

In 2006 I met with the CEO of my local Medical Centre to discuss the potential of a private practice social worker in my town. As a large town in rural South Australia (2 hour drive from Adelaide pop. Approx 8000) mental health service provision historically has been focussed on severely mentally ill people and somewhat patchy and under resourced. The CEO believed that the inclusion of a mental health social worker in our community would be highly beneficial and would certainly be an important and vital service for people experiencing mental health issues. The Medical Centre has a clear vision of ensuring equitable access of rural people to services that are available to metropolitan populations. With this underpinning their model of practice and service delivery, the inclusion of mental health social workers in the Medicare scheme was welcomed.

I decided to study a Masters in Mental Health Science to develop my skills as a social worker and therapist. I did this to develop sound therapeutic skills to take back to my community in the form of social work services and education.

I also did a 3 month placement during this at the Medical Centre to test out how the service would be received. The GPs were supportive, inclusive and treated me as a valued colleague whose knowledge was as valuable as their own; they consulted with me regularly about mutual clients and made it their business to support the development of a business model that would make my private practice accessible to their clients. Upon reading the history of these clients, it became clear they were in a 'revolving door' situation – where they just were getting patched up over and over again. I don't know what the cost to health system was for these clients but I know that within 12 sessions of co-ordinated care – they had less GP visits, less mental health visits and no ED admissions. After 12 weeks the clients went onto monthly visits with the mental health nurse and then to an 'as needed' basis. At the time these clients were facing lengthy stays as inpatients at Flinders Medical Centre for treatment. I treated them in 12 sessions. All reported improvements in their mental health of their symptoms. Their family lives were happier, and leads us to ask the question of the long term implications for those children healthy parents vs. unhealthy parents.

After 3+ years of planning and skill development, money and time – with a shared room with the local psychologist available within the Medical Centre building and a significant amount of work available – I sent in my application for my Medicare provider number. That was May 14th. That evening, I turned on my computer to discover I was no longer eligible for the rebate. My career just fell apart right in front of me. Then I realised the implications for the Medical Centre and the clients and it became clear to me that this decision to not include social workers in the Medicare rebate would have significant ramifications for country people. Country people are referred to the city- they don't go – they are too sick, too poor or have too many commitments. It is unfair to them. Early intervention models have been shown time and time again to be the most effective for social cohesion and economic savings. To only allow social workers to work

with acutely ill people means that clients like I had mentioned with chew up health money in ED's GP's and their children will also chew up money from education, health and welfare as they struggle to live with a mentally ill parent. The children need a chance too. Private practice social work is responsive, effective, targeted and most importantly – early. Multiply my story by 1500 and then you have the social work and OT work force affected. Add in 120,000+ clients + their families (so multiply that figure by 5 to 10 to include the family and friends directly affected by a loved one's mental health) - and that who is affected by this. Not to mention the GP's and nurses who have nowhere to refer (or limited options) and the psychologists that suddenly have massive blow outs on waiting lists. That's not to mention those who will now have to wait until acutely ill to get help under the more expensive, inflexible ATAPS program.

I ask you consider in the budget estimates the point of retaining the funding of Mental Health Social Workers and Occupational Therapists under the Medicare Better Access scheme as it stands as of today. Better Access was designed as an EARLY INTERVENTION MEASURE to avoid the high ongoing and cyclical cost of mental illness as it worsens. Mental illness also affects family and friends of the individual sufferer and this creates a snowball effect of service provision (e.g. GP, emergency departments, counselling, Centrelink, welfare, education, legal – family law etc). Under the scheme, people were encouraged to seek help for mental health issues if they were in the early – mid stages of the illness, or if they didn't fit the current mental health system, if they were not able to access the mental health system due to distance or for financial reasons. This system was also intended to stop people ending up in hospitals and GP's and thus draining resources that did not necessarily fix them. This was also a 'market driven' approach in many respects because people sought help when needed and private social workers only got paid upon use of service. This was designed to be targeted and flexible but most importantly EARLY.

Mental Health social workers undergo a rigorous screening process to ensure that they are able to provide mental health services. It is not a system by which poorly trained people can make lots of money by rorting the system – far from it. Many of the social workers in practice have taken income cuts to practice privately, don't charge gaps and have many years of clinical experience.

It is painfully clear Nicola Roxon has missed the point when she says: “we must deliver these monies to services for the severely ill” and her way of doing this is to remove social workers out of the early intervention model and put them in situations where they manage severely ill peoples cases.

This does not make sense – economically – as these people use many resources before they are considered “severely ill” and then become in the revolving door of crisis driven mental health care. It makes sense to retain well trained, private providers who are providing market driven early intervention services to avoid the detestation that occurs when people do become severely mentally ill.

With this in mind I ask you to say NO to the proposed changes that will become effective in April 2011, and that you vote in favour of Mental Health Social Workers and Occupational Therapists under the Medicare Better Access scheme as it stands as of today