

Re: Commonwealth Funding and Administration of Mental Health Services

As a registered Clinical Psychologist with over 15 years experience which has included working in both government and non-government sectors such as in Divisions of General Practice, being involved in the pilot of the *Better Outcomes in Mental Health Care Initiative* in 2002 and provision of these services following subsequent refunding, and being involved in the *Better Access in Mental Health Care Initiative* since its inception in 2006, I wish to address the following Terms of Reference for your consideration:

(b) changes to the Better Access Initiative, including:

(iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and the preparation of a care plan by GPs

I receive referrals from GPs who provide thorough clinical assessments of their patients in the preparation of care plans. However, I believe it would have a devastating effect on patient care if GPs were not supported to provide the level of care required and, in turn, patients who require services would not be referred.

In collaboration with GPs to provide best practice in patient care, I am able to recall many positive outcomes for patients which has included cessation or decreased use of anti-depressant medication or anti-anxiolytic medication, improved physical health outcomes, improved mental health outcomes, employment.

(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 am very concerned regarding the referral process if patients experience an exacerbation of symptoms and would no longer be eligible under the Medicare Benefits Schedule. The patients with whom I have discussed the changes have emphatically reported that they would not attend another service given the trust developed in the therapeutic relationship and rather attempt to manage on their own.

(e) mental health workforce issues

(i) the two-tiered Medicare rebate system for psychologist

I wish to express my concern on the impact of changing to a one tier rebate system given the qualifications required for a clinical psychologist and our ongoing requirements given registration with the Australian Health Practitioner Regulation Agency. I understand the purpose of Better Access was to be able to provide the community access to therapeutic services. I know that I have provided for many years, and currently provide, an accessible service for low socio-economic communities and a rural community, and would not be able to continue to sustain the current accessible service to these communities as I will be unable to absorb the "in-kind" work required to

provide a collaborative service for GPs and patients. Consideration of the experience of service providers to provide mental health services is imperative in providing best practice in patient care.

(f) the adequacy of mental health funding and services for disadvantaged groups:

(i) culturally and linguistically diverse communities,

(ii) Indigenous communities, and

(iii) people with disabilities

It has been my repeated experience that people from culturally and linguistically diverse communities have, unfortunately, not been able to receive services via either the Better Access Initiative Services or Access to Allied Health Psychological Services as interpreter services are not available for the provision of allied health services. The cost of hiring an interpreter has been a barrier for patients who wish to access services via Better Access. Similarly it has been my experience when providing services via Allied Health Psychological Services or discussing referrals to these providers, that funding is not available for the provision of interpreters. Thus, how is the Better Access Initiative indeed “better access”? The provision of funds for interpreter services and the provision of clinicians skilled in providing services with interpreters are imperative to providing mental health services for people from culturally and linguistically diverse communities.

With regard to mental health services for people with disabilities, it has again been my experience that people with diagnoses of intellectual disabilities have been unable to receive services via either the Better Access Initiative Services or Access to Allied Health Psychological Services given the exclusion criteria of intellectual disability and state based disability services do not have sufficient available services.

(j) any other related matter

Collaboration of mental health services

It is my view that clear referral pathways are required to provide a collaborative mental health service offered from both a Commonwealth and State Level, e.g. definition of mild, moderate, severe mental illness so that patients are referred appropriately whether that be via Better Access, Access to Allied Psychological Services Program, state based mental health services; updated information regarding the provision of services offered via non-government sector. Too often services offer a “Consultation and Liaison Service”, however there needs to be the provision of allied health services available for patients dependent upon their need and services that provide practical assistance, such as social work services and transport, are imperative.