

**Submission to the
Senate Community Affairs Reference Committee**

**Reference: Commonwealth Funding and
Administration of Mental health services in Australia**

From Northwest Psychological Services (NWPS)
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Ms. Kylie Clarke and Associates of Northwest Psychological Services (members of the College of Clinical Psychologists of the Australian Psychological Society) would like to make a submission to the Senate Community Affairs Reference Committee. The submission addresses relevant Terms of Reference for this review and the aspects of mental health in which clinical psychologists serve an integral role.

Northwest Psychological Services is a private psychology practice situated in the heart of the regional/ rural township of Melton. The Shire of Melton is located within Melbourne's outer Western region and has a population of approximately 116,000 consumers with 75 percent of the population aged less than 45 years. Melton was recently recognised as one of Victoria's fastest growing municipalities and is expected to grow by 122,850 consumers by 2031. At the time of the most recent census (2006) The Shire of Melton was among the top 10 disadvantaged areas according to the Socio Economic Indexes For Areas with the central Melton township rating as the second most disadvantaged area in Melbourne. As Melton is one of the most affordable housing areas and the population continues to grow exponentially this trend is likely to continue.

Northwest Psychological Services is one of only a few psychological services in the area. The service is staffed exclusively by clinical psychologists who demonstrate many years of expertise working in the public psychiatry sector as well as in private industry. Services provided under the Better Access Initiative at the practice are bulk billed for ALL consumers adhering to the philosophy of truly providing "better access" to important specialist mental health treatment.

The following submissions are provided in relation to the key terms of reference that are relevant to our practice and the overall ethos of the Better Access Initiative.

(b) changes to the Better Access Initiative, including:

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

Areas of concern;

- In the Melton area there is an average ratio of 3750 consumers per doctor.
- Consumers will now have to pay more to see their general practitioner for essential mental health care, advice, and referrals.
- Slashing the MBS consumer rebate for GP Mental Health Plans devalues the role of the general practitioner in managing community mental health.
- The changes will compromise the general practitioner's coordinating care role for consumers with mental health issues.
- Devaluing the role of general practitioners is a backward step that will seriously fragment medical and mental health care for those consumers who need it most in the community.
- General practitioners are the preferred entry point for mental health care but the Government is now making it harder for consumers to get access to this care and reducing the amount of time that consumers can spend with their GP.
- Many consumers with mental health problems also have complex physical health issues. They need the holistic coordinating care that a general practitioner can provide.

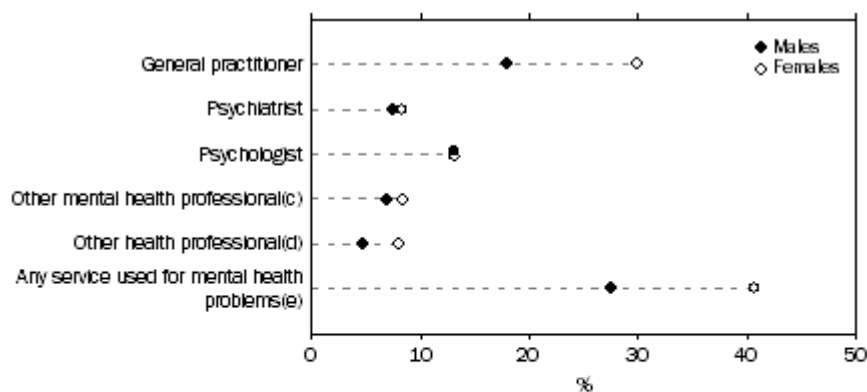
- A recent independent review of the mental health Better Access program found that 90 per cent of GPs had provided a service under the program, and more than 85 per cent of these consumers had received a mental health care plan from their usual GP.
- The Government investment in mental health is welcome, but the cuts to frontline care through general practice will seriously undermine quality of care.

(ii) the rationalisation of allied health treatment sessions

Areas of concern;

- The Government's investments in mental health in the Federal Budget are valued however of concern is that essential funds are being redirected from the Better Access initiative, the most successful mental health program in the last 30 years.
- A recent government evaluation of the Better Access initiative showed how effective it is and determined that it provided value for money .
- Data from the Australian Bureau of Statistics (ABS) drawn from 2007 National Survey of Mental Health and Wellbeing (SMHWB) suggests that an increasing number of consumers are consulting psychologists for their mental health care needs. See Table 1.

