



## Senate Community Affairs Committee

### Inquiry into Commonwealth Funding and Administration of Mental Health Services

Submission by the Black Dog Institute - August 2011

#### Background

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The Black Dog Institute is a NSW based not-for-profit organisation focused on advancing research, clinical services, professional education and community awareness in mood disorders, including depression and bipolar disorder.

The Institute was launched in 2002 and is today recognised in Australia and internationally as a leading authority in the field of mood disorders. The Institute is affiliated with the Prince of Wales Hospital, Randwick and the University of New South Wales.

Building on over twenty years of research and clinical expertise in the assessment, diagnosis and management of mood disorders, the Institute aims to improve the lives of those affected, and in turn, the lives of their families and friends.

Our core business model is represented by four primary interweaving streams:

- Research
- Clinical Services
- Professional Education and Training
- Community Programs

These streams are interdependent - clinical observation shapes research hypotheses, while research findings are filtered back into clinical management. This, in turn, shapes the content of evidence-based, accredited training programs for health professionals as well as broader community-based initiatives.

#### Terms of Reference

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This submission addresses several components of the Government's funding and administration of mental health services in Australia.

#### Item 1: 2011-12 Budget changes relating to mental health

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The Institute is pleased that mental health is a priority for the Federal Government. However, we are disappointed that the recent budget inadequately addresses high prevalence mental illnesses, such as depression, bipolar disorder and anxiety. In fact, some of the changes will regress the recent

advancements in treating and managing these illnesses, including the reduction of allied health treatment sessions available for patients under the Medicare Benefits Services.

Around 20% of Australia's population experience a depression related disorder and a further 6% experience bipolar disorder. The World Health Organisation (WHO) and Australian research has demonstrated that depressive and bipolar disorders are the most disabling of all psychiatric and medical conditions due to early age of onset, chronicity and recurrence of episodes<sup>1 2</sup>. It is estimated that depression costs the Australian economy \$3.3 billion in lost productivity each year<sup>3</sup>, and a further \$1.6 billion for bipolar disorder<sup>4</sup>. These figures are conservative estimates and the cost to individuals and the community is likely to be much higher. We consider it regrettable that these illnesses have been largely ignored in the recent funding and proposed policy changes, especially as they can often be managed with appropriate treatments<sup>5</sup>.

The Institute recognises the importance in improving access to services for people with severe mental illness, such as psychosis, however, this should not occur at the expense of the higher prevalence illnesses that carry excessive disability. Providing inadequate resources to detect, treat and manage higher prevalence mental disorders is forcing unnecessary economic and social costs onto individuals and the community.

In order to achieve significant advancements to the mental health landscape in Australia, our focus needs to be redirected to strengthening the skills and efficiency of health professionals and other community providers in diagnosing and managing high prevalence disorders, such as depression, bipolar disorder and anxiety. In addition, we support increasing community awareness of these high prevalence disorders and accessibility to services for patients and carers, regardless of locality.

## **Item 2: Rationalisation of GP mental health services under the Better Access Initiative**

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The Institute recognises that the most effective way to provide access to quality mental health care to the vast majority of the Australian population is by working to strengthen the capacity of general practitioners to diagnose and manage mental health problems. GPs play a crucial role in early diagnosis, treatment planning and effective ongoing case management. They also have the potential to relieve the growing financial and social burden of misdiagnosis and inappropriate treatment.

Changes to GP remuneration to provide this care must be considered carefully, as there are risks that this sends a message to the GP community that their role in mental health care is of low priority. The Institute recommends that GPs have access to appropriate incentives to improve their

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<sup>1</sup> World Health Organisation (2008) *The Global Burden of Disease: 2004 Update*, Geneva, Switzerland.

<sup>2</sup> Australian Institute of Health and Welfare *The burden of disease and injury in Australia 2003*

<sup>3</sup> Beyond Blue *Opening our Eyes to Cost of Depression in the Workplace*  
[www.beyondblue.org.au/index.aspx?link\\_id=4.66&oid=418](http://www.beyondblue.org.au/index.aspx?link_id=4.66&oid=418)

<sup>4</sup> Access Economics; SANE Australia (2003) *Bipolar disorder: Costs: an analysis of the burden of bipolar disorder and related suicide in Australia*, Melbourne.

<sup>5</sup> National Institute of Mental Health, Office of Communications and Public Liaison  
[www.healthieryou.com/depworker.html](http://www.healthieryou.com/depworker.html)

skills to accurately detect mental health problems, provide high quality treatment planning and engage in effective collaborative care with allied health professionals.

