Submission

Re: Proposed changes to the mental health care Better Access Program

I write regarding my two main concerns with the proposed changes:-

1. Planned cessation of the two-tiered Medicare rebate system for psychologists.

2. The reduction in number of sessions allocated in a 12 month period.

1. Planned cessation of the two-tiered Medicare rebate system for psychologists.

I understand the Senate Community Affairs Committee's report concluded that there are no grounds for the current two-tiered Medicare rebate system for psychologists. They apparently intend to recommend the single lower rate of payment for all psychologists. Apparently they see no difference between the work of a 4 year trained psychologist and that of a 6 year trained clinical psychologist

The Industrial Relations Commission disagrees. The Commission placed a higher work value on the work of clinical psychologists. Currently 4 years trained psychologists are given a lower rebate than 6 year trained clinical psychologists under the Better Access Program. The Senate committee is apparently going to recommending all get the four year rate. I think the 4 year trained rate just under $80 and the 6 year trained rate is $119.80, both for a 50 to 60 minute consultation.

About ten years ago now a review was carried out of the wage structure for psychologists in NSW Health. It was determined that the roles and responsibilities of clinical psychologists over and against four year trained psychologist were significantly different. As a result there is a significant difference between the pay of a four year trained psychologist to that of a six year trained clinical psychologist within NSW Health. For example, currently a four year trained psychologist working within NSW Health with 5 years experience earns $67,889 per annum whilst a clinical psychologist with 5 years experience earns $95,929.

As a clinical psychologist I know there is a vast difference between 4 year and 6 year trained psychologists and as such I believe there are grounds for an extra rebate to 6 year trained clinical psychologists.

The current Medicare rebate system for psychologists is for mental health care there is no other reason for the rebate. **Four year trained psychologists are not trained within their degree to assess, diagnose and treat mental health disorders**. The two year postgraduate degree undertaken to become a clinical psychologist is entirely focused on the assessment, diagnosis and treatment of mental health disorders. The financial cost of the two year postgraduate clinical training to the individual is about $30,000 in upfront fees. This does not including opportunity cost or interest if loans have to be taken out.

The focus of the two year postgraduate degree is all about the care of people with mental health issues. This is why it is rare for a 4 year trained psychologists to find employment in a mental health setting in NSW health, as mental health settings seek out 6 trained clinical psychologists. This means that not only 4 year trained psychologists not formally trained to assess, diagnosis and treat mental health disorders but that the vast majority of them have no experience working with mental health patients / clients in a mental health setting. Yet the rebate under the Better Access Scheme is for a mental health care plan.

As a clinical psychologist I have completed my two year postgraduate training in the assessment, diagnosis and treatment of mental health disorders. I also have 10 years experience working within two multidisciplinary teams made up of psychiatrists, psychiatry registrars, clinical psychologists, nurses and social workers. Daily we have been assessing, diagnosing and treating children and adolescents with mental health issues within NSW Health. Most of our referrals come from GP's, Paediatricians, 4 year trained psychologists and school counsellors. In those 10 years I have gained a wealth of experience working with these colleagues from differing disciplines in caring for children, adolescents and their families with mental health issues. In those ten years I have worked with many (20 to 30) clinical psychologists but only two four year trained psychologist have been on teams I have worked with. Neither of whom work in private practice.

My point is I have the training and a wealth of experience that the average four year trained psychologist cannot compete with. That training and experience deserves more financial compensation than those with no (or lesser) education and experience in the assessment diagnoses and treatment of mental health disorders, particular when responding to a mental health care plan. It also raises the question of why 4 year trained psychologists are being paid to service mental health care plans.

At this stage in the history of the Better Access mental health care rebate scheme a significant reduction in the payment to clinical psychologists is likely to disadvantage the financially poorer clients and those on any form of transfer payment.

For example, currently in my private practice I will accept the Medicare care rebate for those on pensions or the like. There is no co-payment for them, though there is for more affluent clients. If the payment for clinical psychologists reduces by $40 or so dollars per hour I will simple stop seeing those clients who cannot afford to pay my minimum charge. I

am running a small business and cannot afford to do otherwise. Many colleagues in private practice will likely do the same.

This will in effect dumb down the current treatment to those on transfer payments as they will have to take their mental health issues to four year trained psychologists with no formal trained in the assessment, diagnosis and treatment of mental health disorders and who by enlarge have no experience working in a mental health setting.

I suspect that this will also put pressure on State Health Service as there will be more people seeking free services through accident and emergency departments and community mental health settings.

