

Committee Secretary
Senate Standing Committees on Community Affairs
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Parliament House
Canberra, ACT, 2600

Submission to the Senate: The government's funding and administration of mental health services in Australia

I am registered as a Clinical and Counselling Psychologist at the Australian Health Practitioner Regulation Agency (AHPRA). I am also a Member of the Australian Psychological Society (APS), including the APS College of Counselling Psychologists and the APS College of Clinical Psychologists. I am working in Queensland, in a regional and rural area, in a private practice. I am a registered Medicare psychological therapy service provider.

I would like to submit the following comments to the Senate with particular reference to:

(a) the Government's 2011-12 Budget changes relating to mental health

Since 2006 a client could have been referred by a GP to see a psychologist for eighteen consultations in a calendar year under the Medicare initiative known as Better Access in Mental Health. The government's recent budget cut this down to ten consultations only. This decision by the government was discussed with my clients and colleagues. Everyone expressed their disappointment and concern. Psychologists and clients agree that this would be very detrimental to psychological service rendering.

It is therefore strongly recommended that the Government should reconsider this recommendation and that at least the previous amount of consultations (i.e. six + six, with an additional six if needed) should be brought back.

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

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

My concern is that the already burdened GP's might feel less motivated to do the same amount of work, including the compiling of a mental health treatment plan, for less financial incentives.

(ii) the rationalisation of allied health treatment sessions

In my experience, many clients would need twenty or more consultations of psychotherapy but most would require at least up to twelve consultations. As you would know, the Better Access initiative was recently researched and considered to be one of the best interventions in the field of mental health in the last thirty years in Australia. It is essential to build on this winning recipe rather than to reduce access to services.

It is therefore strongly recommended that the Government should reconsider the cut in the amount of consultations with Medicare rebates.

(iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs

GP's play an important role in the management of mental health needs in Australia. The GP is often the first health professional a person would consult regarding their mental health. However, people should also be able to go straight to a psychologist as an additional pathway to access psychological help. People are often well informed and they know if they have any mental health issues that they should consult a psychologist.

We could ask the question if people need a GP to look at their teeth before they could go see a dentist or for a GP to look at their eyes before they could consult an optometrist. In the same way clients should have straight access to psychologists as an additional way to the current road of seeing a GP first to get a referral to a psychologist. Just as a dentist and optometrist would refer a patient to a GP if a need was indicated, psychologists could refer a client to their GP if the need was indicated. A good reciprocal working relationship and co-operation between psychologists and GP's could be established in the field of mental health. It could actually save the government money if the clients could go straight to a psychologist as well.

Furthermore, the required review by a GP after a block of six consultations is not always needed. The government would save a lot of money if the review was only done on a need basis, e.g. when recommended by the GP and/or psychologist.

(iv) 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

Clients present with symptoms that could be described as "mild", "moderate" or "severe". It is my experience that the severity of symptoms can change in any direction over time. In the regional and rural areas are very limited mental health services available. The public should have access to psychology services, regardless of the severity of their symptoms. Individuals have had access to psychology services under the Medicare initiative and this should continue.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program

ATAPS certainly played a significant role in this region and I would strongly recommend the continuation of this initiative. I have been contracted to render services under the ATAPS Better Outcomes in Mental Health Care initiative since the start. The policies have changed over the last years. To my knowledge a client can currently be referred by their GP to a psychologist for a maximum of six consultations only. My understanding is that the government recently recommended that clients with severe symptoms should rather be referred under the ATAPS initiative. This does not make sense as people with more severe mental health needs will now have even less consultations than under the Medicare initiative. After the budget cut, the practical implication is that if a client with severe symptoms were seen ten times by a psychologist, they will have to be re-referred to another service provider, just to start the process all over again. That would obviously cost the government even more. Furthermore, such clients would still not receive comprehensive psychological treatment like they would have had with the eighteen consultations under the current Medicare initiative.

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

Severe mental health needs could imply more intensive treatment plans or even hospitalisation. State mental health services are less easily accessed in rural and regional areas and only bigger towns or cities offer psychiatric services. It is therefore essential that people with severe mental health needs should be able to access psychology services. The Medicare initiative where clients can consult a psychologist should therefore continue.

(e) mental health workforce issues, including:

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

As a clinical psychologist who works in a regional and rural area (significantly affected by years of drought and then by floods), I bulk bill all my clients who were referred by their GP's with a mental health treatment plan. The majority of clients cannot afford seeing a psychologist without the Medicare rebate. I would like to express my support for the two-tiered Medicare rebate system for psychologists.

