

Senate Inquiry into the Commonwealth Funding and Administration of Mental Health Services

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

3rd August, 2011

Dear Senate Committee,

Re submission from the Australian Association of Group Psychotherapists (AAGP)

We are writing in reference to specific items under the Commonwealth Funding and Administration of Mental Health Services:

Changes to the Better Access Initiative (BAI)

(b) (ii) *the rationalization of allied health treatment sessions*

The Mental Health Minister has stated in the 2011 Budget Paper No.2 that:

“The new arrangements will ensure that the Better Access initiative [BAI] is more efficient and better targeted by limiting the number of services that patients with mild or moderate mental illness can receive, while patients with advanced mental illness are provided more appropriate treatment through programs such as the Government's Access to Allied Psychological Services program [ATAPS]”.

In order to address these matters, under specific items relating to the work of our association, we will first provide information about the AAGP, and demonstrate the qualifications of our membership, to provide treatment for a wide range of disorders.

The Australian Association of Group Psychotherapists (AAGP) is a national organization which promotes the following aims:

- To encourage the training of competent psychoanalytic group psychotherapists
- To establish and maintain high standards in the clinical practice of group psychotherapy
- To provide a forum for the exchange of ideas among qualified mental health professionals practicing in psychoanalytic group psychotherapy
- To promote continuing education and research in the field of group psychotherapy

The AAGP is a member of the Australian Confederation of Psychoanalytic Psychotherapies. This submission should be considered in the context of the scientific evidence for the effectiveness of the effectiveness of psychoanalytic psychotherapy cited therein.

Group psychotherapy, as provided by our members, is informed by psychoanalytic principles and is both a cost-effective and clinically effective form of treatment. Psychoanalytic psychotherapy is an established, evidence-based practice which identifies and confronts the debilitating, unconscious effects of past experiences on human beings which adversely affect their current mood and behaviour and contribute to problems with personality and identity, self-esteem, personal and work relationships. Group psychotherapy provides a setting in which self-understanding, experiential learning and peer support with the facilitation of the group psychotherapists can bring about the internal changes necessary to improve the mental health and wellbeing of the members.

Training for membership of the AAGP is extensive and follows the tripartite model for psychoanalytic psychotherapy of 1) a formal three year seminar program, 2) personal psychoanalytic group and/or individual psychotherapy experience, and 3) supervised clinical

work of a minimum of two groups which extend over one and two years respectively. All aspects of training are concurrent for most of the duration of training. The usual time spent in training is 4-5 years in total. This is considered an advanced training for which applicants must first have a university education in one of the mental health fields, and at least 2-3 years clinical experience.

Group psychotherapy has been developing for seventy years and is effective for a range of serious psychological and mental health issues such as anxiety, mood and personality disorders, social phobia, social and relationship problems. AAGP members conduct groups including men and women from a range of age groups with a mixture of conditions as well as with specific populations. Groups are being conducted with:

- children and adolescents
- mother/ infant groups
- borderline and narcissistic personality disorder patients
- chronically ill patients, for example, with metastatic breast cancer
- psychosomatic disorders
- prison populations

Efficacy of Group Psychotherapy.

There is a large body of research literature on the effectiveness of group psychotherapy dating back 60 years, Studies in the 1990's showed it is of equal effectiveness to comparable individual therapy¹. It has been shown to be specifically effective with substance abuse², sexual and other trauma, medical illness including cancer and HIV, severe mental illness such as schizophrenia and personality disorders, depression and suicidal tendencies³.

¹ Bretz et al., (1994); Tschuschke, (1999); McRoberts et al., (1998).

² Sandahl et l., (1998).

³ Bateman & Fonagy, (1999, 2001), Lineham et al., (2001); McDermut et al., (2001); Lorentzen, (2006).

Given the cost benefits and effectiveness, group psychotherapy has a history of underutilization⁴

b) (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

Given the experience of our members and the cost effectiveness of being able to treat a number of patients together in a group, substantially reducing the cost per person, we believe the current 12 permitted sessions per year, is inadequate for effective treatment of severe or longstanding disorders. We note that a reduction of group psychotherapy sessions has not been identified in the current BAI proposed changes. However, to be able to offer appropriate and economically effective treatment to patients who present with such a variety of mental disorders, 12 sessions are inadequate. We receive referrals from mental health professionals who recognize how group therapy complements their individual treatment; it assists patients particularly in areas relating to depression, social phobias and low self-esteem, which have implications for engaging in relationships and work environments.

The current requirement for rebates for group psychotherapy is a minimum of six patients in the group. It is difficult to establish groups in private practice, and even more difficult to do so with six patients. This often means that patients referred and held in readiness to start, undertake other treatments while waiting for the six to be gathered. Then when new referrals are made the previous ones are no longer available and still six are not available. Effective group treatment can be undertaken with between 2 and 8 members and if rebates were available for groups of three or more, they could be more readily established into which additional patients could progressively be included. This reduction would assist groups to be established and increase the utilization of this valuable therapeutic resource.

There is considerable evidence that under current arrangements of the Medical Benefits Schedule thousands more people have been able to access affordable and appropriate

⁴ Piper, (2008).

psychological treatment for the first time. Cuts to the BAI while retaining benefits to medical practitioners (specifically psychiatrists) affects the provision of group psychotherapy.

There are few psychiatrists able to offer group psychotherapy, and they lack specialty training in this modality apart from those who are members of AAGP. Psychiatrists have no set limits on the number of sessions for which their patients can receive Medicare benefits, while patients of non-medical members of AAGP who provide the same service are limited to 12 rebatable sessions per year. This creates ethical dilemmas for group psychotherapists who may have to turn patients away if the extent of group psychotherapy required exceeds a patients ability to pay beyond the rebatable limit. Under current arrangements, psychiatrists are able to conduct groups for a minimum of 2 patients who are then able to attract a rebate, while nonmedical group psychotherapists are required to have a minimum 6 patients before they can attract rebates. This is a serious limitation on the ability of well trained, experienced non-medical group psychotherapists to offer a needed service. Rebates for patients of psychiatrists are considerably higher than those to non-medical group psychotherapists who are offering the same service.

We sincerely hope that by bringing these anomalies and inequities to the attention of the Senate Enquiry, the Government might address them in a way which acknowledges the level of training and expertise of AAGP members and the value of group psychotherapy in the provision of mental health care to their patients.

Specifically, we respectfully recommend that:

1. That the Government increase the current number of group sessions available in order that patients may access an effective, and economically viable modality of treatment for a realistic period to achieve therapeutic outcomes for the complexity and duration of the disorders treated.
2. the Government reduces the requirement of a minimum number of patients starting a group for rebate purposes from the current six to three members for groups conducted by allied health group psychotherapists to align them with their psychiatrist colleagues.

We are grateful for your consideration of these matters.

Yours faithfully,

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