03/08/2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

To whom it may concern,

I am writing to provide comment on the proposed changes to the Better Access Initiative and the two-tiered Medicare rebate system.

Session cuts to better access

In the most recent Federal Budget it was announced that the Government is going to cut the yearly maximum allowance of psychological treatment sessions from 18 to 10. The Government has reported that it is going to invest this money into ATAPS however those who have accessed psychological services under the Better Access Initiative will not benefit from this. Many of those who access services through the Better Access Initiative do not require team based care and are able to make significant treatment gains through sessions with a psychologist alone. This emphasises the Federal Government's lack of understanding about the needs of Australians with mental health disorders.

In addition, by cutting the number of sessions from 18 to 10, the Government is assuming that people can experience the same treatment gains in half the number of sessions. This is inconsistent with empirical evidence which suggests that individuals need 15-20 sessions of psychotherapy to effectively treat common mental health disorders.

i) The National Institute of Clinical Excellence (NICE) established clinical practice guidelines in 2005 which recommended the number of sessions needed to treat specific mental health disorders
   a. Posttraumatic Stress Disorder = 8-12 sessions
   b. Generalised Anxiety Disorder = 12-15 sessions
   c. Panic Disorder = 7-14 sessions
   d. Major Depressive Disorder = 16-20 sessions

ii) The Australian Centre for Posttraumatic Mental Health and Rural Health released guidelines for the treatment of PTSD in 2009. Their guidelines recommended 8-12 sessions for simple PTSD and further sessions for complex PTSD (e.g. several problems as a result of multiple traumatic events)

iii) The Australian Psychological Society (APS) has conducted a literature review which assessed the number of treatment sessions needed for mental health disorders. They recommended the following number of sessions:
   a. Adjustment Disorder = 14 sessions
   b. Eating Disorders = 15-20 sessions
   c. Phobic Disorders = 12 sessions
   d. Generalised Anxiety Disorder = 14 sessions
   e. Panic Disorder = 7-14 sessions

f. Obsessive-Compulsive Disorder = 12 sessions
g. Major Depressive Disorder = 16 sessions
h. Drug and/or Alcohol Disorders = 52 sessions

This evidence shows that the Government is ignoring empirical evidence and clinical recommendations and is therefore failing to meet the needs of individuals with mental health disorders.

The Federal Government conducted their own evaluation of the Better Access Initiative and found that it was a cost effective way of delivering treatment to those with common mental health disorders. The typical cost of delivering a treatment package to an individual by a psychologist was found to be $753. This is significantly less than an ATAPS package of care which costs 2-10 times more than the Better Access Initiative per session. In addition, the Federal Government has stated that individuals who require more than 10 sessions can be referred to a consultant psychiatrist. This is unrealistic as there is a significant shortage of consultant psychiatrists (of who most have lengthy waiting lists), they do not provide specialist therapeutic treatments that psychologists do and they have an expensive gap fee of $200/session. Given this and the restricted access to psychologists, it would be likely that there would an increase in individuals presenting to GPs and hospitals.

There are a number of arguments for and against the maintenance of the 12-18 sessions of psychological treatment under the Better Access Initiative, however few of them are clinically driven and do not take into account the best treatment outcomes for individuals with mental health disorders. It is therefore recommended that instead of cutting the number of psychological sessions under the Better Access Initiative, the following be considered:

i) A more methodologically rigorous review of the current Better Access Initiative should be conducted to identify the number of psychological treatment sessions needed to achieve desired treatment outcomes, instead of simply averaging the number of sessions used by individuals with mental health disorders.
ii) Empirical evidence (like that discussed above) should be used to determine the number of psychological treatment sessions needed to treat those with mental health disorders.
iii) Future expenditure should be streamlined based on the provider type (e.g. Clinical Psychologist versus Generalist Psychologist).

The two-tiered Medicare rebate system

Clinical psychology is one of only two mental health disciplines (psychiatry being the other) whose ENTIRE accredited training is specifically focussed on the evidence based assessment, case formulation, diagnosis and treatment of the entire spectrum of mental health disorders across the lifespan as well as across complexity and severity.

For this reason, it makes sense that when initially structuring the Medicare rebate system for psychologists the Federal Government made a distinction between generalist psychologists and clinical psychologists. In addition, a number of regulatory boards (e.g. Australian Health Practitioner Regulation Agency) and organisations (e.g. Australian Psychological Society) have also made this distinction as they too recognise the specific training clinical

psychologists have undertaken and the need to be in line with other empirically supported health sciences.

The distinction between a Clinical Psychologist and a Generalist Psychologist is evident in a theoretical and financial capacity with higher qualifications, specialised training and specialised continuing professional development remunerated with a higher Medicare rebate. This kind of distinction exists across all other medical and health disciplines. For example, a Registered Nurse will on average be paid a higher income than an Enrolled Nurse. Moreover, a Neurosurgeon will on average be paid a higher income than a General Practitioner. This kind of distinction is not discrimination but rather recognition of the advanced qualifications and training these specialists have undertaken.

I hope that the Senate Inquiry will consider these points when investigating changes to the Commonwealth funding and administration of mental health services.

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