

Robyn Lingard

therapy & consultancy

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Regarding Changes to the Better Access Initiative

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

Introduction

I am a mental health social worker,
member of Australian Association of Social Workers,
member of Psychotherapist & Counsellor Federation of Australia,
in my final year of a clinical masters in Counselling

Better Access has enabled me to be in private practice in the North-eastern suburbs of Adelaide for approx. 18 months.

I have 20 clients at present but have worked with approx. 40 clients during this time.

Almost all my clients have demonstrated significant healing through accessing multiple sessions, often weekly or fortnightly initially but then stretching out the gap between sessions as they report increased well-being.

With cuts to sessions and low Medicare rebate for mental health social workers, it will become increasingly difficult – possibly – too difficult for me to continue in private practice; I will either need to relocate toward a more affluent suburb closer to the City or return to work within the public system.

My contact details:

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b. changes to the Better Access Initiative:

(i) the rationalisation of general practitioner (GP) mental health services:

- Be careful of placing obstacles or lack of financial incentives in front of GPs
- Clients are dependent upon the support of their GP to gain their referral to allied health professions, such as mental health social worker, occupational therapists and psychologists
- Almost always my clients have received support from their GP
- Out of approx. 40 clients during the past 1 ½ years, only on 2 occasions has a GP been reluctant to refer my client to me under Better Access and each time this was a negative experience that placed another hurdle in front of my client in gaining access to my service:

* occasion 1: client only came for one session and has not returned for their therapy despite being in need

* occasion 2: client rang me distressed after gp tried to “counsel” client herself but client felt gp was judgemental, did not understand, and unhelpful.

- All other gps have been very supportive which gives clients reassurance;
- if funds are cut to gps, clients will sense this impatience from their gps and this will negatively impact clients willingness to seek Medicare which will decrease their ability to access therapy due to insufficient finances

(ii) (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;

12 sessions/ year with option of a further 6 provides clients with the minimum treatment possible.

Reducing sessions to 10/year is inadequate since:-

- most clients require a few sessions to trust their therapist
- It is not uncommon for a client to initially want to try therapy and only use medication as a last resort. When a client is initially reluctant to take medication to manage their anxiety and depression, several sessions are required for client to feel they have sufficiently given therapy a try without medication, and only then may be willing to go on medication. Medication will take approx. 3 weeks to commence working – hence those clients who prefer to only use medication as a last resort will frequently use up 6 sessions of therapy before the benefits of medication starts to be felt. Then they are able to start to apply the therapeutic interventions more effectively, which is doable when they know they have a further 6 to 12 sessions available to them in this time.

However under this new scheme, people may feel pressured to start medication too quickly since they know their sessions are limited because they can't afford to pay for sessions without Medicare.

- clients may experience set-backs which is common as unforeseen events occur, such as the sudden death of a family member, increased stress due to workforce budget cuts, imprisonment of a parent, diagnosis of terminal illness
- having the 18 sessions has given my clients piece of mind knowing that they can have access to therapy to manage these new crisis
- however the cuts will mean these people will not have therapy at a time when they especially need it to stabilize existing gains and to manage new challenges.
- All clients are reporting feeling more rushed at having to “get better”

because of 10 as opposed to 12 or 18 sessions. Instead of our Medicare system aiding these clients, under the new changes, the system is giving unrealistic expectations which will add to their stress and trauma. There is no empirical evidence supporting 10 sessions are the number of sessions required to improve and maintain psychological healing. In fact data from the APA indicates approx. 18 are needed for an “average” mental health issue.

See comment from one of my clients:

I am a public patient seeing private professionals in Adelaide for management of my mental health. Before seeking support from a clinical social worker I had an admission to hospital. The hospital arranged post admission care which was initially helpful but then inadequate. I had an option of being managed long term by government mental health services, however after one appointment with a clinical social worker I found it to be a lot more supportive. Without 12 sessions and the possibility of extending my sessions to 18, I feel that I will not be able to fund my own health care and therefore will be at risk of a relapse. A lot of funding is being driven into early intervention and although it is important for chronic conditions it is not clear that it is more beneficial than sustaining patient care in the long term. I need these appointments and it is helpful for me as I am able to empower myself in my own recovery and not be heavily reliant on government services. *from SA*

C. the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program:

ATAPS has been mostly unhelpful for Mental Health Social Workers with gps refusing to refer to us under this program. Furthermore ATAPS has been for clients with Tier 3 mental health issues whereas Better Access is early intervention aimed at clients with Tier 1 & 2 issues. These people are highly responsive to therapy. Better Access has been the initiative that enables mental health social workers to be in private practice and enable clients to have access to early intervention professional and affordable therapy.

e. (iii) workforce shortages

Increasing the rebate for Mental Health Social Workers in line with registered psychologists would increase further numbers taking up private practice which would decrease workforce shortages.

There presently is a significant difference between rebate for Mental Health Social Workers and Psychologists (clinical and registered)

- \$71.95 gap for social workers

- There is NO evidence re different levels of effectiveness compared results from social workers to psychologists and therefore no reason that justifies this inequality in rebate.
- On the contrary, approx 2/3 of social workers will bulk bill clients (I bulk bill my clients who are on pensions or unemployed) which means clients who need help will come instead of being blocked from this effective service due to lack of finances. My gap is only \$28/session for other clients which allows everyone to have access to this service.
- All Mental Health Social Workers have either additional post graduate qualifications and/or significant experience in the mental health field before entering private practice.
- I have almost completed my masters of Clinical Counselling in addition to my 4 year Bachelor of Social Work.
- I completed 450 hours of supervised counselling under a psychologists and other qualified therapists.
- Previously I had worked as a school social worker and youth worker at the Universities of Queensland and Sydney.
- Mental Health Social Workers are trained in Cognitive Behavioural Therapy's Focused Psychological Strategies plus additional therapeutic interventions to assist interpersonal therapy.