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3rd of August, 2011

To Whom It May Concern,

I thank you for the opportunity to contribute my views to the current debate about the provision of mental health services in our country. I feel the issue to remain focused on in this debate is the provision of high quality mental health treatment in our country.

I have been a practicing Clinical Psychologist for 13 years since completing a Clinical Masters degree. I am a member of the APS and College of Clinical Psychologists. I have worked in public psychiatry for 7 years working with youth with significant and serious psychopathology. In recent years, I have brought my training and experience into private practice and now offer treatment to people with significant difficulties.

I would firstly like to note that, in my view, **it is erroneous to assume that most referrals made to private practitioners are people with mild to moderate mental health problems.** The incidence of moderate to severe mental health disorders in the community remains surprising to me in private practice. I would rate that at least 50% of referrals made to me from a broad range of sources have 2 or more diagnosable disorders that reduce their daily functioning significantly, many being lifelong disorders and up to 30% of my clients present with at least several traits of a personality disorder if not a full diagnosis. I have several clients at any one time who have risk of self-harm or suicide as a prevailing issue. My first point therefore is the incidence of moderate to severe mental health issues in the population is significant. As such, 50% of my current clients would not meet the category of mild to moderate difficulties but would meet criteria of moderate to severe. It appears there is a view that private practicing psychologists treat clients with mild to moderate difficulties. As this is not the case, if private practice becomes restricted to mild to moderate disorders, as is a suggested pathway, I believe there will be a significant increase in moderate to severe presentations to public health services that are already overflowing. Upon discussion with my local Division of GP's, I am uncertain about ATAPS as a viable alternative pathway. I remain concerned that due to an overwhelming demand and undersupply of services, we may see a significant increase in the incidence of tragic outcomes related to untreated mental health difficulties.

My second point is that **funding private practice is perhaps a cost effective means of treating mental health difficulties**. I would like to share the realities of the work involved in providing adequate treatment for complex clients in a public or private setting. I would suggest that for each hour of face to face client contact, there is at least

one hour of associated work. This includes GP reports, case notes and case formulation, after hours client support, speaking to family, support services, psychiatrists, GP's etc., managing referrals, waiting lists and supervision. Associated are tasks of running a business including administration, bookkeeping, filing etc. I provide many unpaid hours of support to clients, new referrals and their families at no charge. Thus, in reality, psychologists receiving say a Medicare rebate of $120 per hour are really working for at most, $60 per hour. This is further reduced after taking out overheads, sick leave, holiday leave and superannuation. I charge a small gap only to maintain affordability for clients. Thus, we provide a significant mental health service to the community at a reasonable cost. If Medicare rebates are lowered, I am unsure if I would be able to continue to provide the services for more complex clients that I do. I do not see increasing the gap charged to clients as a solution as many of my clients would not be able to afford it. This could result in many psychologists ceasing to practice privately. Again, this would raise the demand for more public services and associated costs. I would consider that maintaining psychologists in private practice is a reasonably cost effective way to treat mental health in our country. We absorb our own overheads! Surely all psychologists deserve to be adequately remunerated for the work we do.

My third point is that **clients deserve adequate treatment.** An adequate outcome can rarely be achieved in anyone with a moderate or severe difficulty in 10 sessions. If Medicare funded sessions are reduced to 10 per annum, my concern is I will be discharging clients from my practice who remain at risk, continue to have a diagnosable disorder and are likely to re-present to me or elsewhere following discharge or at a later time. I do not view this as cost effective. I imagine I will continue to treat the same clients repeatedly. Most of my clients have no diagnosis upon ceasing treatment. That is, their prognosis is improved and likelihood of relapse reduced. I can only imagine that treating disorders to their cessation is cost effective. Evidence shows that psychological intervention reduces relapse rates.

Several weeks ago, I was referred a young girl who had recently made a suicide attempt. No one knew. She had continued to think about it most of the day, every day since her attempt. I was so glad I was available and easy to access and that someone caught her in time. Only last week I was saddened to hear of a young professional who successfully suicided. I hope we all continue to move forward in mental health as we have appeared to do in recent years with the advent of Medicare funding.

Thank you for your time.

Yours Sincerely,

Helen Nistico