



Consumers  
Health Forum  
of Australia

**Submission to the Senate Community Affairs References Committee  
Inquiry into Commonwealth Funding and Administration of Mental Health  
Services**

July 2011

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## ***Introduction***

The Consumers Health Forum of Australia (CHF) welcomes the opportunity to provide input into the *Senate Community Affairs References Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services*.

CHF is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF members and stakeholders have a strong interest in ensuring consumer access to health services, including mental health services. The Federal Government's 2011-12 Budget promised a range of new initiatives for mental health services that will result in improved outcomes for many Australians. Also included in the Budget was a reduction and redirection of funding for other health services, including the *Better Access Initiative*.

In previous work, such as submissions into the 2010-11 and 2011-12 Federal Budget and the National Health and Hospitals Reform Commission Final Report, CHF has called for increased funding and focus for mental health initiatives. CHF has strongly advocated for access to appropriate and effective mental health services for those in the community who need them.

This submission discusses CHF's perspective on the Federal Government's 2011-12 Budget changes and initiatives related to mental health. Comments in this submission relate to items (a) to (e) and (g) of the Inquiry's Terms of Reference.

## ***The Government's 2011-12 Budget changes related to mental health***

Mental health was an area that dominated the 2011-12 health Budget. This included a promised cross-portfolio investment of \$2.2 billion over the next five years and \$1.5 billion of new money for mental health.

The Government announced that the Leadership in Mental Health Reform initiative will continue to provide information and evidence to support national mental health reform and accountability. CHF is supportive of this initiative as it will ensure ongoing accountability of spending on mental health initiatives.

Increased funding of \$419.7 million over the next five years to increase the number of *headspace* and Early Psychosis Prevention and Intervention Centres (EPPIC) sites was also announced in the 2011-12 Budget. The Government announced that the number of *headspace* centres will grow to 90, with the capacity to help up to 72,000 young people each year. Sharing costs with the states and territories, the Government hopes to fund an additional 12 EPPIC sites nationally, bringing the total to 16, with capacity to assist more than 11,000 young Australians.

CHF is supportive of this initiative as *headspace* and EPPIC are both evidence-based models that have proven to be effective in delivering services early to young people with mental illness. CHF welcomes the commitment to these services, particularly the significant expansion of the number of EPPIC sites, in recognition of the current poor management of youth psychosis.

CHF is seeking reassurances that ongoing review and evaluation of the impact of *headspace* and EPPIC services will be implemented. Comprehensive evaluation will aim to ensure that these mental health models will be effective in reaching these consumers most in need of mental health services and support. Thorough evaluation will ensure that the ongoing administration of these services will be appropriate.

CHF is strongly supportive of the funding provided through this initiative to create a new national mental health consumer representative body. CHF was pleased to be invited by the Government to provide a proposal to auspice the establishment of the new body.

Another 2011-12 Budget initiative announced was the establishment of a single mental health online portal at a cost of \$14.4 million over five years. The mental health online portal will aim to bring together the websites and telephone services currently available to support people with mental illness. CHF welcomes this measure to increase accessibility and improve uptake of clinically proven and cost-effective online therapy.

### ***The impact and adequacy of services provided through the Access to Allied Psychological Services program***

The Federal Budget promised an additional \$205.9 million over five years for the Expansion of Access to Allied Psychological Services (ATAPS). The Government has indicated this initiative will enable up to 180,000 consumers to receive ATAPS with particular focus on children with mental illness and their families, Aboriginal and Torres Strait Islander people, and others from hard to reach locations or groups.



CHF is supportive of the emphasis in this measure on service delivery to under-serviced and hard to reach population groups. We believe that ATAPS complement other mental health initiatives such as Better Access by reaching groups that may not be best served by a fee-for-service approach. However, we are seeking assurances of ongoing review and evaluation of ATAPS, both quantitative and qualitative, particularly addressing whether it is reaching its target population.

### ***Changes to the Better Access Initiative***

Savings in mental health were made in the 2011-12 Budget through rationalisation of some elements of the Better Access Initiative. As part of the changes to the Better Access Initiative, the Government announced that rebates for GPs completing Mental Health Treatment Plans under the Better Access Initiative will be adjusted to reflect the time taken by GPs to complete the plans. Throughout a recent CHF Project considering the MBS Quality Framework, consumers that were consulted by CHF strongly supported time-based rebates.