The Better Access initiative provided a catalyst to propel the changing role of the GP in the mental health arena. We recognise that the current funding structure of this program is unsustainable. However changes should focus on providing appropriate remuneration to increase the quality and effectiveness of GP mental health care. While the Institute supports a two-tiered rebate scheme to encourage GPs to complete mental health skills training, we also recommend the following initiatives:

- Convenient access to online tools and quality education to better recognise and treat frequently occurring mental health conditions
- Timely access to professional guidance and peer support
- Increased focus on maintaining wellness in patients to prevent relapse
- Introduce screening for high risk groups, such as youth, women in the post natal period and men
- Open communication and liaison with interdisciplinary services at a local level

### **Item 3: Rationalisation of allied health treatment sessions under the Better Access Initiative**

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The Institute is extremely concerned about the proposed reduction to the maximum number of allied health treatment sessions per patient from 18 to 10 per annum. This reduction will leave insufficient time to treat and establish sustainable management strategies for moderate and severe mental health problems putting the patient at high risk of relapse.

Health professionals working with the Institute typically require 12 sessions to treat and stabilise mild to moderate illnesses, and up to 18 sessions to manage more complex cases such as bipolar disorder and co-morbid illnesses. These sessions are used to accurately diagnose, establish trust, deal with stressful life events that may occur between sessions, establish and refine treatment plans, and manage relapses.

It has been proposed that patients who require further treatment be transferred to an alternative scheme such as the Allied Psychological Services (ATAPS) Program. However, changing health professionals at this critical point is likely to impede progress as the establishment of a trusting relationship between the patient and health professional requires sufficient time to build. Therefore restarting this process with another health professional is not only time consuming but also high risk, especially for patients that are not yet stabilised.

The Institute recognises that the current funding structure of the program is unsustainable, however changes should focus on providing easy access to appropriate treatments to those in need. Financial support should be directed towards those in lower socio economic groups, however, this should not come at the cost of reducing the maximum sessions under the scheme.

#### **Item 4: Rationalisation of the two-tiered Medicare rebate system for psychologists**

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The Institute supports the current 2-tiered Medicare rebate system for psychologists. Both clinical and non-clinical psychologists have a crucial role to fill in the provision of mental health treatment to the Australian population, however, their roles and the risks they face are very different. Clinical psychologists, who hold clinical masters or doctorate degrees, are trained to provide specialist expertise in diagnosing and treating mental illnesses and in working with specific demographic groups. They are better equipped to provide accurate diagnoses and targeted case formulations for complex mental health problems. The elimination of a two-tiered system will deter the training of specialist psychologists and result in a reduction in quality of psychological services in the long-term.

#### **Item 5: Access to Allied Psychological Services (ATAPS) Program**

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The Institute supports the idea of enabling patients to access allied health professionals at low or no cost to the patient. However, the Institute strongly advises that the quality of mental health care provided by all services, including ATAPS, should be sufficiently high in order to bring sustainable change for their patients. Health professionals working within the ATAPS scheme must be provided with high quality mental health training, access to professional guidance and the ability to refer patients to specialists for complex cases.

The Institute recommends that ATAPS provide patients with sufficient choice as to which allied health professional they are referred to.

#### **Item 6: Services available for people with severe mental illness and the coordination of those services**

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The Institute supports the changes to improve the co-ordination of services to enable people with severe mental illness to live more independently and reconnect with the community. The Institute recommends that support workers within these schemes be provided with adequate quality training and access to professional support to assist them in fulfilling their role. Protocols need to be established to enable effective liaison by the support workers with treating practitioners, service providers, families and carers.

#### **Item 7: Delivery of a national mental health commission**

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The Institute supports the establishment of a national Mental Health Commission, and commends the appointment of Ms Robyn Kruk as CEO. The Institute recognises that this is a significant first step to create a more efficient and responsible mental health system for Australia.

The Institute suggests that it is the role of the commission to assess and advise changes to national mental health programs, such as the Better Access initiative. Radical changes to the Better Access initiative, such as the reduction of allied health treatment sessions and the proposed elimination of the 2-tiered Medicare rebate for psychologists, should not be made until the commission has had time to accurately assess impact and determine the most appropriate way forward.

Finally, the commission's agenda needs to include strategies to correct the current high levels of disability created by high prevalence mental illnesses, such as depression, bipolar disorder and anxiety. These illnesses are largely treatable, particularly when identified early, however they are currently inadequately recognised and treated.

## **Item 8: Impact of online services for people with a mental illness**

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The Institute supports the establishment of the online mental health portal. There are increasing numbers of electronic mental health programs available in the Australian market, including the Institute's Mood Assessment Program (MAP) and school curriculum program, HeadStrong. However, many consumers and health professionals are unaware of their existence. It is also difficult for the market to understand the suitability of these programs for their specific needs, or to assess the quality and effectiveness of these programs. The online mental health portal aims to address these issues by providing one point of access to these programs.

The Institute regards online services as a key enabler in the transformation of mental health in Australia. Online channels offer consumers confidentiality and access to mental health services and support in ways that are less threatening and more convenient. They also assist in overcoming difficulties in reaching those in isolated rural and regional communities.

The Institute recommends introducing benchmarks for usability, quality, clinical effectiveness, security, privacy and reliability to ensure that standards for mental health online services can be upheld.

### **Black Dog Institute**

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