

5th of August, 2011

Dr Ian Holland

Committee Secretary

Senate Standing Committee on Community Affairs

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Re: Senate Inquiry into Commonwealth Funding and Administration into Mental Health Services

Dear Senate Standing Committee,

Thank-you for this opportunity to contribute to your deliberations and understanding of what the changes outlined in the government's 2011-2012 Budget changes relating to Mental Health service provision.

In my experience as a Mental Health Accredited Social Worker and Family Therapist, the introduction of the **Medicare Better Access to Mental Health Services** in 2007 has been exciting innovative Government Initiative to better engage the community in counselling and mental health.

Background to My Submission:

The Scheme has had the additional benefit of strengthening effective therapeutic relationships with other service providers, in particular the client's General Practitioner. This has had an important flow-on effect in terms of quality mental health treatment for many individual clients and has amplified the

treatment and therapy in the sessions provided by Psychologists (clinical and counselling), Social Workers and Occupational Therapists. As the changes to the Better Access Scheme have the potential to undermine and diminish the mental health and well-being of the clients served by the Scheme, I wish to respond to in particular the following terms of reference:

b) Changes to the Better Access Initiatives, including:

i) the rationalisation of general practitioner (GP) mental health services,

ii) the rationalisation of allied health treatment sessions;

iii) the impact of changes to Medicare rebates and the two-tiered rebate structures for clinical assessments and preparation of care plan by GP's;

iv) the impact of changes to the number of allied mental health treatment services for patients with a mild or moderate mental illness under the Medicare Benefits Schedule;

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

My context:

I have worked as a Social Worker and Family Therapist in the public system since 1992, both here and overseas. Since 2000, I have been operating a private practice in the southern bayside suburbs of Melbourne since 2000 with sites at:

1. Lifestreams in Cheltenham, where I see adults, older children, teenagers and children with parents who are unable to attend in working hours. At this clinic, I provide service under a number of Schemes, including the Victorian Victims of Crime Counselling and Assistance Program, Employee Assistance Programs and Transport Accident Commission and the Better Access to Mental Health Scheme ; and
2. A Small Private Paediatric Clinic in Highett, where I am co-located with a team of Paediatricians and other Allied Paediatric Health Practitioners, including Psychologists and where we form a tight circle of professional care under vulnerable young Mothers, children and adolescents and families, together with the local General Practitioners and local Maternal Child Health Nurses, kindergartens, Schools, both public and private. Ninety Percent of my referrals at this Site come from local General Practitioners and Paediatricians under the Medicare Better Access to Mental Health Scheme. The referrals are varied in nature, but a high proportion are for individuals who parents who are coping Post-Natal Depression, Anxiety and Trauma which has symptoms of Anxiety, Loss and Grief and Depression and Relationship breakdown. The other part of my client group is the children and young people often coping with the same issues once removed.

My Submission:

As an initial comment, I would like to reinforce the huge positives as I see them of, retaining Social Workers and Occupational Therapists as Mental Health Practitioners on the Better Access Scheme and also of retaining the 10 sessions per client per calendar year under the Scheme.

The comments that I particularly wish to make to the Senate Committee on the Commonwealth Funding and Administration on Mental Health Services are as follows:

- 1) That in providing counselling and change therapy to Children, Young people and Women with Post-natal depression, as well as to people who have undergone loss and grief and trauma, 10 sessions are manifestly inadequate to establish trust, psychological safety and containment in their environment, and to assist these vulnerable population groups to make and cement change, without even the provision of applying for an extension of 6 sessions;
- 2) That for children and young people, the scheme has played a vital role in allowing them to access independently assessed (that is by the General Practitioner (GP) mental health services and subsidised (through the Medicare system) and with the provision in my case of bulk-billing those who are over 15 years of age or where families are on a Health Care card. Reducing the value of the GP item numbers in relation to mental health may reduce the quality and even the number of patients being able to access the scheme. Reducing the number of sessions available to children and young people who vulnerable in and of themselves without the addition of mental health issues from 18 to 10 per calendar year as of grave concern to me, my client group and the parents of the children I assist;
- 3) That the pivotal role of the General Practitioner in the therapeutic success of this scheme cannot be under-valued. As both the assessment of the GP's original identification of the mental health issue and the subsequent follow-up session gives the patient/client the psychological space to reflect with an important and respected other – first on the existence of the mental health issue and later on the gains made. Thus in the best case scenario, GP's provide an amplification and/or check or balance of the psychological work and change being done by counsellor and client. In all likelihood, reducing the value of the GP item numbers will bear a cost to quality mental health care for the community;
- 4) For optimal outcomes for the most vulnerable accessing the Scheme, those who are in life's transition phases, the birth of a baby, transition to Kindergarten or School, the loss of a child, parent or parent, separation and divorces, illness/chronic that there is not compromised by their financial status, which is often corresponding effected as those . As a Social Worker through the Medicare Better Access Scheme, I have been able to offer my clients a cost effective quality service, and the option of bulk-billing to those whose financial circumstances require this. Having more rather than less sessions available to this vulnerable group is highly beneficially in terms of resolution and containment of mental health issues.

Summary Statement:

I would like to congratulate all Governments and Politicians who have supported this vital and fore-sighted approach to the Community's mental health and well-being. It not only diminishes social stigma but places mental health front and centre in the minds of the public, and more importantly in the minds of vulnerable young families. The concerns I have, however, with the current changes to the Commonwealth funding and administration of mental health services are as follows:

- 1) That there is no provision to extend the number of sessions available to vulnerable groups such as children, young people, women experiencing post-natal and older adults who have had long standing issues of depression or anxiety and in whom, these issues are identified for the first time, or if circumstances change whilst undergoing mental health treatment;
- 2) That the reduction in the value of GP item numbers may inadvertently lead to a reduction in the emphasis on mental of patient mental health in the general practice context and that this may lead to less quality and less referrals under the Better Access to Mental Health Scheme.
- 3) That as a Social Worker in the Bayside Division of General Practice I have not been eligible to provide services under APTAS in the past, and that according to the Division there will be continue to be considerable constraint on this program going forward.

Many thanks for your careful consideration of my submission on this important and pivotal public health issue.

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