2. The reduction in number of sessions allocated in a 12 month period.

Currently a client can access 12 sessions in a calendar year and there is the possibility of 6 further sessions for those with severe and chronic conditions. The plan is to reduce the number of sessions to 10 with no possibility of extension.

For many clients 10 sessions is sufficient. Based on my own private practice most referrals can be cared for in this manner. Still I have seen clients for 12 sessions in a calendar year. My concern is that the planned removal of a further possible 6 sessions, for those in dire straits, is most unfortunate and likely to undermine the most vulnerable and poor in the community. They will no longer have the opportunity to continue therapy with the clinician they have built rapport with. One of the foundations to effective psychological therapy is the development of a trusting relationship between the client / patient and the therapist. These clients by enlarge do not want to go elsewhere and start again or they would have done so before their sessions ran out.

The federal government has suggested clients who require further sessions, beyond 10, can access public mental health services, private psychiatrists and the Access to Allied Psychological Services (ATAPS) Program.

I work mostly in the Illawarra and will use that area with its population of approximately 400,000 as an example[1].

The adult public mental health service in the Illawarra has 2 clinical psychologists to cover the 400,000 population. I suspect about 60% of the population are adults (over 18 years of age), about 20% of them will suffer a mental health disorder at some stage. The shortage of clinical psychologists in public adult mental health services is one of the reasons so many people have accessed the Better Access Program, as they cannot access clinical psychological services in the public system.

[1] According to IRIS Research the population of Wollongong is 195,678 and they state Wollongong makes up 46.8% of the population of the Illawarra.

It takes up to three months to gain an appointment with a private psychiatrist in the Illawarra. Most of their focus is on medication and not psychological therapy. Many clients currently seeking a clinical psychologist already see a psychiatrist. It is highly likely that those clients who require an extra 6 session of psychological intervention are already seeing a private psychiatrist as they are the clients at the more severe end of the mental health continuum. It is also probable that it was the psychiatrist that referred them to the clinical psychologist. In my own practice I have been referred many clients by private psychiatrists. If private psychiatrists provided the service clinical psychologists provided why would they refer their patients to clinical psychologists.

The third suggestion by the federal government is that those clients requiring more than 10 sessions can access the Access to Allied Psychological Services (ATAPS) Program, which in my area is managed by the Illawarra Division of General Practice. They tell me they have 4 clinical psychologists to cover the Illawarra area, an area of 400,000. They are all fully employed already.

The Department of Health and Aging review of the Access to Allied Psychological Services (ATAPS) Program was published in February 2010. The review recommended the ATAPS should be refocused (following a suitable adjustment period for service providers) to target: *(quote)*

- *Supplementing service provision for consumers in areas where access to private Medicare services is limited due to geography or locality, such as in rural, remote and some outer metropolitan areas; and*

- *Providing appropriate service models for hard to reach groups in all areas of Australia who are currently not accessing, or cannot afford, psychological services (including Aboriginal and Torres Strait Islander people, children and young people, services for parents when children are identified as having a mental health problem, people at high risk of suicide and people experiencing or at risk of homelessness) and for whom more flexible models of care are needed.*

• *The funding model should be gradually adjusted to reflect this focus and to better target areas not well serviced by Medicare based allied mental health services*. *(end quote)*

Apparently the ATAPS clinical psychologists are already employed filling the gaps left by the Better Access Program. How will they be able to pick up the work the Better Access Program has been doing as well?

I suspect the above example of the Illawarra is a common story not one isolated to the Illawarra. It would seem clear that it will be the most vulnerable in term of mental health and those without the funds to pay that will be the victims of the reduction from a possible 18 sessions a year to 10 sessions a year.

No they will not be able to be picked up and offered a clinical psychological service by the public system, private psychiatrists or ATAPS as they are busy already.

Further issue:

I have been informed by the Clinical College of the Australian Psychological Society (of which I am a member) that a significant part of the Senate Committees Better Access evaluation relied on by the Senate Committee was a study by 4 year trained psychologists aimed at 'proving' there was no difference between 4 year trained psychologists and 6 year trained clinical psychologists.

Without even reading the study clearly the study was not independent and free of from the likelihood of bias. You cannot run an investigation into yourself, that promotes your own interests, and expect it to be accepted as objective. Aside from that major flaw the study apparently did not meet the criteria demanded by basic research design. For example, the sample was not randomly selected, meaning the findings cannot be generalised. Apparently no peer review was conducted after the study was completed. Aside from these 3 major contextual issues, within the study there were apparently a myriad of other research design flaws.

Thank you for your consideration in these important matters.

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