Two time-based rebate tiers have been developed, for consultations of less than 40 minutes and 40 minutes or more, and the rebates will be brought closer to those applying for standard consultations of the same length. The number of allied health sessions available to consumers under the initiative will also be reduced. Previously, consumers were entitled to an initial six sessions of care, with the option of an additional six after review by the referring medical practitioner (and a further six in exceptional circumstances). Under the new rules, the number of additional sessions will be capped at four, bringing the total to ten.

The reduction in psychology sessions patients can claim on Medicare will result in a saving of \$300 million and will increase the cost-effectiveness of the Better Access Initiative to ensure Better Access is targeted at those for whom the program was designed, that is, people with common disorders of mild to moderate severity. Changes to this initiative will allow funding to be redirected into the ATAPS program, which is aimed to be more effective at meeting the needs of vulnerable and some hard-to-reach groups. It will also provide access to a team-based approach that better suits people with more complex needs.

The Federal Government has argued that these changes are based on the *Review of the Better Access Initiative*, released by Government in April 2011. The Review identified that psychological services provided as part of the Better Access Initiative reach people with moderate to severe mental health disorders and deliver cost-effective treatment for people who would otherwise be unable to access support. CHF believes it is essential that funding for the Better Access Program is continued.

The Review also showed that 87 per cent of Better Access users currently access between one and ten services, with almost three quarters accessing between one and six services. CHF recognises the need for savings to be made, and appreciates the fact that these savings measures are based on analysis of the Better Access Initiative to date. That the decision to reduce funding for the Better Access Initiative is based on evaluation is an important factor to consider.

The two time-based rebate tiers that have been developed as part of the Better Access Initiative will better reflect the time spent by GPs developing mental health plans and will bring them into line with other time-based Medicare items. Practitioners will also be remunerated at higher rates when they have undertaken further mental health training. CHF believes this to be a positive incentive for practitioners to further their understanding of mental health issues and increased GP training in mental health will clearly benefit consumers. We also welcome the ongoing inclusion of social workers and occupational therapists in the Better Access program.

However, CHF does hold some concerns that the reduction in funding for the Better Access Initiative will result in reduced access and reduced availability of affordable mental health treatment for consumers. It is possible that these changes may result in reduced incentives for GPs to spend time completing mental health consultations. The changes to the Better Access Initiative could also compromise consumer choice of provider as well as increase waiting times for mental health treatments.

CHF seeks assurances that changes to the Better Access Scheme will not result in detrimental effects on consumers, in particular the most disadvantaged and vulnerable members of our society who are at greater risk of being unable to access and afford mental health treatment.

CHF is strongly urging the Government to carefully monitor the impact of these changes, to ensure that access to cost-effective, essential mental health services are not adversely affected. This monitoring should take into account those people who experience mental health problems but do not access any services. CHF would welcome subsequent evaluation, such as another Review of the Better Access Initiative to ensure consumer needs are being met and that they are not being disadvantaged by the redirection of funding.

### ***Services available for people with severe mental illness and the coordination of those services***

As part of the 2011-12 Budget, the Federal Government promised coordinated care and flexible funding for consumers with severe, persistent mental illness and complex care needs. Funding of \$343.8 million over the next five years has been earmarked to provide a single point of contact for approximately 24,000 people with severe and persistent mental illness and their families. The single point of contact will be 'Care



Facilitators,' who will be responsible for ensuring that clinical and non-clinical care needs are being met.

CHF is strongly supportive of this initiative. Consumers with chronic health conditions and complex care needs, including people with mental illness, regularly report the difficulty that they experience in navigating the complex and uncoordinated health and social support systems. We believe that Care Facilitators will play a valuable role in breaking down the barriers to the care and support that people with mental illness need.

It is essential that this initiative is evaluated in a timely manner to ensure that suitable multidisciplinary care plans are being developed and that Care Facilitators are effective in coordinating the services vulnerable consumers need and want. CHF welcomes the development of a nationally consistent assessment framework for this initiative.

