

I wish to submit information and comment to the senate enquiry in the Commonwealth funding and administration of mental health services. In particular, my submission relates to the following terms of reference:

1. Changes to the Better Access initiative

These changes include the reduction in the number of sessions, rebated under Medicare Australia, which an individual may receive from a clinical psychologist, to 10 in one calendar year. Whilst this may be sufficient for some patients, the concern is the fate of those who require additional psychological treatment and are not in a position to self-fund. Alternates are currently not available in many geographical areas.

Frequently, the available State funded public mental health system does not accept referrals made from General Practitioners, or self-referrals, or provides very limited contact, as services are rationed according to criteria set at the discretion of workers in the State system.

People in non-metropolitan areas routinely experience difficulties accessing psychiatrists and public mental health services, and rely on general practitioners to manage their therapy. Under these circumstances, clinical psychologists are frequently involved with GPs in the management of complex, serious, long-standing mental health issues.

The number of Medicare Australia rebated visits to a psychiatrist is not restricted by other than clinical considerations. Neither is the number of visits to mental health nurses limited. It is difficult to understand the arbitrary restriction placed on the number of rebated visits to a clinical psychologist, working in cooperation with a GP.

The Better Access initiative has allowed the delivery of community based psychology services, usually co-coordinated by a GP, to populations who would otherwise be denied treatment. The Better Access program has been vitally important in targeting delivery of mental health services to economically disadvantaged people, including many young and elderly people, in rural areas, where adequate mental health services are spread thinly.

There seems to be no logic at work where introducing a blanket reduction in services results in a restriction in access to services by the very people deemed to be the priority target groups.

Where both the clinical psychologist and GP bulk bill, mental health services become available to the financially disadvantaged. Clearly a reduction in the fee levels will require practitioners to introduce a "gap" payment to cover the costs of service delivery and this will present a financial barrier to treatment for these disadvantaged groups.

2. Mental health workforce issues

The inclusion of all registered Psychologists in the Better Access scheme has resulted in a situation where individuals who may not be trained to provide mental health services are able to register and provide Medicare Australia funded services to members of the general population, without any formal oversight of the quality or efficacy of services they might provide. The result has been an influx of clinically untrained, inexperienced but fully registered Psychologists into the Mental Health sector, particularly into private practice.

At the moment, it is possible for a Psychologist for example, trained only in research methodologies, to register and provide mental health services via Medicare Australia. The

potential impact on patients is obvious – they may not receive adequate treatment as the practitioner may not be adequately trained. However, clinical psychologists, with post-graduate training in clinical psychology, are specifically trained to deliver mental health services. Access to Clinical Psychologists via Medicare Australia should not be further restricted, either by reducing available rebates, or reducing the number of contact sessions, since this is one group of providers specifically trained to provide services in the mental health area. General Practitioners provide the majority of mental health services, particularly in non-metropolitan areas. The ability of GPs and clinical psychologists to work in tandem within the Better Access program has allowed the efficient, enhanced delivery of mental health services, as part of overall care for patients. Better Access has allowed continuity of co-coordinated care for the person, within their own community.

I respectfully suggest that the proposed changes will serve to restrict and further fragment the care received by people with mental health problems, particularly people of low socio-economic status in non-metropolitan areas.

In my opinion, additional barriers to receiving appropriate mental health care will be introduced through the proposed changes to the Better Access initiative.

Thank you for the opportunity to offer this submission.