

Clinical Psychologist
Adult and Couple Therapist

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

**Re: Senate Committee Affairs
Reference Committee Inquiry Into Commonwealth
Funding and Administration of Mental Health Services**

Dear Committee Secretary,

The Terms of Reference discussed in this submission relating to the government's funding and administration of mental health services in Australia are as follows:

- (b) 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****
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;**
- (e) mental health workforce issues, including:
 - (i) the two-tiered Medicare rebate system for psychologists,****

Dear Committee Secretary,

- (b) changes to the Better Access Initiative, including:
 - (i) the rationalisation of general practitioner (GP) mental health services.****

Overall, assessments of the use and outcomes of the Better Access Scheme have shown it to be a very successful program in improving access to mental health care for consumers with a wide range of mental health disorders and also a wide range of severity and complexity who would otherwise not have been able to access appropriate psychological treatment.

The GP assessments and referrals have provided a substantial contribution to the success of the Scheme because they have been paid a reasonable fee to take the time to make a detailed assessment ensuring that the overwhelming majority of referrals have been appropriate and timely and therefore cost effective.

It is likely that busy GPs will find it difficult to spend that time for which they will now not be paid to do the assessments with the consequence that fewer patients will be referred and the access to mental health treatment again reduced i.e. that the whole reason for the Scheme would be undermined.

(ii) the rationalisation of allied health treatment sessions

It has been my personal experience as a clinical psychologist and it has been shown from the Medicare study that 12-18 sessions have been sufficient for the vast majority of clients to make a substantial improvement in their conditions (including those with more severe conditions who have been able to have the extra six sessions) that greatly impact on their functioning in their personal and work lives i.e. their productivity. I believe that research into the benefits to productivity of psychological treatment would reveal that reducing the number of sessions and therefore the effectiveness of therapy would be a false economy.

The reduction of the number of sessions to only 10 sessions in a calendar year is likely to greatly discourage many clients with moderate to severe problems from seeking treatment as they will realise that this is not enough time to adequately deal with their problems and they also do not want/need to enter the public mental health system.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program

The ATAPS program in its current form is completely inadequate to cope with increased referrals especially of more severe mental health problems. All psychologists providing services through this program are limited to using basic psychological treatment in the form of Focussed Psychological Strategies with a limit of 12 sessions per patient.

To be able to provide the number and level of services proposed, its funding would have to be greatly increased. The criteria for referral through this program are such that it is aimed at increasing access to mental health services for disadvantaged groups such as:

- (i) culturally and linguistically diverse communities,
- (ii) Indigenous communities, and
- (iii) people with disabilities;

The people in these disadvantaged groups also have a wide range of type and severity of mental health disorder and may have increased complexity of conditions because of their disadvantage. They therefore may require an increased number of sessions and the greater expertise of a clinical psychologist to successfully treat them in the most cost-effective manner.

**(e) mental health workforce issues, including:
(i) the two-tiered Medicare rebate system for psychologists**

There has been much debate about whether there is a difference in skill levels between generalist and clinical psychologists. While it is fair to argue that a newly qualified clinical psychologist is not necessarily going to have greater skills in treating moderate to severe mental health conditions than perhaps a very experienced generalist psychologist, and that the implementation of the two tier Medicare system has been unfair to many experienced psychologists, who for one reason or another, were not

able to qualify for clinical status with Medicare it is illogical to argue that a postgraduate degree specialising in clinical psychology does not provide a clinical psychologist with more intensive and extensive training and experience in the assessment and treatment of moderate to severe mental health problems from which to build their expertise which would entitle them to a higher Medicare rebate.

There have already been many submissions presenting information supporting the distinction between generalist and clinical psychologists on the one hand and the Medicare evaluation of the Better Access Scheme on the other which concluded that there was no difference between generalist and clinical psychologists in their effectiveness with mental health.

However there are many legitimate criticisms of the methodology of that study and it would seem unscientific and inappropriate to make far reaching service and rebate decisions that could dramatically damage a successful service delivery scheme on the basis of one flawed study without further, more rigorous research.

Vicki Garner
Clinical Psychologist