

PSYCHOLOGISTS ASSOCIATION - SUBMISSION TO SENATE INQUIRY INTO ADMINISTRATION OF MENTAL HEALTH SERVICES

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1 Prioritise interventions that are supported by evidence

Psychology is a science that respects decisions that are based on evidence.

Better Access programme

We believe that planning for the Better Access scheme was based on evidence given in the Tolkein Report that recommended a 3-step approach for treating people with depression and other mental illness, progressing from less- to more-expensive interventions.

The three steps are:

1. assessment by a GP who provides education and initial therapy
2. referral to a single skilled therapist, and medication as required
3. admission to hospital, or provision of ongoing practical disability support if required.

The Tolkein report identifies **three levels of difficulty** of mental illness, and recommends the number of therapy sessions for each level as:

- 10 sessions for people with *mild* difficulty
- 16 sessions for people with *moderate* difficulty
- 26 sessions for people with *severe* difficulty

More recent studies confirm that about 20 sessions are required for effective treatment of complex mental health conditions (Harnett et al., 2010).

The Better Access programme was evaluated for DoHA by the Centre for Health Policy of Melbourne University (Pirkis, 2011). The main findings of that evaluation were that the Better Access programme worked well as:

- it reached *all population* groups in cities, including groups who have traditionally been overlooked as their condition was not severe enough to be eligible for state services
- access for all groups *increased with time*, with the biggest increases occurring in groups that have previously been most disadvantaged

- 80% of clients had *moderate or severe* symptoms with high levels of distress, and 25% had 'days out of role' in the previous month
- the *greatest gains* from therapy occurred with people whose symptoms were most severe in the beginning
- 45% of clients had a high level of *disability*
- following treatment, symptoms were commonly reduced to *normal or mild* levels
- about 13% of clients required *intensive therapy* or additional sessions above the standard allocation of 12 sessions provided by Medicare
- most services each year went to *new clients* so the programme filled an unmet need
- about 50% of clients had *chronic conditions* and required therapy that continued into a second year, when therapy was provided within the standard allocation
- only 3% of clients were *not helped* by therapy.

The evaluation concluded that the Better Access programme was cost-effective.

Recent change

The government has now decided to reduce the number of therapy sessions available under the Better Access programme by 45% (from 18 to 10). Removing the allowance for extra therapy sessions has a marked effect on people with complex conditions.

People with complex conditions will no longer be helped by a single therapist funded through Better Access, but must be referred for a more expensive team-care provided by the ATAPS programme.

DoHA states that after 2011 people with complex needs will be able to access up to 18 sessions of therapy by a psychologist *only* if they are referred to the ATAPS scheme where their case will be managed by a coordinator. The coordinator can offer a range of services and takes over decision-making for the client, dis-empowering clients from making their own decisions about their mental health care.

DoHA's submission to the Senate Inquiry states:

- the Better Access programme could be more targeted
- clients who see a psychiatrist are allocated 50 sessions per year compared to 10 for psychologists, where each session with a psychiatrist costs more
- the number of people on the Disability Support Pension due to mental health conditions is increasing

The new ATAPS system proposed for people with complex conditions has complications as:

- GPs are asked to refer people to one of two competing programmes depending on level of complexity
- Some clients will be asked to transfer to a new therapist midway through treatment
- Therapists will be reluctant to start treatment for a complex client if they know they cannot complete a treatment package
- Parents whose children have behavioural disorders are not catered for, leading to anxiety and depression in these parents

Many people with complex needs live in rural or in disadvantaged areas. Instead of these people being helped by the Better Access programme, they will be denied a service that has worked in the cities.

A more sensible approach is for GPs to refer clients with complex needs to a skilled psychologist who is able to manage all of the issues raised in the case.

We ask for four changes to the Better Access scheme:

- Continuation of *intensive therapy for one year* under Better Access by allowing for 20 sessions provided by a skilled therapist
- An item to allow therapists to provide *family-based intervention* when the primary client is a child, or is an adult with severe disability who is supported by a carer. This item is provided for psychiatrists.
- Access to *teleconferencing facilities* to allow therapists to support rural people, as occurs with medical practitioners
- Access to items to support rural work, such as the MSOT programme.

