Committee Secretary
Senate Standing Committees on Community Affairs

Dear Committee,

Thank you for the opportunity to give comment on the budget changes made in mental health. I am a counselling psychologist whom prior to returning to private practice over the last 2 years also worked in a Division of General Practice managing an ATAPS program for 5 years. This gives me a unique position to understand the relationship between client access via both pathways of care and the inter-relationship that can occur.

Changes to the Better Access Initiative

The two tiered Medicare rebate system

Counselling psychology is an endorsed psychology specialty under the Australian Health Practitioners Regulation Agency (AHPRA) and counselling psychologists are extensively trained in evidence-based psychological therapies to treat high prevalence and serious mental health disorders. They are skilled at assessment, diagnosis, and treatment of mental health disorders. The current two-tiered structure for psychologists represents a discriminatory distinction between clinical psychologists and other endorsed psychologists, such as counselling psychologists. I would like the following thoughts to be considered:

- Remove the arbitrary and highly discriminatory distinction between clinical psychologists and other endorsed psychologists including counselling psychologists to allow patients of the latter to obtain the higher level rebate for treatment of their mental health problems. The current discrimination limits access to high-quality endorsed specialist care.
- Recognise that counselling psychologists are extensively trained to provide assessment, diagnosis, and evidence-based psychological therapies for mental health disorders as approved under Better Access.
- I'd like to see the Psychological Therapies MBS item be changed to a 'specialist psychological therapies' item, and base eligibility on the specialist areas of endorsement under the Psychology Board of Australia.

The rationalisation of allied health treatment sessions

There is no logic apart from financial in the idea of reducing the number of services to the small number of patients who need additional care. The assumption is that patients with severe mental health conditions are not seen via the Better Access initiative. That is just not the case. I see patients who are suicidal, who may have had a long history of mental health problems, who may have had hospitalizations, and who have often not had access to good quality counselling support in their life ever before.

The decision to cut the number of sessions to this small group severely limits the opportunity to provide good quality care and give patients the time it takes to improve their functioning. This decision jeopardises stabilization of patient symptoms, may trigger loss of working capacity or hospitalization, not to mention the negative flow-on impact that family and carers experience as a result. As a private health provider, this reduction in sessions to those that are in most need is stressful for me – it is hard enough to be limited to 18 maximum sessions a year for some of the patients I see.

This decision ignores the research about the number of sessions required to deliver clinically effective treatment. Australian and international research has repeatedly shown that 15 to 20 sessions of treatment are required for common psychological disorders, like depression and anxiety, in order to achieve clinically significant outcomes for 85% of patients (Australian Psychological Society, 2010). The current session allowance of 12, with an extra 6 sessions in extraordinary circumstances, in most cases enables psychologists to achieve clinically significant outcomes with their patients. The proposed reduction in sessions to a maximum of 10 is likely to result in the failure of many treatments; such a change ignores the research evidence, and as such is not evidence-based.

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

One of the problems ATAPS has always faced is lack of funding. Even the current proposed increase of funding will be unlikely to ensure that patients have access to 18 or more sessions a calendar year who attend via the ATAPS pathway should this be needed by the patient. Patients have often had to rely on attending sessions via the Better Access pathway when funding was insufficient to allow them to receive the number of sessions they needed. Not all GPs are registered to access ATAPS for their patients or choose to refer patients via ATAPS due to additional paperwork or lack of service availability due to limited funding. The most important thing is that patients have access to flexible, effective clinical care.

I wish to strongly advocate for the continuation of the current session allowance of 6 + 6 with another 6 sessions under exceptional circumstances – this gives patients who are affected by moderate to severe mental conditions the kind of flexible clinical support that they most need.

Kind Regards
Linda Pullen