

2 August 2011

The Senate Enquiry into Commonwealth Funding and Administration of Mental Health Services

To Whom It May Concern

I write regarding my concerns of possible changes to psychology services provided through the Better Outcomes to Mental Health Program which are included in the terms of reference for this inquiry. In particular, I am concerned about a possible reduction of psychological services under the Better Access in Mental Health Program from a possible 18 to 10 sessions per year. I practise as a Clinical Psychologist Registrar in my small private practice in Port Macquarie on the Mid North Coast of NSW. The majority of my patients present with moderate disorders and generally complete treatment within 6 to 8 sessions. However there is a minority of patients who present with extreme and complex disorders who require treatment over a prolonged period of time. For example, I have a patient who suffers from Bi-Polar Disorder who has a history of hospitalisation who has remained well and out of hospital for an extended period of time due to ongoing support and monitoring provided in psychological therapy. In this case, the additional sessions provided under the current quota have been appropriate and cost effective. This patient has remained in a stable condition thus experiencing a better quality of life and not required the usual episodic hospitalisation. Thus the additional cost of 18 rather than 10 psychological sessions has been more than offset by the costs to the public purse of continuing admissions to a psychiatric hospital.

The point to be made here is that patients with complex cases are going to be severely disadvantaged in terms of a reduced effectiveness of their treatment and access to alternative mental health services should there be a reduction in the number of psychology sessions covered by Medicare. The government has stated that patients who require more than 10 psychology sessions per year may access services through the public mental health services or the ATAPS program however, Port Macquarie, as in most regional areas, has minimal mental health services and the local ATAPS program would not be able to accommodate all of these individuals, let alone the fact that it may not be equipped with psychologists trained to treat patients with complex mental disorders.

In my opinion, directing funding away from the Better Access to Mental Health initiative, where the funding goes directly to the grass roots e.g. patient and service provider, will mean that a great deal of this funding will be ineffective and absorbed through overheads and bureaucracy of larger organisations. In addition, the option of treatment by private psychiatrists would be far more expensive, less effectiveness and impractical option. Medicare rebates for psychiatrists are significantly higher than for psychologists and, as is the case in most regional areas, psychiatrists are sparse with extremely long waiting lists. Also psychiatrists generally provide limited treatment strategies, such as talking therapy and prescribe medications whereas psychologist provide therapies, such as cognitive behavioural therapy, which have been found to be significantly affective with long term durable outcomes. Thus,

psychiatry and psychology offer treatment strategies for complex mental health disorders that are symbiotic rather than exclusionary relationship.

I wish to also make comment regarding the enquiry into the two tier system for Medicare psychology rebates for psychologists. In my private practise I provide a bulk billing service which means that patients do not pay gap fees and the Medicare rebate that I receive must cover the majority of my costs and services. My current income is meagre after covering for my overheads and does not cover for additional costs such as continuing professional development or repayment of a HECS debt incurred in attaining my Clinical Psychology (Masters) qualifications. The time and expense of gaining these qualifications has been extremely high. My goal has been to complete my year as a registrar in mid 2012 so that I would be eligible for the higher Clinical Psychologist Medicare rebate thus making it possible for me to continue to offer my bulk billing service. However, should the findings of this inquiry eventuate in a reduction in the rebate for Clinical Psychologists I do not believe that I could continue to offer this service and run a viable business.

In conclusion, the Better Access in Mental Health Program has been a resounding success and many individuals who have never been able to access psychological services now have the opportunity to do so. This program showed promise that mental health was finally coming out of the shadows and was to be given the urgent attention that it warrants. I therefore beseech member of this enquiry to recommend that this program continue so that all Australians can access the appropriate length and costs effective treatment that is currently available under this highly successful program.

Thank you for taking the time to read this submission. I am most happy to provide further information if required.

Yours faithfully

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