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

16 July 2011

Re: Commonwealth Funding and Administration of Mental Health Services

Dear Sir or Madam

I am writing to express my concerns in relation to the proposed changes to the Better Access Initiative for eligible people with a diagnosed mental illness. I would also like to comment on the two-tiered Medicare rebate system for psychologists (and other allied health providers).

Proposed changes to the Better Access Initiative

I am a registered Clinical Psychologist and current member of the Australian Psychological Society (APS). For the last 10 years I have provided psychological/psychiatric services to severely mentally ill young people both in the public mental health sector and in private practice. Presently, I divide my professional time equally between a youth-specific public mental health service and two headspace centres.

Whilst I congratulate the Australian Government for making a substantial commitment to youth mental health over the next five years, I am concerned that with the proposed changes to the Better Access to Mental Health Care program, many young people with more serious mental health disorders may potentially be left without appropriate mental health care. The rationalisation for the future cut from a current maximum of 18 to 10 annual sessions under Better Access suggests that those with serious mental health disorders, who will require more than 10 sessions of treatment in any calendar year, should be referred for additional treatment through the specialised public mental health system, private psychiatrists, or the expanded Access to Allied Psychological Services (ATAPS) program. Based on my own experience of working across the public and private sector, many young people with severe high prevalence disorders (e.g. severe depression or anxiety disorders) are already not getting access to the public mental health service; partly due to resource shortages, but also as these services typically exclude high prevalence disorders from their 'core business'. I therefore worry that, come 1st November 2011, many of my prospective clients will not receive treatment in the public system after they have had 10 sessions. Similarly I have significant doubts that young people will be able to get timely or affordable access to private psychiatrists, and even if they did, they would be unlikely to receive the psychological therapy which they would continue to require. When I recently spoke to the two GP divisions in my catchment to enquire about future access to the ATAPS program, I was informed that neither division had any plans to fund additional practitioners for the provision of services under ATAPS. Although I can of course not speak for every

GP division in the country, I worry that the capacity of the ATAPS program to accommodate all those future clients who will require more than 10 sessions in a year is at least very questionable.

Another issue that is associated with the proposed session cuts is the need for clients to re-engage with another provider; having to re-tell their story and start with someone anew, after having 'just' engaged with their current therapist, would be difficult, especially for those who are more seriously unwell.

I therefore propose that the current arrangement of a maximum of 18 sessions per calendar year under Better Access is maintained to ensure that young people with severe mental illness are not left without appropriate treatment options.

Two-tiered Medicare rebate system for psychologists (and other allied health providers)

I have always struggled with the current multi-tiered Medicare rebate system for psychologist, and indeed other allied health providers.

I am absolutely convinced that psychologists who have completed a clinical masters degree or PhD will immediately after their graduation provide more comprehensive services both in relation to the assessment and treatment of psychological problems and psychiatric disorders compared with their non-clinical psychologist colleagues and other allied health professionals. However, based on my experience of working in multi-disciplinary teams, I am similarly convinced that over the years this disparity can close. I have worked with many non-clinical psychologist colleagues who I have admired for their clinical/therapeutic knowhow and from whom I have learned many of the skills that I have today. What clearly defined these colleagues was their ongoing commitment to keep learning and engage in continued professional development. Rather than maintaining a 'two-class' rebate system based on which degree someone completed at university, I propose to implement a national registration and accreditation body (perhaps as part of the Australian Health Practitioner Registration Agency) which assesses the knowledge and skills of all health professionals at the time they apply for their Medicare provider status. In this way if a non-clinical psychologist or allied health professional could demonstrate that they possess equal skills to those of a Clinical Psychologist they should be able to provide psychological therapy services and charge accordingly. Those whose skills are found to be 'unequal' could continue to provide focussed psychological strategies in line with the current arrangements. In my view, such an accreditation process, although certainly not without challenges (e.g. in relation to administrative processes), would give everybody equal chances and would therefore be much fairer than the current system.

Thank you for taking my comments into consideration

Sincerely,

Carsten Schley
Clinical Psychologist (MAPS)