

6<sup>th</sup> July 2011

## **Submission for the Inquiry into Commonwealth Funding and Administration of Mental Health Services**

### **The writer's professional background:**

I am a clinical psychologist working in private practice in Shepparton, Victoria. I have a Bachelor of Behavioural Science with Honours and a Doctorate in Clinical Psychology. I am registered with the Psychology Board of Australia (PSY000127507), a Member of the Australian Psychological Society and a Member of the Australian Psychological Society College of Clinical Psychologists. I have a Medicare provider number (420 612 2H) and I am eligible to provide 'Psychological Therapy' items.

*I wish to raise a number of concerns about the Government's 2011-12 Budget changes relating to mental health:*

### **Changes to the Better Access Initiative including rationalization of general practitioner (GP) mental health services:**

I am concerned that the reduction in payment to GPs will reduce the likelihood that GP's will complete Mental Health Plans with patients and refer them onto appropriate clinicians for mental health treatment. If a patient who is indicated for mental health treatment does not receive appropriate assessment, referral and treatment then it is likely that their mental health will deteriorate, which will have adverse consequences for the individual, family, friends and society more generally.

### **Changes to the Better Access Initiative including rationalization of allied health treatment sessions:**

In my private practice I see clients with moderate to severe diagnosed mental health disorders such as Anorexia Nervosa, Post Traumatic Stress Disorder, Obsessive Compulsive Disorder and Depression with comorbid Personality Disorder. The research literature indicates that such presentations are unlikely to be treated within the amount of sessions being proposed (i.e., 10). Thus, the reduction in the number of sessions available will impact upon the effectiveness of treatment for such patients.

The clients that I see in private practice have the capacity to pay for part of their treatment (e.g., \$30 a session), but would be unable to continue to attend private practice without the Medicare rebate. Given that it would be unethical for me to attempt to treat disorders in a timeframe where treatment could not be completed (e.g., 10 sessions), I would be forced to recommend that clients engage with Area Mental Health or Access to Allied Psychological Services (ATAPs). However, these services already have lengthy waiting lists in our area and have limited clinicians with the appropriate expertise to treat such presentations. Also, such presentations are unlikely to be deemed appropriate for treatment by our local Area Mental Health Service. Furthermore, this will mean that those who have some capacity to pay for service will be competing for the same services that are utilized by those who have no capacity to pay. It appears counterintuitive to force private patients into the already overstretched public system.

It may be possible to refer clients onto an alternate service (e.g., ATAPs) once they have used all their Medicare funded sessions. However, this experience can often make the recovery process more difficult for a client who is put in a position where they have to re-disclose their history and presentation, which is often traumatic, to a new clinician and again work to develop a therapeutic relationship. Thus, if a client had of remained with the initial clinician than it is likely that their recovery would have been quicker and easier.

These above points lead to my recommendation to reinstate the potential for 18 Medicare funded sessions per calendar year. Furthermore, I believe that it is appropriate to consider further sessions for the treatment of presentations that are unlikely to be resolved with the 18 sessions available as indicated by the research literature. Even those who are very unwell deserve appropriate evidence based treatment that is adequate to their needs.

**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**

Even patients with mild to moderate mental illness may need more than 10 sessions to resolve their mental illness. For instance, it would be unrealistic to expect that a client who is hesitant about the mental health system, has an extreme abuse history and currently meets criteria for Depression and Alcohol Dependence (and has been drinking heavily for 30 years) to gain a resolution of all issues in 10 sessions. Furthermore, at times client's may experience events in their life which makes recovery more difficult than anticipated. For instance, a client who is recovering from depression and up to session 9 may experience the unexpected death of a spouse which would mean that they may need support beyond the 10 sessions.

**The impact and adequacy of services provided to people with mental illness through ATAPs:**

Due to the poor remuneration offered to clinicians through the ATAPs in our local area, it is less likely senior psychologists with high levels of training and experience will work for the ATAPs program. Thus, such a program has less potential to effectively treat for those with complex and severe mental health issues.

**The two-tiered Medicare rebate system for psychologists:**

Currently the Medicare rebate for clinical and generalist psychologists is well below that of the Australian Psychological Societies recommended fee of \$218 for a 45-60 minute consultation. Consideration should be made to increase the rebate to reflect the level of training and expertise a psychologist possesses.

**Workforce shortages:**

It would be foreseeable that fewer potential psychologists are likely to enter the workforce given the Government's rationalization of services.

To the best of my knowledge, in the Shepparton area there is only one privately practicing psychiatrist. This psychiatrist has an extensive waiting list and provides limited psychotherapy. Thus, it is unrealistic to believe that psychiatrists providing psychotherapy is a realistic solution to meeting the needs of local clients who require more than 10 sessions.

I hope that you will consider this submission during the enquiry.

Kind regards,

Dr Shanel Few  
Clinical Psychologist