Table 1: 12-MONTH MENTAL DISORDERS(a), by Services used for mental health problems(b)



(a) Persons who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview. A person may have more than one mental disorder.
 (b) In the 12 months prior to interview. See Services used for mental health problems in the Glossary.
 (c) Includes mental health nurse and other professionals providing specialist mental health services.
 (d) Includes medical specialist, other general specialist, complementary and alternative therapist.
 (e) A person may have used more than one service for mental health. The components when added may therefore not add to the total shown. Also includes hospital admissions.

- The Government's reduction of the number of sessions of psychological treatment available will impact upon its effectiveness for the consumers who most need it. This measure will do nothing to improve mental health service delivery, it will only improve the Budget's funds.
- Evaluation of the Better Access initiative demonstrated that increasing access to cost effective evidence-based psychological interventions reduced the impact of mental illness. This program is widely used by Australians with moderate to severe mental disorders, and reducing the number of sessions available for treatment will decrease the quality of overall service provision. It is a decision that needs to be reviewed.
- These changes will particularly detriment consumers living in rural areas, Indigenous consumers and those who live in lower socio-economic areas, where mental health issues are prominent and access to service is already limited.

- The changes to the Better Access initiative are not warranted and threaten the effectiveness of a highly successful program with proven results in order to save a small amount of funding.
- We strongly urge the Senate Community Affairs Reference Committee to review the rationalisation of allied health services and re-instate previous protocols which have clearly been successful.

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

Areas of concern;

- Under the current changes to the Better Access Initiative, there does not appear to be provision for consumers with moderate mental health issues let alone severe mental health cases. These consumers often require more than the 10 sessions that will soon be available under the changes to the Better Access scheme. As they do not fit the criteria for severe and persistent mental illness catered for by intensive support services in the public sector their current mental health care will likely be compromised.
- Consumers with complex presentations had been eligible for 18 sessions under the “exceptional circumstances” criteria of the existing scheme. Under the new scheme these consumers will fall into the “black hole” between private psychology services and the public system. We recommend that these 18 sessions for exceptional circumstances are reinstated under the Better Access Initiative in the absence of a scheme that provides access to specialist clinical psychology services for some of the more vulnerable members of the community.
- The provision of just 10 sessions per calendar year may have unintended negative consequences for these consumers if sessions limits require that treatment be ceased prematurely; for example, reinforcing long-standing patterns of isolation, rejection/abandonment and hopelessness.
- According to new research released by the Australian Psychological Society (APS) the proposed cuts would have translated to a reduction in effective treatment for more than 260,000 Australians who received psychological services in the first three years of the Better Access initiative.
- Since the Government announced the Budget cuts, the APS has undertaken a study of the nature and severity of disorders of the Better Access consumers who will actually be affected by these cuts. The APS research, conducted on a large sample of 9,900 consumers who received between 11 and 18 sessions of treatment from psychologists under the program last year, shows that these are overwhelmingly consumers with severe depression or anxiety disorders, including posttraumatic stress disorder
- The study demonstrates that 84% of these consumers had a moderate to severe, or severe, disorder at the commencement of treatment, with nearly half (43%) having additional complexities such as a second mental health disorder, personality disorder or drug and alcohol abuse
- The research shows that by the end of their treatment only 3% remained severely affected, while for 43% of consumers their disorders were effectively reduced to either no symptoms or only a mild presentation

- The Government has stated that consumers with serious mental health disorders who need more than 10 sessions of treatment should receive services through the specialised public mental health system or private psychiatrists, but the APS study shows that 81% of Better Access consumers had common mental health disorders involving depression and anxiety, the very disorders Better Access was designed to treat
- The vast majority of these consumers would be denied access to public sector mental health services as they have high prevalence disorders and are not necessarily in need of team-based care
- The recommendation that these consumers should be referred to a consultant psychiatrist is not realistic as there is a significant shortage of psychiatrists, for example there are no practising psychiatrists in the Melton township despite the rapidly growing population. Most psychiatrists also charge a substantial gap fee.
- The ATAPS program run through the Divisions of General Practice (DGPs) is not a viable referral option under current arrangements. There is simply not enough funding in ATAPS to provide services for the 260,000 consumers (or 86,000 per annum). A major issue is that a significant proportion of the funding for mental health services received by DGPs is spent on administration rather than providing funding to the psychologists who are engaged to deliver the services.
- The Government's own evaluation of Better Access demonstrated that it is a cost-effective way of delivering mental health care. The typical cost of a package of care delivered by a psychologist under the initiative is \$753, significantly less than ATAPS which costs from two to 10 times that of Better Access. Successful treatment also reduces costs of hospital admissions and allows many consumers to return to work, with the associated productivity benefits.
- The data confirm that the Better Access initiative is providing effective treatment for the consumers it was designed to treat – those with high prevalence disorders .

