptoms after these subside further issues/symptoms arise. Other client's may require at least 4 – 6 sessions before they feel able to disclose past trauma for example due to the shame they feel (particularly with child sexual assault).

I operate using evidence based focused psychological strategies and I prefer to see clients weekly, when possible, for their first 4 to 6 sessions as I find this is the most effective and efficient means of gathering their 'story', formulating a treatment plan and providing them with the necessary skills or education to start improving their situation. If that is essentially all I am able to provide clients with due to the session reduction I believe I will be doing them a huge disservice and would feel like essentially I am applying a generic band aid which life will rip off at the first opportunity. Evidence based practices do not work within a six session protocol. What this proposal seems to want mental health practitioners to do is essentially give clients a 'box of tools' which they are to go and apply as they see fit with no support or individualisation. This is a disaster in the making!

For many clients 6 to 12 sessions is sufficient to result in symptom reduction and improved mood and reengagement in a meaningful and satisfying life. I have found that overall those clients who initially present with mild to moderate symptoms are able to successfully leave therapy with no or minimal symptoms while those who presented with severe symptoms are able to reach a point where they are experiencing moderate, mild or no symptoms. These results seem to be sustained over time given the lack of clients re-presenting for therapy; those who do re-present tend to attend 1 to 2 sessions only essentially as a 'refresher' of the skills they had learnt. The current session limits need to be retained for these results to continue.

Two-tier system:

As shown by the Government's own evaluation of the Better Access scheme completed by the Department of Health and Aging, there are not superior outcomes for clients of clinical psychologists when compared with non-clinical psychologists.

In the last financial year I provided 481 hours of bulkbilled consultations to my clients; my practice is to bulkbill clients who are pensioners, health care card holders, low income, students or those suffering financial hardship. In addition, when these clients are no longer eligible for further sessions through Medicare, if there is an ongoing need I continue to work with them fee free. Without the Better Access Initiative these clients would not be able to be helped due to their inability to pay for the service. I would gladly bulkbill all eligible clients if it were financially possible but there is a need to charge those able to pay a small gap to meet the costs involved in running a business. With the additional administration time and the pro bono sessions etc the \$81.60 currently received through Medicare spreads rather thinly. The Australian Psychological Society currently recommends a session fee of \$218.

I am extremely disappointed in the submissions I have read to date written by clinical psychologists as their emphasis is on what they are paid rather than what is in the best interest of the client. I made a choice to work with clients and develop my expertise through ongoing training rather than continue to educate myself in theories rather than application of skills. I may not be a clinical psychologist but my skills must be adequate given the results I am able to achieve with my clients. I regard myself as a highly trained professional and I ensure that I continue to improve my skills and knowledge regularly in order to provide my clients with the most effective service. Clients are not interested in whether their practitioner is a clinical psychologist or not, they are interested in if their practitioner is able to provide them with quality service that assists them live a life that is satisfying and fulfilling. The number of clients who have recommended me to others suggests they are more than satisfied with the help they achieved from this non-clinical psychologist!

The Better Access Initiative should be commended for the success it has achieved in improving the mental health of Australian's. To change a fundamental aspect of the programme by reducing the psychological sessions available would destroy the success achieved to date. The services available in the community are inadequate in my location and to limit the choice of provider available to clients will result in them not obtaining the help. I strongly recommend that common sense prevails and the Better Access Initiative remains as it currently is at worst or at best that session numbers are actually increased so the best help available is made possible for all Australians.

Regards,
Shona Stewart MAPS