CHF is also supportive of the Government's decision to expand the Support for Day to Day Living in the Community program. It is expected that the expansion of the program will assist an additional 18,250 consumers over five years. The program provides structured social activity programs delivered by non-government organisations to consumers with severe mental illness.

### ***Mental health workforce issues***

CHF is aware that the recent Government proposal to amend the current two-tiered rebate system for psychologists, lowering rebates for clinical psychologists to the same rate as registered (or general) psychologists, is contentious.

CHF notes that clinical psychologists undergo additional education and supervision compared to that undertaken by registered psychologists and receive more in-depth training in assessment, diagnosis and evidence basis of moderate to severe mental health issues. Generally it is understood that clinical psychologists obtain a higher level of education, training and expertise than their generalist, registered colleagues. However, others argue that experienced general registered psychologists are as skilled as clinical psychologists and perform equally effective therapeutic work.

We argue that specialist mental health professionals are urgently needed within the community. Reducing the rebate for clinical psychologists could discourage psychologists from undertaking further education and training and thus reduce the level of specialist psychology expertise in the community.

CHF however, notes that the recent evaluation of the Better Access Initiative found there is no evidence to justify the basis for having a two-tiered system. Further, we are concerned that consumers may be disadvantaged and faced with higher gap payments with the two-tiered system.

CHF is aware of workforce issues facing the mental health sector and is supportive of initiatives aimed at understanding and addressing workforce shortages in the sector.

Health Workforce Australia (HWA) has recently been established by the Council of Australian Governments (COAG), to facilitate a national, coordinated approach to workforce planning. HWA has been tasked with developing policy and delivering programs across four main areas:

- Workforce planning
- Policy and research
- Clinical training
- Innovation and reform of the health workforce
- Recruitment and retention of international health professionals.

CHF encourages HWA to consider workforce issues specifically related to the mental health sector in order to address concerns about attracting, training and supporting skilled mental health professionals.

### ***The delivery of a national mental health commission***

CHF has welcomed the commitment in the 2011-12 Budget of \$12.2 million of new funding, over the next five years, combined with redirected funds of \$19.8 million to support a new National Mental Health Commission. The Commission will independently monitor, assess, oversee and report on system performance. The Commission will also prepare an Annual National Report Card on Mental Health and Suicide Prevention.

This measure will ensure that consumers' mental health needs are being met and that there is accountability for mental health expenditure. However, CHF would like further information on how the Government will ensure consumers and carers are represented on the Commission and how their views will be taken into account.

### ***Conclusion***

CHF welcomed the prioritisation of mental health in the 2011-12 Federal Budget as it demonstrated the Government's commitment to addressing and supplying funding for mental health services that Australian consumers need.

The \$1.5 billion of new money dedicated to mental health services will allow greater access to a range of mental health programs that have already demonstrated their effectiveness, in particular funding for the expansion of headspace and the EPPIC early psychosis intervention program.

CHF welcomes the significant money dedicated to better assessment and coordination of a range of mental health services, a new e-mental health portal, more primary care and innovative services, and the National Commission to ensure accountability for the mental health expenditure.

We would, however, like assurances that for areas in which there has been a reduction or redirection in funding, such as the Better Access Program, there are appropriate review and evaluation processes to ensure that change in the programs is not preventing consumer access to affordable and appropriate mental health services.

CHF appreciates the opportunity to provide comments to the Inquiry and would be interested in participating in future consultations on this issue.





The Consumers Health Forum of Australia (CHF) is the national peak body representing the interests of Australian healthcare consumers. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems.

CHF does this by:

1. advocating for appropriate and equitable healthcare
2. undertaking consumer-based research and developing a strong consumer knowledge base
3. identifying key issues in safety and quality of health services for consumers
4. raising the health literacy of consumers, health professionals and stakeholders
5. providing a strong national voice for health consumers and supporting consumer participation in health policy and program decision making

*CHF values:*

- our members' knowledge, experience and involvement
- development of an integrated healthcare system that values the consumer experience
- prevention and early intervention
- collaborative integrated healthcare
- working in partnership

CHF member organisations reach millions of Australian health consumers across a wide range of health interests and health system experiences. CHF policy is developed through consultation with members, ensuring that CHF maintains a broad, representative, health consumer perspective.

CHF is committed to being an active advocate in the ongoing development of Australian health policy and practice.