(d) services available for consumers with severe mental illness and the coordination of those services;

Areas of concern;

- One in five Australians aged 16–85 years had a mental disorder in 2007, according to figures released by the Australian Bureau of Statistics (ABS) drawn from 2007 National Survey of Mental Health and Wellbeing (SMHWB).
- Anxiety disorders - such as panic disorder and obsessive-compulsive disorder - were the most common, affecting 14% of consumers. Affective disorders - such as depression - affected 6%, while substance use disorders affected 5%.
- The most commonly experienced anxiety disorders were post-traumatic stress disorder (6%) and social phobia (5%). Depression was the most common affective disorder (4%), and the harmful use of alcohol the most common substance use disorder (3%).
- Women were more likely to experience mental disorders (22%) than men (18%), with a higher rate of anxiety disorders (18% compared to 11% for men) and affective disorders (7% and 5%). However, men had more than twice the rate of substance use disorders (7% compared to women (3%).

- Younger consumers were more likely to have a mental disorder than older consumers. Just over a quarter (26%) of consumers aged 16–24 had a disorder compared to 6% of consumers aged 75–85.
- Substance use disorders were more common for younger consumers (13%) than other age groups, while anxiety disorders were more common in consumers aged 35–44 (18%).
- Just over a third (34%) of consumers living in one parent families had a mental disorder compared with 19% of consumers in couple families with children.
- Over half (54%) the consumers who had ever been homeless had a disorder, nearly three times the rate of consumers who had not.
- Mental disorders were also more common in unemployed consumers (29%) and in consumers who had ever been incarcerated (41%).
- 1.9 million consumers accessed services for mental health problems in the 12 months prior to the survey.
- Mental health and mental illnesses are determined by multiple and interacting social, psychological, and biological factors, just as they generally are in health and illness (WHO, 2005). Mental health may be impacted by individual or societal factors, including economic disadvantage, poor housing, lack of social support and the level of access to, and use of, health services. A person's socio-economic circumstances (e.g. employment), may impact on their likelihood of developing a mental disorder. Studies have shown that consumers of lower socio-economic status have a higher prevalence of mental disorders, particularly Depression, and certain Anxiety disorders (Fryers et al, 2005). Mental illness may also impact on a person's employment, housing, social support, etc.
- Education, employment and income are closely related socio-economic characteristics. Consumers with higher educational attainment are more likely to be employed, and of employed consumers, are more likely to be in a higher skilled occupation (ABS, 2007). Economically disadvantaged consumers, such as those who are unemployed, are more vulnerable to mental illnesses, as they are more likely to experience insecurity, hopelessness, rapid social change, and risks to their physical health (WHO, 2005). Consumers who have mental illness may also be more likely to fall into economic disadvantage.
- In the shire of Melton 2006 census data showed; more than 50% of the population earn less than \$600.00 per week and 52% of the population have no educational qualifications post secondary school. Melton is amongst some of the highest risk communities for significant mental health problems.
- This notion is reflected at our practice with approximately half of the consumers presenting with co-morbidity and more complex mental health presentations, many of whom are not currently employed and significantly financially disadvantaged.
- There are no dedicated public mental health services in Melton. The outpatient clinic of the public mental health service that covers the Melton catchment is located in Sunshine, some 27.5 kilometres away. Public transport is often presents an overwhelming challenge for mental health consumers in the Melton area, so they can be significantly isolated from service.
- Most consumers in the shire of Melton struggle to gain service from a general practitioner (GP) at the ratio of one GP per 3750 consumers.
- With more than 50% of the consumers living in Melton earning less than \$600.00 per week they can ill-afford private psychology services and cannot even manage a gap fee payment for the Better Access Initiative, hence the importance of the Better Access Initiative and the

dedication to bulk billing for all consumers at our practice who receive service under this program.