We also ask that service development be based on objective evaluations of programmes.

ATAPS programme

The government's second funded programme ATAPS has also been evaluated by independent bodies. The University of Melbourne's Centre for Health Policy Programs and Economics has evaluated ATAPS many times since 2001.

I quote from a comprehensive review of ATAPS by the Australian National Audit Office (ANAO) in 2010:

- “the administrative arrangements established by DoHA have not consistently supported the achievement of program objectives” page 15
- “there has been variable administrative performance ... in relation to a number of important program elements including the allocation of program funding on the basis of identified need, monitoring compliance with program requirements, and the administration of new ATAPS initiatives” page 15

In 2010 DoHA published a policy that Tier 2 funding would be added to ATAPS to fund innovative services for groups whose needs had not been met through the Medicare system. However the government is now transferring funds out of Better Access even for groups that have been well supported by the universal Better Access programme.

The government is transferring funds away from a programme that is established as being effective into a second programme that was evaluated as being ineffective even for clients with simple needs. They plan to transfer clients who have more difficult needs into a programme with unproven effectiveness. This is a risky strategy. If it does not work then individuals, their families, and their workplaces will suffer.

2 Treatment of people with moderate-severe conditions

The Government’s decision to reduce the maximum number of therapy sessions under the Better Access scheme will affect 13% of people who have used the scheme. These are people with moderate and severe conditions.

Clinical psychologists are trained to treat people with moderate and severe conditions.

The conditions of depression and anxiety become more complex if there are factors such as: family breakdown, person misuses substances or has addictions, person has a personality disorder leading to self harm and suicidal thoughts, person has chronic physical health condition and pain, client is a parent whose child has behavioural problems, and is a carer of an adult with severe disability. These complicating factors are all assessed in the DSM4 using a standard Global Assessment of Functioning GAF scale.

Private therapists are able to provide therapy for people who reliably attend appointments, and who do not require home visits.

We recommend that endorsed psychologists be asked to assess level of difficulty of clients using a standard measure, and to report the result to the referring GP if they request additional sessions of therapy.

We recommend that GPs be able to refer clients with complex conditions directly to an endorsed psychologist through the universal Better Access programme where the client can receive up to 20 sessions of therapy.

Levels of severity and level of service

There is a correlation between *level of severity* of a condition and *services* required to support the person. This link between *severity of condition* and *need for services* permits an assessment of the cost-effectiveness of alternative interventions, that can be evaluated by health economists.

People with **severe conditions** require expensive hospital, or assertive home visiting, or ongoing disability support that are provided by multi-disciplinary teams operating from a single site. This high level of support is provided by state mental health services. The flexible-care packages to be added into the ATAPS scheme will duplicate and supplement state services.

People with **moderate conditions** have distinctive needs as they:

- require access to **one skilled therapist** who can treat a range of problems without needing to involve several therapists
- benefit from **intensive therapy** in one year involving about 20 sessions, and recover sufficiently and do not require intensive therapy in the second year
- continue to **function poorly for several years** if appropriate therapy is not provided, as they lack resilience
- are **at risk** of requiring more expensive hospital or residential services if appropriate therapy is not provided
- do **not** require ongoing disability support or case management or support from a large multi-disciplinary team
- are able to make their **own decisions** about mental health therapy

People with moderate mental health conditions require only a moderate level of support, but governments neglected this group before the Better Access programme was introduced.

Clients with moderate conditions are not supported by state mental health services as their problems are considered not severe enough. People with moderate conditions will be disadvantaged again if the government persists with the proposal to reduce number of therapy sessions under the Better Access scheme.

Clients with moderate conditions stand out as a group where it is **very cost-effective** to continue to provide therapy through the Better Access programme. It is difficult to understand a decision to withdraw support for this group of clients who have benefitted from the Better Access scheme.

