Dear Senate Members,

I am unable to access the online website, so I am therefore submitting this to the Committee via email.

Questions I would like the Senate Committee to consider:

- What data informed the changes to the Better Access Scheme?
- As the original aim of Better Access was to improve patient treatment and management in the community, early intervention to assist with those with mental health issues - I ask how the current proposed changes will facilitate a collaborative approach and early intervention to the mental health of those previously unable to access such services – that will now become restricted and under what guidance?
- I question how much does the Government via Medicare spends on Psychiatric services per annum, compared to that spent on Allied Health Professionals (working in partnership with GPs and Psychiatrists).
- What percentage of psychiatrists provide services at schedule fees and/or bulk bill/ and what waiting lists are for appointments with psychiatrists, what money Medicare pays to facilitate access to Psychiatrists?
- The proposed changes do not address the gap between those with the severest mental health illnesses which are often treated within the public sector, and those who fall outside that criteria who still have major mental health concerns – how will these people not be severely disadvantaged - how was this considered?
- Following a 5 year plan to enable a collaborative approach to mental health concerns in the community, early intervention, and services for those not able to access the Public system;
    - Including the work of GPs in particular, allied health professionals, and participating Psychiatrists to enable this thorough approach – why would this be down-sized, restricted and result in reduced service to patients?
    - Why is a Program (Better Access) that was working to a large percent, being virtually made impotent, after 5 years, and new programs invented or the wheel reinvented?

Information I provide for your consideration:

- I have been a registered Psychologist for the past 15 years and also a member of APS for over 10 years.
- As a practising Psychologist both in the public and private health sector, the changes brought about by Better Access allowed people in the private sector to access mental health services as previously they would have been unable to do so as they would not have been serviced by public mental health services.
- Currently in my private practice (which is part-time) I have 22-25 GPs who refer for psychological services , 2 Psychiatrists, and I liaise with Drs in other specialities – such has Rehabilitation specialists. Most of these referrals have been enabled through the Better Access Program.

- The change in referrals and people presenting to the private sector since the introduction of the Better Access Program has particularly increased in older persons and young people accessing services that would not have previously been seen before. Within my private practice, the client age ranges from age 5 to 84 years old, many of whom had never previously seen a 'counsellor' or 'mental health practitioner' - particularly older people, and those in the lower socio-economic arenas.
- Some clients require 2 sessions, some 6 sessions - this represents approximately 5% of people referred by GPs to private practice.
- The other 95% referrals to private practice under Better Access sometimes require between 2 - 5 years of collaborative treatment, and a session once a month or less or the proposed 10 sessions does not facilitate this. These clients are not those who could be serviced by the Public Health Sector, and also many of whom would not attend a Public mental health service – nor be accepted to such.
- I have recently seen public statements on the media from Psychiatrists stating that Psychologists and allied health professionals *'only work with depression and anxiety'* and only work with *'the worried well'* – I believe this to be very untrue and data needs to be collected as to the validity of these statements.
- I have always worked both with organisations, ngo's and within the public sector where people could access services at no cost, eg. CYMHS QLD, QLD Transcultural Mental Health Centre and schools - so I am very aware that public health services are limited in what they can provide despite best efforts.
- Adult Public Mental Health Services in this state treat only the most severe and chronic psychiatric / psychological conditions, for example Psychosis and Schizophrenia while many other debilitating disorders are referred to the private sector.
- Child and Youth Mental Services are able to respond to a broader range of patients - but are also limited in capacity, acceptance criteria and duration of service.
- Private Psychiatry is expensive for many clients with long waiting lists.
- I know of 1 Psychiatrist in Brisbane who bulk bills, and another who charges only the schedule fees. On the other hand I know of a number of Psychiatrists charging well above the schedule fee, into the $400 fee range, yet Medicare enables approx. 50 sessions a year of rebates for Psychiatric services.
- The majority of clients in my private practice are bulk billed at the Medicare rebate while many are charged below the recommended scheduled fee making this affordable and easily accessible.
- Why there is concern about expenditure on what [for patients] has been a largely successful program – Better Access – where patients are receiving collaborative care, with significant mental health concerns – and enabling many people not to be hospitalised?
- Under the proposed changes - Psychologists who focus on the treatment of mental health issues will only be able to offer patients a maximum of 10 sessions – how is this encouraging continuity of care? Also this will not meet the mental health needs of the population of clients that I see, nor those of patients that colleagues see.
- I work with a number of GPs in various locations and Psychiatrists who refer to me and visa versa - we work effectively together towards the best service and

outcomes for our patients. Better Access has enabled this for our patients however this is now at risk.

- The clients I see present with numerous and complex mental health issues such as: emotional disorders, PTSD and trauma issues, attachment disorders, personality disorders, grief and stress issues and physical/sexual abuse. Many are from lower socio-economic backgrounds and young people who have been on the streets in multiple abuse situations. I have specialised in working with children and adolescents, families, but also see adults.
- There are also clients I treat in collaboration with GPs and Psychiatrists who suffer from Schizophrenia, PTSD, childhood abuse issues, victims of homicide of family members, siblings – friends, family members who have suicided, child safety issues including liaison with Child Safety, severe Depression, suicidal ideation and at risk of suicide, self harming, eating disorders, torture and trauma histories from Australia and overseas, cult abuse from multi-generational dysfunctional families, children traumatised in separated families; patients with Cancer, Huntington's Disease, Cerebral Palsy, Blindness, and other disability, developmental delays, rape, war trauma, chronic pain resulting in psychological trauma, personality disorders such as Borderline, Narcissism and Sociopathy, Major depressive disorders and severe Anxiety inclusive of Panic attacks, Agoraphobia, Obsessive Compulsive Disorders, psychological somatic disturbances just to name just a few. I have not referred to 'mental health' codes or names here; as in the public sector the ICD-10 is utilised, and the DSM IVR in the private sector.

The introduction of Better Access for Mental Health brought about a positive change for a vast majority of people who previously were unable to access such services. It is unfortunate that these people are unlikely to be able to access sufficient treatment under the 'new' Better Access proposal with Psychiatric fees in the private sector and wait lists excessively restrictive, and/or under public mental health services.

Therefore I am asking this Senate Committee to consider the serious impact of the change to Better Access for most of the people currently being referred under Better Access who require far more than 6 or 10 sessions per annum; and in a number of cases more than 18 sessions.

I thank you for the opportunity to make this submission. I am pleased there is a Senate Enquiry into the matter. That the costs to these changes for the people who most need these services is of utmost consideration.

Yours sincerely

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Psychologist. BA Hons. APS.

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