Submission to Committee for Commonwealth Funding and Administration of Mental Health Services.

I am a Clinical Psychologist working in Private Practice in Brisbane, I also provide clinical supervision for intern psychologists in post-graduate programs. I have experience working in community and private mental health facilities.

I would like to comment on Terms of Reference:

(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;

I have been among many Psychologists who have applauded the 2006 implementation of the of the Better Access scheme. This scheme has meant that many Australians, who would not have otherwise had access to psychological treatment, have been able to make important progress towards mental health.

Prior to the implementation of the Better Access Scheme, psychologists and other mental health care workers experienced much frustration as they witnessed many patients with (mild, moderate, and severe) high prevalence mental health conditions turned away from community mental health services as they were not in 'crisis', and/or facing the level of severe disability such as those people living with schizophrenia face. Leaving them unable to engage in treatment due to financial constraints (and the significant expense of private psychology and psychiatry).

Please consider the effect of reducing the accessibility to psychological services for such patients. These are people whose mental health concerns significantly impact their functioning in a number of ways, and who with adequate psychological treatment, are able to return to work, stay out of hospital, provide more adequate parenting to their children, and participate in other important aspects of social functioning – to the benefit of the broader community including the reduced use of public funding in many areas.

Please also consider the EVIDENCE: Evidence-based practice is defined as "the integration of best available research with clinical expertise in the context of patient characteristics, culture, and preferences". The APA Policy Statement on EBP also states that the evidence shows that treatment is more effective when individual factors are taken into account (as opposed to strict adherence to a time-limited manual). Based on this definition and this important evidence, the proposed changes to Medicare will undermine our ability to provide treatment from an evidence-based framework. Firstly, because it does not take into account the evidence which suggests more than 10 sessions are needed for many patients to achieve clinically significant improvements, and secondly, because it impedes our ability to use our 'clinical expertise' to determine the best treatment options for patients.

Psychologists (particularly in Counselling and Clinical Psychology) are trained to assess patients with mental health concerns, to provide a formulation of the problems based on an integration of various theories of development, psychopathology, and psychotherapy, and to administer treatment targeted to their particular situations. It is important, for us to be able to perform in our roles, that we are able to use this clinical judgement to inform our treatment. Imposing a limit on the number of sessions makes this difficult, if not impossible, and will have a negative impact on the clients who cannot afford to continue treatment out of pocket. It also imposes a (*false)* expectation for patients that they should not require more than 10 sessions to complete treatment, which is not always the case. It may be that many users of Medicare use fewer than 10 sessions, however it is certainly not the case that all patients with high prevalence mental illnesses can be effectively treated in 10 sessions. Research has shown that for 50% of clients improvement starts *after* 10 sessions, that around 70% of clients with moderate to severe symptoms only gain clinically significant results after 20+ sessions. These estimates are consistent with research from the United States. This research suggests that that *if* a limit is set, it is more reasonable to think in terms of 20-25 sessions and that termination before this time may disadvantage the client and "diminishes the overall value of services, especially for the most disturbed clients" (Harnet, O'Donovan, & Lambert, 2010).

It my understanding that the Better Access scheme has been shown to have a positive impact on the mental health of many Australians, and it is my hope that the committee will take the above factors into account when reviewing the proposed changes to the Medicare Better Access Scheme.

Harnett, P., O'Donovan, A. & Lambert, M. (2010). The dose response relationship in psychotherapy: Implications for social policy, *Clinical Psychologist*, 14(2) pp. 39-44.