Submission to the Government's 2011-12 Budget changes relating to mental health services in Australia

The impact of changes to the number of allied mental health treatment services

The capping of rebates provided by psychologists to only 10 visits per calendar year is inadequate. Many people with mental illnesses are from a lower socio economic status than those who do not suffer with such difficulties (due to difficulties in sustaining employment, especially higher paying jobs). The Government has argued that the changes to the Better Access Scheme will not affect large numbers of consumers, as only approximately 13% of Better Access patients receive more than 10 sessions. I would argue strongly that this group of patients have a right to access affordable clinical psychology care and that it is this group who can stand to make the most substantial gains from treatment, as the presence of moderate to severe mental disorders can have a significant impact on all aspects of functioning, including work, study, family and relationships, as well as physical health. Unfortunately the inadequate number of rebateable sessions available to patients will mean that this type of treatment is only available to those with higher levels of assets or income and as such is very discriminatory.

As a Provider of Medicare Clinical Psychology Services patients with moderate to severe mental disorders are routinely referred to me under the Better Access programme. This patient group includes individuals presenting with personality disorders, substance abuse, and early trauma histories, as well as those with long-standing and/or severe mental health issues and associated impairment in functioning, such as adults presenting with childhood-onset anxiety disorders, eating disorders, or chronic depression that has not responded to medication. Treatment of these patients under the 10 session scheme may have unintended negative consequences for these patients as session limits will likely require that treatment be interrupted or ceased prematurely. Such treatment interference may result in symptom exacerbation or relapse; treatment aversion; or may reinforce long-standing patterns of isolation, rejection/abandonment and hopelessness, particularly for individuals with trauma or personality disorder presentations.

Even if one is to accept that patients will need to transfer to an alternate treatment service part way through their treatment, I am concerned that I have attempted to refer a number of my clients to one of the specialised mental health systems recently (and in the past) and they have been unable to accept the referral, due to their overwhelming lack of resources (most notably staffing shortages). In fact, I have been told by staff within the adult mental health services that they are unable to provide psychotherapy, and their focus is on case management. They refer to clinical psychologists such as myself to undertake therapeutic work. Furthermore, whilst clients can access up to 50 sessions with a psychiatrist per year, many of my clients are unable to afford the cost of consulting with a psychiatrist (which can be $250 per hour session). For clients in the Upper Yarra Valley, there is difficulty in accessing regular sessions with a psychiatrist, as most consultant psychiatrists work in the inner suburbs and

city areas. Many clients have also expressed their desire to have a choice between seeing a clinical psychologist OR a psychiatrist for ongoing therapy, particularly if clients are seeking 'talking' therapy rather than medication.

It is not only the patients that stand to lose from the reduction in sessions. These cost-saving measures can also be expected to have serious unintended associated costs for the public and the health care system. In relation to people with more severe mental health issues, I would argue that there needs to be an increase in the number of sessions available to them, rather than a reduction. Many of these clients require the 18 sessions made available under exceptional circumstances in order to fully treat their difficulties and suitably offer treatment which provides relapse prevention. Many clinical psychologists stretch these sessions across the year, not because patients require less frequent treatment, but to ensure they do not have to go without psychological support for lengthy periods of time.

The two-tiered Medicare rebate system for psychologists

The Better Access initiative has been set up to afford those patients suffering from moderate to severe mental illness access to psychological treatment. Clinical psychologists are the only psychologists given specialist postgraduate training in the assessment, diagnosis and treatment of moderate to severe mental illness. Clinical psychologists are required to undergo a minimum of 6 years university training plus two years of supervised practice once completed. I spent 9 years at university; four years undertaking my undergraduate degree and then five years completing my postgraduate training (doctorate research and clinical training). This compares to generalist psychologists who can complete as little as four years of university training and two years of supervised practice. However, the important difference is that they do not have a focus on the assessment, diagnosis and treatment of moderate to severe mental illness. What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice, focuses on individual differences, abnormal behaviour, and mental disorders and their prevention, and lifestyle enhancement. In the UK and the US clinical psychologists are recognised for their specific, clinically focused training and ability to work with patients who present with moderate to severe mental illness.

While all psychologists can help patients with moderate to severe mental illness, clinical psychologists bring additional training and expertise and should, therefore, be recognised for this as per the current 2-tiered Medicare rebate system for psychologists. For Better Access to deliver the best level of care to society, surely the most highly trained members of the profession of psychology need to be remunerated appropriately. While there are other specialist areas of psychology that receive high levels of training, clinical psychologists receive high level training in the exact area that the Better Access initiative is targeting i.e., the assessment, diagnosis and treatment of moderate to severe mental illness. The proposed

changes to the current 2-tiered Medicare rebate system for psychologists essentially means that my clients will have their Medicare rebates cut by 50 percent. As a psychologist who is building a practice in the Upper Yarra Valley where psychological services are extremely limited and under-resourced and where many clients face significant financial hardship, this will have a significant adverse affect on my clients and my practice. I request that the current 2-tiered Medicare rebate system for psychologists be maintained.

I would be happy to meet with the committee when they are in Melbourne, as I feel passionate about these issues, particularly in relation to how these will impact on the mental health of people within the Yarra Valley.

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