- Approximately 98% of consumers serviced by Northwest Psychological Services are referred under the Better Access Initiative with 100% of these consumers having access to bulk billing.
- Approximately 50-60% of consumers referred to our service are aged between 16-25 years. The majority of these consumers have been referred by Orygen Youth Health, one of the leading youth public mental health services in Australia or Headspace Australia's National Youth Mental Health Foundation.
- These referrals often involve co-morbidity and are complex in nature. Given the lack of services for this population cohort in the area, our practice is selected for its ability to provide specialist clinical psychology intervention targeted at consumers with more severe presentations. Throughout the course of their treatment consumers referred from Orygen can require co-management with the Youth Access Crisis Team at Orygen due to the severity of their mental health needs.
- Given the regional / rural location of our service and the shortage of mental health services in the area, including public mental health services and private psychiatrists, clinical psychologists at the practice are often referred clients with more severe mental health presentations and they are integral in the co-ordination of complex mental health care for these consumers.
- Clinical psychologists who work at Northwest Psychological Services have many years of experience in the public mental health sector and/or are currently working part-time in public mental health so they exhibit the high levels of expertise required for consumers with such complex mental health presentations and such challenging demographic factors.
- Dr. Felicity Cockshott, one of our clinical psychologists, works half time at Orygen on the Youth Access Crisis Team. She is a specialist clinician in the delivery of service to these consumers.
- A substantial body of evidence now documents the high prevalence of mental health problems in the community. This places enormous pressure on treatment facilities to provide appropriate interventions. A substantial body of evidence also acknowledges that:
 - psychological therapies are the treatment of choice for a wide range of psychiatric, psychological and emotional disorders.
 - Psychological therapies are provided as stand-alone interventions or in conjunction with other methods of treatment, such as pharmacological management.
 - Psychological therapies are constantly being improved and thus remain relevant to changes in the types of psychiatric conditions seen in public mental health service.
 - Psychological therapies are extended to a broader range of mental health problems.
 - Psychological therapies may play a preventative role in minimising disabling symptoms or preventing relapse in individuals experiencing severe mental health disorders such as those in the psychotic spectrum, bipolar affective disorder, major depression, psychosomatic disorders and substance misuse.

(e) mental health workforce issues, including:

(i) the two-tiered Medicare rebate system for psychologists,

Areas of concern;

Clinical Psychology Competencies

- Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity.
- Clinical psychologists are well represented amongst the innovators of evidence-based therapies, National Health and Mental Health Research Committee Panels, other mental health research bodies and within mental health clinical leadership positions.
- The process of diagnosis, assessment and formulation is essential for the effective management of complex mental health disorders. Clinical Psychologists are especially trained and skilled in the use of specialist psychological and neuropsychological tests.
- Clinical Psychologists are the only mental health profession that has the depth of psychometric and empirical training required to reliably and validly apply and interpret tests essential to effective mental health practice. An examination of the mental health literature in the last decade demonstrates a plethora of tests and inventories that have been exponentially developed. The expert training of the Clinical Psychologist provides them with the specialist knowledge to evaluate and determine whether these new assessment tools may be correctly and ethically applied to mental health problems and whether one can trust the outcome of studies using these instruments.
- The advances in evidence based psychological treatments provide additional support for one of the core competencies of Clinical Psychologists, interventions with a wide range of mental health disorders. Clinical Psychologists direct and assume primary responsibility for interventions and they have the training in psychometrics and research methodology to evaluate data in an informed manner.
- Clinical Psychologists are specifically trained to provide expert skills to mental health services in terms of quality improvement, evaluation and accountability because as a profession they bring with dual domains of necessary skills; clinical acumen and empirical and statistical training. Given the escalating pressure on funding bodies to provide financial support to a range of health care providers it has been necessary to increase the focus on health care outcomes and improved quality of care. In recent time there has been a trend towards greater accountability in health services, and a greater interest in evidence supported approaches to health care. Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychologist to bring research and empiricism to human service delivery and thus increase accountability.
- Clinical Psychologists differ from other psychologists in that no other type of psychologist receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.
- The formal scientific training of Clinical Psychologists does not make research the end in itself, but is applied to the delivery of psychological services and to contribute to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate

interventions and apply these empirical skills to their own treatment of consumers and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works.

- Clinical Psychologists have a minimum of six years full time university training with two additional years of supervision. Within the last few years there has been an increase in the number of students completing either a Doctorate of Psychology with an additional formal year of training at the university, or a PhD in Clinical Psychology and thus adding a further two years to their formal university training.
- As a result of their training, Clinical Psychologists have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base. This very high level of specialist competence of Clinical Psychologists is acknowledged by all private insurance companies who recognise Clinical Psychologists as providers of mental health services.
- Post-graduate university level training programmes for Clinical Psychology must be accredited by the Australian Psychological Society. This requirement insures uniform standards of excellence in Clinical Psychology training throughout Australia.

