

Senate Standing Committees on Community Affairs
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Parliament House
Canberra ACT 2600
Australia

3 August 2011

To the Senate Standing Committee

I refer to the terms of reference and would like to respond on the following points:

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

I am of the opinion that the Better Access to Mental Health Initiative is a very important aspect for the future of Australians. The initiative was well received by the public who never had any proper access to affordable mental health. The initiative gave clients that have been in need of therapy access to therapists, as the only previous access was either an overcrowded Public Mental Health System or Private health that paid a small amount per year (hardly enough for three sessions).

The changes introduced by the Government has unfortunately been deceitful and not explained clearly to the general public. A lot of effort and expenditure was put into making a big show to announce an increase in the funding for Mental Health in the Federal Budget. What was left out of this exercise was informing the public that the funds were pulled from or taken from Mental Health to fund "new Initiatives in Mental Health" (by reducing the sessions for Psychologists and lower payments for General Practitioners to do Care-plans and referrals to Psychologists).

It has been noted in recent times (Australian Doctor) that the Government's decision to slash the current funding for Mental Health was done without consultations of its own

Expert Advisory Panel. Also, that the funds were directed towards programs that have not yet been proven to yield results.

(b) Changes to the Better Access Initiative:

By reducing the sessions to Psychologists and to lower the rebate for General Practitioners, patients will be forced to return to the “Old Days” of Mental Health where treatment should not be given, as it will cost the Government too much to keep their nation mentally healthy. It is no secret that there is still a big stigma towards Mental Illness. Years of atrocities have taken place in Australia, and still does occur (Sexual Abuse within all groups of the population, in churches, schools; physical, mental and emotional abuse; the number of patients suffering from Post Traumatic Stress rising; depression to be one of the main causes of work absenteeism; abuse and detrimental effects of Alcohol and Illicit Substances, and yet the impact of these are still not being addressed; a nation that is working harder every year to keep their heads above water to provide for their families; parents working and spending less time with their families and now having to let teachers and schools assist in the parenting and raising of their children; a nation that used to be in the Top 5 “Happy Countries” in the world, now slipping lower).

There is a great need for ongoing therapy and will be in years to come. The long-term effect will benefit the nation, but yes, maybe not a politician’s term in office.

By reducing the rebate for General Practitioners the Government will be hoping that practitioners take less interest in Mental Health, that they will be less inclined to do a Care-plan and that practitioners will refer less to Psychologists, therefore saving money and funds.

The opposite is needed in reality. More awareness and more anti-stigma work needs to be done for Mental Health, as well as associated Disability Services. More clients need to be evaluated, assessed and treated to ensure that the backlog of years of no access to Mental Health Services be erased.

In reference to General Practitioners and the referral process to Psychologists (Clinical or General) I would like to comment as follows:

In all professions there are proficient and skilled practitioners as well as less proficient and skilled practitioners. My opinion is that a General Practitioner will choose the best

Psychologist to refer to based on the work done on their patients and the feedback from their patients. It is a well known and tested business rule (as well as a rule in nature) that those who are skilled will receive more business. I believe that General Practitioners are qualified enough and trained well enough to make a clear decision on who they can trust with their patients and who will deliver the best results for their patients. Once a general Practitioner has established a working relationship with one or more Psychologists, more collaborative work will take place and the patient will benefit from a Team Approach.

The reduction to services / sessions to clients will put added pressure on the Psychologist to perform and it will in turn lead to “band-aiding”. Less effective work will be done. Proper assessment, diagnosing and treatment planning is empirical and does not take just one or two sessions to complete (the principal of Genuine Parts for your vehicle versus cheaper Quick Fix parts?).

Maintaining the amount of sessions (at the current 6 + 6 + (6 under extreme circumstances)) will lead to ongoing effective treatment to all clients and will provide enough time to complete therapy properly. Also, at times, later sessions are needed and can be kept in reserve in case a relapse of the condition occurs.

The proposed amount of sessions (6 + (4 under extreme circumstances)) does not lend itself to effective treatment and risks the relapse of a condition. Also, the possibility exists that a reduction in sessions would lead to an increase in the use of Medication as a measure to ensure that some improvements are being achieved (which will be at a cost to the Government and the client).

There is unfortunately no short-cut in Mental Health (or any health matters).

(e) Mental health workforce issues:

A lot has been said and written about the two-tiered Medicare rebate system. It is a shame that a Profession can be so divided about it. There is no doubt that there are highly qualified professionals. They have studied and work very hard to achieve their qualifications. For what they have achieved, they deserve.

Unfortunately, a baby was born years ago (the 4+2 Generalist Psychologist) as a product of the PBA, APS and Universities and others. It was introduced, allowed to play in the park with the other babies, and now, no one wants to take any responsibility for its existence. It cannot be returned, put down or aborted. It is now part of the play-group.

I am of the opinion that all Registration Boards, Universities and Associations involved in Psychology, take responsibility irrespective, and to work on a way to integrate the baby into the playgroup to a level that is on par. I know that a lot of generalists are well trained and educated. They would keenly participate in a Course that resembles a Master or Doctorate Degree (in the form of a Grandfather Clause that focuses on proficient skills) to enhance their standing. Unfortunately, the lack of available places to a current select few skews the picture and limits the number of Psychologists that can be trained (10-15 per year per University).

Practitioners that have been working for years in Private Practice cannot gain access into Universities and this is not a reflection on their skill-based practice.

The 4+2 system should be done away with to eliminate more entries into the future. Students are studying under a false believe that they will still be able to practice. The profession should streamline itself (with all the babies in the playgroup) to become an International Recognised Profession.

(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

The initiative to provide such services is admirable and there is a place, however, risk management of clients will be a controversial aspect for practitioners and need to be tested before any implementation.

Thank you for this opportunity to respond.