We recommend that the commonwealth government recognise the needs of people with **moderately complex** mental health conditions, and distinguish this group from people with mild and severe conditions.

Change to Better Access scheme

There are criticisms that the Better Access scheme is *too inflexible*, and calls for the scheme to be adjusted to meet *specific needs* of some client groups. We support these calls.

Some hard-to-reach groups can be better supported through the universal Better Access scheme if **specific incentives** are introduced for targeted groups, as follows.

- **Non-English speaking** groups can be supported by making interpreter services available to therapists
- **Families with complex needs** can be supported by introducing an item for family intervention that funds contact with carers, as occurs with psychiatrists, and as recommended by the Royal Australian College of General Practitioners
- **Youth and children** can be supported through Better Access by making referrals to psychologists who are trained to work with youth
- **Rural and remote** people could be supported if psychologists had access to telemedicine and to the Medical Specialist Outreach Programme

One group practice of psychologists informs us that 16% of their referrals in 2010 involved youth aged between 15 and 25 years, showing that the Better Access program is reaching many youth.

We recommend that *specific incentives* be introduced to the Better Access scheme to promote support for hard-to-reach groups, rather than transferring people away from a single therapist into team care.

We recommend that government cease the *silo approach* of providing separate buckets of funds for selected groups of clients.

3 Practical psychosocial supports are important for people who are disabled by a severe disorder

Policy statements indicate that the ATAPS and Better Access programmes are intended to be **complementary**. However a sense of competitiveness has been introduced between the two programmes by the requirement that clients will be referred to one or other programme.

The two programmes would be *complementary* if:

- **therapy** continues to be provided through the universal Better Access program, and
- **practical psycho-social supports** and counselling are provided to people **disabled** by mental illness, through the ATAPS programme

If long term disability support is provided prematurely, there is a risk of dis-empowering people with mental illness, producing unnecessary dependence on government support. What appears to be kindly support can be dis-empowering for clients.

We recommend that the Better Access and ATAPS programmes be made *complementary* by having therapy provided to all Australians through the Better Access programme, while disability support is provided through the ATAPS programme.

We recommend that therapy is provided as a **first option**, and that ongoing disability support be provided as a **last resort**.

4 Administrative costs can be reduced

The changes proposed in the recent budget will not reduce administrative costs of either the Better Access or ATAPS schemes.

Administrative costs in the **Better Access** scheme can be reduced by:

- allow simple referrals by GPs to endorsed therapists without the complex paperwork of a mental health care plan
- have less frequent reviews by GPs for complex cases that require 20 sessions, while requiring a report from the psychologist
- allow psychologists to refer clients for group therapy
- promote bulk billing for targeted groups
- introduce a new system to audit therapists who claim additional sessions for clients with moderately complex needs, based on peer review

Administration of **ATAPS** can be reduced by:

- not having a separate register for psychologists who work for Divisions of GPs
- not providing therapy through the ATAPS scheme
- providing non-clinical services, counselling and case coordination through the ATAPS scheme for people with ongoing disability
- ensuring that expensive case coordination is not provided to people who are capable of making their own decisions about use of services

The effectiveness of the ATAPS programme in supporting people with severe needs will be diluted if the programme also supports a range of people with moderate needs.

We recommend reducing administrative costs in both Better Access and ATAPS schemes.

We recommend that therapy become a method of *first resort* through Better Access, with long-term disability support being a method of *last resort* after provision of therapy.

5 Practice endorsement

The system for delivering mental health services will be more *client-focused* if clinicians are endorsed who are able to treat clients with moderate conditions who are at risk of requiring more expensive services if suitable therapy is not provided. The Better Access programme can become centred both on *client-need* and on a *therapist's capacity* to meet the client need, rather than only on qualification of the therapist.

We recommend that the Better Access scheme introduce a requirement to assess level of complexity of client need when a therapist seeks additional sessions of therapy.

Dr Don Tustin

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