The evidence

- In 1989, the Management Advisory Service to the NHS differentiated the health care professions according to skill levels. The definition of skills referred to knowledge, attitudes and values, as well as discrete activities in performing tasks. The group defined three levels of skills as follows:
 - Level 1- "Basic" Psychology - activities such as establishing, maintaining and supporting relationships; use of simple techniques (relaxation, counselling, stress management)
 - Level 2 - undertaking circumscribed psychological activities (e.g. behavioural modification). These activities may be described by protocol
 - Level 3 - Activities which require specialist psychological intervention, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on a multiple theoretical base, to devise an individually tailored strategy for a complex presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories.
- The group suggested that almost all health care professionals use level 1 and 2 skills and some have well developed specialist training in level 2 activities. The group went on to argue that clinical psychologists are the only professionals who operated at all three levels and (I quote) "it is the skills required for level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists..."
- This view is consistent with other reviews which suggest that what is unique about clinical psychologists is his or her ability to use theories and concepts from the discipline of psychology in a creative way to solve clinical problems
- The findings of the Human Rights and Equal Opportunity Commission of 1993 (the Burdekin Commission) with respect to Clinical Psychology demonstrated that Clinical Psychologists have distinctive skills which differ from those of other types of psychologists and differ from

those of other allied health professions. Further, it stated that Clinical Psychology services were under-resourced and under-utilised in the Australian mental health care system. Burdekin considered that this represented a failure to provide significant treatment options.

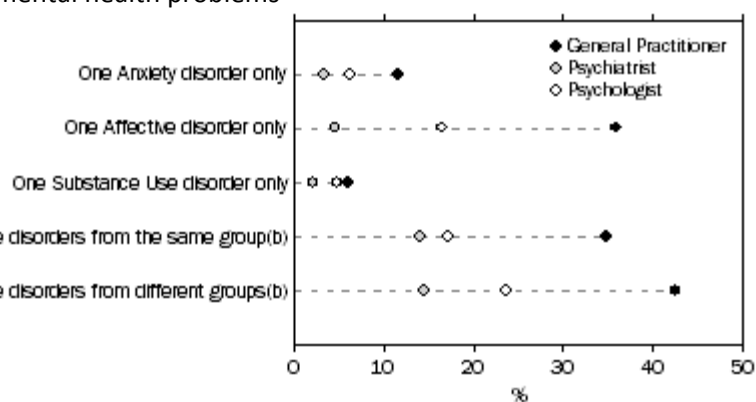
- In 1995 the British Psychological Society and the Royal College of Psychiatrists published a joint statement about the need for psychological therapies in the National Health Service (NHS) of Great Britain. This was a collaborative venture by the two professions who cumulatively provide most of the formal psychological therapy services for consumers with severe mental health disorders. The conclusion arrived at, after due consultation and review of evidence supported practice, was that psychological therapies were an integral part of both Psychiatry and Psychology and as such, are essential components of effective, co-ordinated mental health care. Other than Psychiatry, Clinical Psychology is the only other mental health profession whose complete post-graduate training is in the area of mental health. Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in the provision of psychological therapies.
- In 2001 the Industrial Relations Commission (Full Bench) reached a determination of 'Work Value' for Clinical Psychology as distinct and higher than general (nonspecialist) Psychology.
- This finding was based on the premise that the extent of responsibility taken by clinical psychology, and the scope and breadth of extended work value is demonstrated by:
 - responsibility for use of specialist psycho diagnostic procedures by Clinical Psychologists
 - the continual expansion of the basis of psychological knowledge
 - the evidence provided for efficiency and effectiveness of discrete focused psychological interventions and long term psychotherapy
 - key responsibilities of Clinical Psychologists the care of complex (multi-problem) mental health disorders
 - leadership demonstrated by the number of direct referrals to clinical psychology
 - leadership of Clinical Psychologists in clinical trials of psychological interventions
 - the responsibility of Clinical Psychologists for the development of psychological treatment and service initiatives.
 - the provision of community education and training by Clinical Psychologists .
- In 2009 in a response from the Honorary Nicola Roxon provided by the assistant secretary of the Mental Health Reform Branch to a challenge to the two tiered rebate system, clear evidence was provided for the rationale behind the inclusion of the higher rebate for clinical psychologists and acknowledgement of the required standards for clinical psychologists. Please refer to Appendix A .

Co-morbidity and complex presentations

- The responsibilities of Clinical Psychologists have increased considerably since the mid to late 1980's. During this time clinical psychology has become established as a profession which provides highly specialised and autonomous mental health services to individuals across all developmental stages.
- The profession provides specialist diagnostic and complete psychobiosocial assessments, treatment services in areas as complex and diverse as psychotic illness, severe personality disorders, co morbid disorders (e.g. depression within borderline personality disorder), psychological and behavioural components of serious medical conditions, and problems

specific to different age groups, including recent significant developments within the areas of children and family, youth mental health, the elderly, mental health disorders within medical conditions, quality assurance and research and evaluation.

