

Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

15 July, 2011

Dear Committee Secretary,

RE: Submission to the Commonwealth Funding and Administration of Mental Health Services

I am a Clinical Psychologist who works both full-time in the Public Mental Health system and part-time in private practice. I am writing to address a number of points of the terms of reference for the inquiry of the Government's funding and administration of mental health services in Australia.

The Government's 2011-12 Budget changes relating to mental health;

It seems there is a case of robbing Peter to pay Paul, in terms of some areas of mental health (e.g., Headspace) are earmarked to be financially boosted at the expense of well functioning programs such as Better Access. Headspace is a good idea and might well prove to be beneficial but why detract from a program that has demonstrated evidence of efficacy?

The Changes to the Better Access Initiative, including:

- (i) *The rationalisation of general practitioner (GP) mental health services:*
- (ii) *The rationalisation of allied health treatment sessions,*
- (iii) *The impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GP's, and*
- (iv) *The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule*

I think there is scope to amend the process of how a General Practitioner refers a patient to a Psychologist for treatment. It is my opinion that Clinical Psychologists are the best trained health providers to make a mental health diagnosis and formulate a Mental Health Care Plan.

Having a Clinical Psychologist conduct the mental health assessment, make a diagnosis, and formulate a treatment plan is likely to be more cost effective than having a GP perform such functions. Although, it is crucial that GP's remain part of the mental health care plan as they are often the first port of call for people experiencing issues, they can rule out any physical health factors that could be accounting for the mental health condition, they can have the ability to prescribe adjunct medications such as antidepressants, and they are able to refer to private psychiatrists and other specialist services.

To reduce the number of allied health individual treatment sessions from 18 sessions to a maximum of 10 sessions is not an evidence based decision. Cognitive Behaviour Therapy (CBT), perhaps the most evidence based therapy, aims to be a time limited therapy but even with the most straightforward of clients usually requires more than 10 sessions. If clients cannot afford psychotherapy sessions then they might remain unwell for longer periods, they might rely more on medication that they could have perhaps avoided, their level of functioning could become more diminished, they could end up seeking treatment in the public hospital system and being referred to the public mental health system which is not resourced enough to assist them which ends up wasting the time of the patient and the staff.

Mental Health Workforce Issues

(i) The two-tiered Medicare rebate system for psychologists

Having first been trained as a generalist psychologist via the 4 + 2 registration pathway and then a few years later completing a Masters in Clinical Psychology I certainly noticed how my knowledge and skills deepened as a result from completing the higher degree. As a generalist Psychologist I felt competent to deliver therapeutic counselling to a variety of clients with relatively uncomplicated presentations. However, in the private sphere many clients have complex presentations, other than serious mental illness, such as co-morbid substance use issues, obsessive-compulsive disorder, post-traumatic stress disorder, etc., that I would not have felt competent in treating if I did not have the training I completed in the Masters course.

In Psychology, as with most professions, there are more advanced practitioners who have recognised specific skills and have undergone more extensive training to obtain such skills. It is therefore reasonable to expect that such specialised clinicians be remunerated at a level commensurate to their level of knowledge and skills.

If I was not able to have my advanced skills recognised by the Medicare rebate system then I doubt that I would bother working in the private sector. I certainly would not choose to take referrals for complex clients, many of whom don't get a service in the public system, as the intensity of the work involved would not be commensurate with the recompense offered by the generalist Medicare rebate rate. I suspect this would be a common attitude by many other Clinical Psychologists. The effect of many Clinical Psychologists not offering service in the private sector would disadvantage many people who require the skills only offered by

Clinical Psychologists and, as a whole, many people would not get adequate treatment and consequently the level of mental illness in our society would increase.

I strongly urge the Committee to:

- recommend keeping the two-tiered Medicare rebate for Psychologists
- recommend against a reduction of treatment sessions and in fact recommend an increase in the number of sessions
- recommend a review of how Clinical Psychologists could be better utilised in assessing clients, making diagnoses, and formulating Mental Health Care Plans
- recommend supporting the Better Access initiative as it is a broad based initiative that has demonstrated efficacy and is likely to have already decreased Australia's mental health burden
- view early intervention programs such as EPPIC and specific programs like ATAPS as being entirely separate to Better Access as their focus is quite different. Better Access does not focus on the 'low prevalence' disorders and enables treatment for 'high prevalence' disorders that are not usually catered for in public mental health services

Kind Regards,

Nigel Alexander MAPS

Psychologist