

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

I am a Specialist Clinical Psychologist working in rural Western Australia. I have over 40 years experience in mental health.

The \$400 million slashed from Medicare funding from the Better Access programme will impact negatively on rural mental health services. The 2011-2012 budget mental health package also contained no specific significant mental health programs for rural and remote Australians so that services for rural people have gone backwards.

Proposed changes to the Better Access programme will have a profound negative impact on my rural psychological treatment programmes. Four or five of every ten of my patients are going to require upwards of 20 sessions for basic psychology treatment plus recovery.

When the current proposal to limit consultations to six plus four results then many of my patients will simply have to be referred to emergency departments or to hospitals. This involves much travel and inconvenience for rural patients. In most cases this will represent a band aid approach and psychological treatment is generally unavailable in state government hospitals. The usual practice is for the patient to be discharged and referred back to myself as a Specialist Clinical Psychologist working with a medical practitioner and nurse in the local environment WHERE SERVICES ARE BEST DELIVERED. Given the reduction in Medicare funded consultations available from November on-going treatment in many cases will be unavailable. Clinical psychology services will be simply be chopped as a result of the government pulling a policy lever that impacts on all sufferers regardless of their circumstances, needs or condition. THIS IS GOING TO PUT LIVES AT RISK AS MENTAL ILLNESS OFTEN ENCOMPASSES SELF-DESTRUCTIVE AND SUICIDAL BEHAVIOUR, ALONG WITH SUCH THINGS AS SELF-MUTILITATION AND SELF-HARM. The costs to the community in terms of various health and other services are high. It is critical that mental health services be able to flexibly address both treatment and prevention at the same time.

Clinical Psychologists given their specialist training in mental health should be better utilised to guide clinical decision making and determine rehabilitation options preferably from community-based settings. The current proposals to down grade Better Access will further fragment mental health services delivery. This is the reason the government always talks of employing coordinators who would be redundant if we had innovative and holistic mental health services.

Better access to Specialist Clinical Psychology would be achieved if the framework of delivery was simplified. For example, a patient with a severe anxiety disorder may well respond to treatment in seven consultations. It is possible and common that they could return after 12 months in the context of a partial relapse and needing further advice. In this situation the patient would have needed three medical referrals in order to have accessed Medicare benefits under Better Access. That is, three visits to a general practitioner in order to underwrite eight consultations with a Clinical Psychologist, all at tax payers expense. This just defies logic and is absolutely bizarre.

The proposed changes to Better Access are so ill-informed that they must have been dreamed up by accountants and bureaucrats in response to political policy directed at cutting costs. It highlights that mental illness and its ramifications are still poorly appreciated yet alone understood. As noted above as a Specialist Clinical Psychologist I need to have at least 20 or more consultations available to deal with the chronic and co-morbid conditions and associated disability encountered in high numbers in rural environments.

If the cuts to Better Access go ahead then my rural patients who have had ten individual

sessions by 1 November 2011 will be ineligible for any further consultations until 1 January 2012. The reasons these patients have been referred to me is because of their complex needs and the necessity of specialized psychological treatment which has at last been made available, albeit with constraints and a lack of flexibility. Now the Minister for Mental Health and Ageing would have me believe they they should be referred elsewhere BUT WHERE AS NO PSYCHOLOGICAL TREATMENT SERVICES ARE AVAILABLE. Should they go elsewhere then the therapeutic benefit of the relationship that has been build would be lost and the patient would have to start again. They would invariably be seeing a clinical nurse or someone not comprehensively trained at postgraduate level to deliver psychological treatment. In some cases I am already working with a nurse from the Division of General Practice so what is the Minister talking about?

I also note that the Minister for Mental Health has suggested that these patients could see a 'Medicare subsidized consultant psychiatrist...where 50 sessions can be provided per year'. However, state government psychiatrists refer complex patients in rural locations to my clinic for psychological treatment because there are no services provided by the government. The vast majority of my patients cannot access private psychiatrist services because of the travel required to the city and because of the high co-payments required.

The Minister has stated recently 'It is important that people get the right care for their needs'. For this to be achieved services need to start and end with the condition of the patient and their perspectives on life, and not be delivered within top down imposed uniform policy templates. The latter approach of the Minister highlights that policy making in mental health is still not too far removed from the Victorian era.

Yours sincerely

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