- An examination of recent prevalence data relating to mental health disorders and problems indicates that very significant percentages of Australians suffer from serious mental health problems. Most of these problems are treatable by psychological therapies and systems interventions. The treatments of choice for serious affective disorders, significant clinical anxiety disorders, substance misuse disorders and personality disorders for example, are often (usually) psychologically-based and implemented by Clinical Psychologists. Given the high prevalence rates of mental health problems, it is most appropriate that in planning for service delivery, provision is made for this to be undertaken primarily by Clinical Psychologists.
- Clinical Psychology has also taken an increasing responsibility in the treatment of less prevalent mental disorders within the psychotic spectrum, bipolar disorder and the more intractable personality disorders.
- The roles and responsibilities of Clinical Psychologists have increased through the development of psychological therapies which address components of these disorders, and in specific psychological interventions targeting other mental disorders which are very often co morbid with psychotic conditions, such as depression, anxiety and substance use disorders. Along with providing treatments to these patients, Clinical Psychologists have been increasingly called on by Psychiatrists, to provide additional diagnostic information, to assist with differential diagnoses of complex cases.
- Data from the Australian Bureau of Statistics (ABS) drawn from 2007 National Survey of Mental Health and Wellbeing (SMHWB) suggests that consumers with co morbid disorders had greater use of health services. Table 2 presents the number of 12-month mental disorders without hierarchy and services used for mental health problems. Consumers with one disorder only were less likely to use services for their mental health than those with two or more disorders (23% and 52% respectively). Of the 1.8 million consumers with one disorder only, those with a 12-month Affective disorder were much more likely to use health services, than those with an Anxiety or Substance Use disorder. Of the consumers who had a 12-month Affective disorder only, 45% used services for their mental health.
- **Table 2. Number of 12-month mental disorders without hierarchy(a), by Type of service used for mental health problems**



(a) Persons who met criteria for diagnosis of a lifetime mental disorder (without hierarchy) and had symptoms in the 12 months prior to interview.
 (b) These categories are mutually exclusive.

- Consumers with two or more mental disorders (1.4 million) had a rate of service use more than twice that of consumers with one disorder only (52% and 23% respectively). Consumers with two or more disorders from different groups had a higher rate of service use than consumers with two or more disorders from the same group (57% and 43% respectively). Almost a quarter (24%) of consumers with two or more disorders from different groups saw a Psychologist for their mental health.
- Clinical Psychologists are the most appropriately qualified psychologists trained to provide high quality care to consumers with complex presentations and/or co morbid conditions, such as those consumers presenting with personality disorders, substance abuse, and/or early trauma histories. Consumers with long-standing mental health issues and associated impairment in functioning, such as adults presenting with childhood-onset anxiety disorders, eating disorders, or longstanding depression that has not responded to medication are also key target groups in the primary care sector.
- Whether it be in the public or private sector, Clinical Psychologists have the training and skills required to assess and diagnose conditions when longer term treatment is required. They are highly skilled in selecting which treatment modalities are appropriate, have an ability to provide sophisticated clinical psychology treatments, and know how best to integrate this care with treatment provided by other health professionals (such as psychiatrists, GPs, and other allied health providers).
- Focused Psychological Strategies provided by non-clinical Psychologists and other allied health providers are particularly appropriate for consumers presenting with milder mental health conditions and no co morbid issues, where treatment is more straight forward.
- It is of concern that consumers with complicated presentations may not be afforded thorough clinical assessment and may be subject to manualised focused psychological treatment programs which fail to address deeper complexities.
- Consumers with personality disorders are frequently refused service in the public mental health system and their complexity is often well beyond the management of any community based service or generalist psychologist. They are increasingly being managed by clinical psychologists in the private sector.
- As previously mentioned;
 - approximately 50-60% of consumers referred to our service are aged between 16-25 years. The majority of these consumers have been referred by Orygen Youth Health, one of the leading youth public mental health services in Australia or Headspace Australia's National Youth Mental Health Foundation.
 - These referrals often involve co-morbidity and are complex in nature. Throughout the course of their treatment consumers referred from Orygen can require co-management with the Youth Access Crisis Team at Orygen due to the severity of their mental health needs.
 - One of our clinical psychologists works half time at Orygen on the Youth Access Crisis Team and is an integral specialist clinician in the delivery of service to these consumers in the primary care setting.
 - Clinical psychologists who work at Northwest Psychological Services have many years of experience in the public mental health sector and/or are currently working part-time in public mental health so they exhibit the high levels of expertise required for consumers with such complex mental health presentations and such challenging demographic factors.

