

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

## **SUBMISSION FOR THE INQUIRY INTO**

### **Commonwealth Funding and Administration of Mental Health Services**

May I firstly extend my thanks of behalf of my many clients who have been able to access and benefit from psychological services since the Better Access Initiative first commenced. I estimate that since the commencement of this initiative I have been able to assist hundreds of individuals and deliver thousands of focussed psychological sessions to adults, adolescents and children.

I would think that many of my colleagues would report a similar record of delivery of services. We work tirelessly in Private Practice with referrals from General Practitioner's, psychiatrists and others to provide these much needed services. Collectively the benefit to individuals, families and the community should not be underestimated.

#### ***Rationalisation of Allied Health Treatment Sessions and 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***

Some of the challenges that I have commonly heard expressed by practitioners is how to manage the sessions in such a manner that we are able to provide the required intervention in the allocated number of sessions. The current system allows for 12 sessions increasing up to 18 sessions per year if required. Practically this has meant that if we were to use the maximum number of sessions that we would see the client once every 3 weeks over the course of the year. In ethically managing a client's treatment practitioners have to consider how to provide the intervention required in the allocated number of sessions.

In my experience those that can seemingly afford to pay for sessions still tend consider the cost and once the maximum number of sessions have been reached they are reluctant to pay 100% out of pocket expenses. In the case of clients who are bulk billed due to their inability to afford any gap payment this becomes problematic. These clients are in need of more frequent assistance but yet financially they are less able to access the required number of services which exceeds the 18 sessions available currently in place. This has meant that ceasing treatment with a client would pose an ethical dilemma for the practitioner as the client does not wish to cease treatment but does not have access to any further sessions until the following year. Is it reasonable to request that psychologists continue to provide treatment without further remuneration? Under the proposed changes clients may be likely disadvantaged in terms of receiving adequate treatment with respect to frequency and duration of sessions.

The complexity of issues that exist for clients being referred to psychologists under this initiative is not limited to anxiety and depression although the associated symptoms may be part of the overall presenting symptoms. Quite often in addition to anxiety and depression will be a myriad of other issues including personality disturbances and more serious mental health issues. Whilst referral to Community Mental Health clinics and hospitals may be utilised as part

of the overall treatment approach, clients often favour the private treatment. If the community clinics do not consider that the client meets the criteria for treatment by their service they will then refer the client back to the private clinician. If no further sessions are available where does that leave the client? Clients are already waiting weeks, sometimes months to access services from Community Mental Health Clinics if they do not have financial resources to pay for private assessment and treatment.

In my experience reducing the number of sessions to a 6+4 structure would not provide adequate services to those with whom I work. In the case of clients with mild symptoms of anxiety and depression a 6+6 arrangement may prove adequate. An option to consider is that those clients with more moderate to severe disturbances would be that they obtain an additional referral from a psychiatrist, hospital or Mental Health Clinic indicating the severity of their complaint and giving them access to further. This would then be provided by clinicians who have specialised training such as those who possess a master's degree and are eligible to offer services under Medicare.

In addition currently the Medicare Benefits schedule does not allow for practitioners to offer phone or internet sessions with their clients. This seems rather archaic and limiting for those who find themselves in rural and remote areas of our vast country. Should we not be encouraging those in country areas to access psychological services regardless of where they reside. I do some contract work in rural and remote areas of the Australia and know firsthand how individuals are disadvantaged by the current restrictions on their ability to obtain psychological services. Given the technology that exists in terms of communication it seems irresponsible not to incorporate psychological rebates for those who live in isolated communities that do not have a resident psychologist. Often in rural and country areas the rates mental health issues and suicide are relatively high when compared to the cities.

Australia also has many aged and physically challenged individuals who are not able to easily leave the home to obtain assistance. Whilst currently rebates are available under the Medicare Benefits the incentives for psychologists to provide services these services are limited. In order to allow individuals in the position to obtain assistance, it seems important to increase the incentives to psychologists who are able to provide in home assistance. In addition expanding to include phone and internet sessions would also be advantageous to those who are confined to a home environment.

### ***The two-tiered Medicare rebate system for psychologists***

It is my belief that clients have been unfairly disadvantaged in terms of the rebates they receive for the provision of psychological services. I possess a Master or Psychology degree in Counselling Psychology and have been practising as a psychologist for several years. The range of the services that I provide are quite specialised which means that there are relatively few psychologists who offer the same service. Yet the clients who seek to obtain assistance from me are numerous. Quite often these are clients who are financially disadvantaged but they are required to manage the out of pocket expenses in order that they are able to receive the assistance they require.

In terms of the rebate available the Australian Psychological Society has indicated that the recommended fee for psychological services is \$218 for a session of 46-60 minutes. The current rebate available to general psychologists is a little over 35% of the recommended fee, when compared to the rebate for clinical psychology which represents 55% of the recommended fee.

In order to make sessions more affordable for clients, psychologists are often charging well below the recommended schedule fee for their services. This is much more apparent in the case of general psychologists due to the limited rebates that they are able to offer their clients.

Counselling psychologists who have completed a Master of Psychology degree in this field have specialist training in counselling and clinical work which often is overlooked by those who don't have an adequate understanding of the discipline. In terms of assessment and diagnosis, we complete the same unit as the clinical psychology students in the

master's program. We also extensively review treatment of the major mental health conditions that client will present with, which includes anxiety and depression. We receive training in a variety of interventions which includes cognitive behaviour therapy. In addition many counselling psychologists have undertaken further specialist training in different treatment modalities. They are also trained to work with couples, children and families as part of their master's study. Unfortunately their specialised training is often viewed as a 'poor cousin' when compared to training in clinical psychology. Whilst the numbers of Counselling Psychologists may be fewer, this does not mean that their expertise is any less than their Clinical Psychology colleagues. Therefore remuneration should be adequately addressed and acknowledged in the terms of the Medicare Benefits Schedule. This would also apply to other specialist areas of endorsement where the practitioner has completed a Master's degree and is eligible to provide services under Medicare.

### ***Summary***

I have attempted to present a view and suggestions that would represent the view of the clients with which I work. Clients should have adequate access to the services they require and should not be disadvantaged by where they reside or with whom they choose to see. If they are more able to select a practitioner that is familiar or specialised with the issues that are present for them, then that would ensure a speedier recovery. For those who unfortunately, due to the issues present, have a slower recovery they should feel confident that the assistance will be there for them when they require it.