

To: the Senate Community Affairs References Committee

This submission has been prepared by Simon Turmanis, Clinical Psychologist at Simon Turmanis & Associates, Clinical Psychologists. We treat patients at two locations in Sydney and the practice has treated 500 hundred clients with a broad spectrum of presenting mental health issues since its inception in 2005.

Our submission concerns proposed changes to the Government's funding and administration of mental health services in Australia, with particular reference to the following points of the Senate's inquiry outline:

(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 preparation of a care plan by GPs, and
- (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

### Impact of proposed changes to the Better Access Initiative

The proposed change from a two-tiered rebate system to a single-tiered system is likely to bring disadvantage to both patients and to clinical psychologists.

- For **patients**, having a single rebate for either clinical or registered psychologists is likely to bring confusion as to the difference between the two groups. To the person on the street, there is no perceivable difference between clinical and registered psychologists, and many will be reluctant to pay the higher fee charged by clinical psychologists, if the rebate is the same. Without appreciating the differences, many are likely to seek lower-priced treatment, with a likely corresponding drop in the quality of service they receive.
- For **clinical psychologists**, a rebate that is identical to that for registered psychologists does not reflect the additional clinical training, expertise, ongoing professional development and level of skill that is required for clinical psychologists to attain and hold this qualification and thereby assess, treat and obtain best treatment outcomes for patients with clinical health issues (e.g. depression, anxiety, bipolar disorder, schizophrenia, adjustment, personality disorders, drug and alcohol disorders).

The proposed changes would also see the number of appointments claimable under the Medicare Benefits Schedule for patients with mental illness/diagnoses from 12-18 per calendar year to 6-10. This cut will bring further disadvantage to patients and to all psychologists.

- For **patients**, it will be less likely that they will attend sessions beyond their tenth in a calendar year, thus limiting improvements to their mental health and attaining the skills to prevent relapse. In our practice 45% of clients/patients require 12 sessions or more.
- For **clinical psychologists**, the likely trend of patients to discontinue therapy beyond their tenth treatment in a calendar year will limit their ability to help clients continue to improve their mental health. Most clinical psychologists utilise evidence-based treatments that are proven to be effective if applied across twelve or more sessions (these are clients without personality disorders; many with severe personality disorders require more than 18 sessions often).

The treatment outcome data that we have collected (see over page) since 2006 (125 clients, with an average of 12 sessions) demonstrates the effectiveness of evidence based treatment as carried out by appropriately trained, dedicated professionals over often 12+ sessions. Reducing the no. of sessions will severely compromise my and my colleague's ability to do our job effectively and aid Clients/patients to get well. I believe Hospital inpatient admissions will increase

for those with severe symptoms as fewer can be treated effectively in the community by psychologists such as myself and my colleagues.

## **Treatment Outcome Data**

The data below was obtained from 125 clients of the service who attended an average of 12 sessions in 2006, 2007, 2008, 2009, 2010 and 2011 (current and past).

Percentage of clients who achieved significant reductions in symptom scores on the Depression Anxiety Stress Scale (DASS - Lovibond & Lovibond, 1999) and significant improvements on the Satisfaction with Life Scale (SWLS - Pavot & Diener, 1993)

**87% depression; 87% anxiety, 83% stress, 73% satisfaction with life**

Percentage of clients who maintained or reduced their symptoms of depression, anxiety, and stress to within the normal range and maintained or improved their satisfaction with life, to slightly satisfied with life, or better

**86% depression; 86% anxiety; 82% stress; 73% slightly satisfied with life or greater satisfaction with life**

I strongly disagree with the proposed changes and respectfully request that the Committee rejects them. Specifically, both psychologists and their patients will continue to derive more benefits from the system as it stands: with a two-tiered system of rebates, and a maximum number of claimable sessions (exceptional circumstances apply) of 12-18 for each patient. We would be pleased to provide further information in support of this submission if required.

Yours sincerely,  
Simon Turmanis  
Clinical Psychologist