- Given the regional / rural location of our service and the shortage of mental health services in the area, including public mental health services and private psychiatrists, clinical psychologists at the practice are often referred clients with more severe mental health presentations and they are integral in the co-ordination of complex mental health care for these consumers.
- At our practice the clinical psychologists have specialist training in a range of specialised treatment modalities including Dialectical Behaviour Therapy and Cognitive Analytical Therapy, the choice interventions for some of the more severe personality disorders in the spectrum. These consumers comprise another core cohort at our practice.
- The Melbourne Health Youth Mental Health Service Plan for 2010 to 2020 clearly highlights the need for increased access to appropriately qualified primary care clinicians and services in the community with specialist mental health training (clinical psychologists form part of this primary care group). This reform is focusing specifically on rapidly expanding young populations such as Melton and Wyndham as key target areas for increased specialist primary care service which is seamlessly integrated with public area mental health services.
- Public area mental health services which specialise in the treatment of mental health issues ONLY employ clinical psychologists as they recognise the specialisation of their training and skills. Many consumers on referred by these services choose clinical psychologists in private practice to ensure that the standard of intervention provided is equitable to that of the public system.

The impact on local communities

- As previously mentioned in the shire of Melton consumers are significantly disadvantaged on many levels, with low income status for more than 50% of the population and more than 50% of the population with no educational qualifications post secondary school. Melton is a community is at high risk for mental health problems.
- This notion is reflected at our practice with approximately half of the consumers presenting with co-morbidity and more complex mental health presentations, many of whom are not currently employed and significantly financially disadvantaged.
- The availability of specialist clinical psychology services which are 100% bulk billed and located in the heart of the community has become an integral pillar supporting many of the local primary care establishments such as GP's and community health centres. The loss of these services would be to the detriment of hundreds of consumers each year.
- Clinical psychologists who work at Northwest Psychological Services have many years of experience in the public mental health sector and/or currently work part-time in public mental health so they exhibit the high levels of expertise required for consumers with such complex mental health presentations and such challenging demographic factors.
- Given the regional / rural location of our service and the shortage of mental health services in the area, including public mental health services and private psychiatrists, clinical psychologists at the practice are often referred clients with more severe mental health presentations and they are integral in the co-ordination of complex mental health care for these consumers.
- Northwest Psychological Services has already established strong partnerships with key stakeholders and our ongoing commitment to specialist clinical psychology services and bulk billing has been very positively received. We continue to work on attracting like minded clinical psychologists in the ongoing expansion of service in a community of disadvantaged consumers with complex mental health needs.

- The abolishment of the two-tiered rebate system would see the collapse of the bulk billing status of Northwest Psychological Services and the loss of an integral service for hundreds of consumers each year. With more than 50% of the consumers living in Melton earning less than \$600.00 per week they can ill-afford private psychology services and cannot manage a gap fee payment
- As there are no dedicated public mental health services in Melton, with the nearest outpatient clinic located some 27.5 kilometres away, many consumers with severe mental health issues would simply cease treatment, increase their isolation and further consolidate their mental health difficulties.
- Even more concerning is the future of the high number of consumers aged between 16-25 years that are treated at our service who will potentially develop chronic presentations in the absence of the specialist early the intervention strategies that we have been able to provide . This will ultimately result in an enormous long term economic cost to the government.
- Public mental health services such as the adult area mental health services and Orygen Youth Health will also be faced with an influx of demand that they will struggle to meet as clinical psychologists are no longer able to maintain private practices which are dedicated to the care of consumers with complex mental health needs.
- The obvious significant gap in mental health service provision is for those in the community presenting with the most complex and severe presentations. This is the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, more than thirty sessions per annum are sometimes required. In this way, Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices

Research methodology

- There are many significant research methodological issues that diminish the credibility of the current review of the Better Access Initiative. The study did not meet fundamental standards of research design (it did not identify the nature, diagnosis or complexity of the clients seen by psychologists by type of psychologist; it did not identify the nature or type of psychological intervention actually provided; it did not factor in or out medication use by the client; it did not factor in or out therapy adherence indicators; it did not have a valid criterion measure actually related to a range of diagnoses or complexity in order to assess pre and post intervention condition of clients; it did not undertake follow-up assessment of clients, which is often the point at which the relative strength of any competent treatment becomes manifest; it did not determine relapse rates by type of psychologist; it was a self-selected sample of psychologists who self-selected their clients and clinically administered the research questions in session; it was not subjected to peer review); and what is needed is a well-designed prospective study aimed clearly at answering specific questions in accordance with principles of psychological research
- The generalists claim that because the Medicare evaluation is convincing proof that general psychology is the same as clinical psychology and that there should be no recognition of the specialisation. Clearly, however, it is convincing proof that these generalists have little critical clinical evaluation skill, the cornerstone of the specialised advanced evidence-based practice of a Clinical Psychologist
- Fortunately, clinical psychologists are trained to intervene in the most complex of scenarios, so our task is to utilise our skills to maintain, and even lift, the 'specialist clinical psychology' rebate