I was required to complete further training, an individual bridging program in Clinical Psychology, to be able to become a member of the APS Clinical College. It took me eighteen months and many dollars, loss of income (because I was away from the practice to attend university courses three hours away from my home town) and many hours (at a great cost as well) of supervision from a clinical psychologist.

Clinical psychologists completed further training and are considered specialists and experts in the field of mental health, psychopathology and psychological treatment, including psychotherapies and counselling.

Clinical psychologists' further training should be acknowledged by the government and the Medicare rebate is appropriate. Note that the GP's who successfully completed further training in mental health get acknowledged by Medicare with a higher rebate as well (e.g. to compile the mental health treatment plan).

However, I would also like to express consideration for the many psychologists who feel disgruntled with the two-tiered Medicare rebate system. It should be recognised that there are psychologists with many years of clinical work experience who were not acknowledged by the recent registration process with fields of endorsement at the Psychology Board Australia, AHPRA. The government should consider a grandfather clause to accommodate psychologists who are eligible, e.g. for clinical endorsement.

(f) the adequacy of mental health funding and services for disadvantaged groups, including:
(i) culturally and linguistically diverse communities,
(ii) Indigenous communities, and
(iii) people with disabilities

The above mentioned disadvantaged groups will also be greatly affected by a cut in services. I have clients from indigenous communities, as well as individuals with disabilities, who would find it very challenging to travel to bigger cities for psychological services. Therefore the government should reconsider the cut in services.

(g) the delivery of a national mental health commission

No comments.

(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups

I would like to express strong support for this option. Psychologists in the regional and rural areas should get training and assistance to develop new technologies to use during service rendering, as well as Medicare rebates for consultations.

(j) any other related matter

I would like to express my support to the submissions made by the National Executive of the College of Counselling Psychologists to the federal government to have the skills and expertise of Counselling Psychologists recognised as equal to Clinical Psychologists. I was a fully qualified and registered Counselling Psychologist in South Africa when I relocated to Australia.

It may be noteworthy to mention that in South Africa, like the rest of the western world, a Counselling Psychologist is equal to a Clinical Psychologist. It was a shock to me when Medicare announced in 2006 a two tier system where only Clinical Psychologists were acknowledged for higher rebates. The consequence was that Counselling Psychologists were recognised as "generalist psychologists" (who have four years training). I consider this to be very unfair and discriminating against Counselling Psychologists.

I would like to point out that Counselling Psychologists, both internationally and in Australia, have completed at least a Masters in Psychology, i.e. a minimum of six years training at university, as well as a supervised internship or practical training. This training includes extensive training in psychological assessment, psychopathology, diagnosis, working with mental health needs and psychological services like psychotherapy and psychological counselling. It is clear that there is significant overlapping between Counselling and Clinical Psychology in subjects, competency standards and field of work.

As a Counselling Psychologist, in private practice in South Africa, I worked with clients with a variety of mental health needs. I experienced no unfair discrimination against Counselling Psychologists from any medical aid fund in South Africa. Counselling Psychologists were not paid less either.

Counselling Psychologists, a minority group in Australia when compared to the amount of Clinical Psychologists, are acknowledged by Medicare as “Generalist Psychologists” only. However, Counselling Psychologists are specialists in the field of counselling psychology and in the provision of psychotherapy. Counselling Psychologists are trained to provide a wide range of psychology services, as well as to treat a wide range of mental health problems, psychopathology, psychological disorders and other emotional problems. Counselling Psychologists are trained to use evidence-based psychotherapeutic and psychological counselling strategies.

As I am currently endorsed as both Clinical and Counselling Psychologist, I consider myself to be in a unique position to point out that there has been unfair discrimination against Counselling Psychologists. I would therefore like to support the request that the government change the scheme to include Counselling Psychologists and to acknowledge the Counselling Psychologist as equal to the Clinical Psychologist. Counselling Psychologists are absolutely qualified to render the required psychological therapies to clients under the Medicare Better Access initiative.

I strongly recommend that the current policies should be reviewed. Any discriminatory distinction between Clinical Psychologists and Counselling Psychologists should be removed. Medicare and other government authorities should recognise and acknowledge that Counselling Psychologists provide expert psychological services, including assessment, diagnosis and psychotherapy and counselling for mental health purposes.

I thank you for this investigation and I trust the Senate would consider the above and make suggestions to improve the mental health services in Australia.

Clinical and Counselling Psychologist