Summary

- Ms. Kylie Clarke and associates of Northwest Psychological Services, Melton, Victoria appreciates the opportunity to make this submission to the Senate Community Affairs Reference Committee. We look forward to the eventual findings of the Committee. We are hopeful that the committee recognises the impact of the cuts to the Better Access Initiative and the need for an ongoing commitment to the two-tiered rebate system to ensure that those consumers with more complex presentations are afforded the specialised mental health care in the primary care sector they deserve.

APPENDIX A: Response to Medicare rebates challenge by Virginia Hart, Assistant Secretary to Hon. Nicola Roxon

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Dear ██████████

Thank you for your email of 20 February 2009 to the Minister for Health and Ageing, the Hon Nicola Roxon MP, concerning Medicare rebates for psychologists. The Minister has asked me to reply on her behalf.

As you are aware the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative includes a range of Medicare rebateable services for eligible people with a diagnosed mental disorder, including psychological strategies provided by GPs, psychiatrists, clinical psychologists, registered psychologists and appropriately trained social workers and occupational therapists.

The Medicare items for Focussed Psychological Strategies (FPS) and Psychological Therapy outlined in the Medicare Benefits Schedule Book describe the types of services for which the patient can receive a Medicare rebate and the different levels of rebate patients receive for services provided by two groups of psychologists: registered psychologists and psychologists who have been assessed as eligible for the Australian Psychological Society (APS) College of Clinical Psychologists (i.e. clinical psychologists).

The types of psychological treatments that can be provided by registered psychologists, for which patients can receive a Medicare rebate include: psycho-education; cognitive-behavioural therapy; relaxation strategies; skills training; interpersonal therapy; and narrative therapy (where appropriate). These evidence-based interventions have demonstrated clinical effectiveness for the treatment of high prevalence mental disorders such as depression and anxiety.

Clinical psychologists are expected to have undertaken additional training, usually at a Masters level, under supervision in a range of clinical settings, using a range of treatment modalities and are required to be eligible for membership of the APS College of Clinical Psychologists. To maintain eligibility for the College membership, clinical psychologists must provide the APS with evidence of ongoing professional development. It is considered appropriate that clinical psychologists use their clinical experience to offer not only the four types of therapies specified as FPS for psychologists, but additional therapies considered relevant for the treatment of the mental disorder in the referred patient.

The fees and rebates for the Better Access Medicare items were developed in consultation with relevant national professional organisations, including the APS. The higher rebate level recognises the more intensive nature of interventions provided by clinical psychologists.

The Department was keen to ensure that clinical psychologists receiving fee-for-service payments through the Medicare Benefits Schedule have training and qualifications that are consistent with international benchmarks.

The Commonwealth Government selected the APS College of Clinical Psychologists as the benchmark for qualifications for clinical psychologists under the Better Access initiative as the APS credentialing standards most closely reflect those applied internationally, and are additional to the state based registration requirements currently in place for psychologists. The benchmark ensures that eligible providers have to meet requirements regarding education, length of work experience in the field and clinical supervision.

Registered psychologists, including counselling psychologists, can apply to the APS to be credentialled and, as you indicated in your e-mail, there is a pathway for counselling psychologists to become eligible for membership of the APS College of Clinical Psychologists. I suggest you follow up with the APS in relation to your options.

You may be interested to know that the Department is currently undertaking a post-implementation review of the Better Access initiative. Any changes to the Better Access Medicare items will be designed to ensure that patients are accessing the most effective and appropriate services and will be undertaken in consultation with relevant stakeholder organisations. The post-implementation review will be complemented by a full evaluation of Better Access, which commenced in January 2009. The findings of the evaluation will inform any decision to undertake major changes to the structure of the Better Access MBS items or the Better Access initiative more generally.

I trust this information is of assistance.

Yours sincerely

Virginia Hart
Assistant Secretary
Mental Health Reform Branch
7 April 2009