Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

I respectfully request that my personal details be withheld from public record.

Wed 3rd August 2011

Dear Senate Standing Committee

Re: Senate Inquiry into Commonwealth funding and Administration of Mental Health Services

This submission is aimed at providing an opinion around the proposed changes to the Medicare Better Access Initiative, and at the mental health workforce issues including the two tiered rebate system for psychologists.

I am a clinical psychologist working in private practice and specialising on the provision of services to children and adolescents. I provide services under the Medicare Better Access Scheme to individuals of all ages and across a wide variety of presenting issues ranging from mild to severe. I further provide psychological assessment, consultation, therapeutic services and training to a range of individuals, families, groups and organisations. I am an approved clinical supervisor by the Australian Psychological Society Clinical College and a member of the same.

Proposed changes to the Medicare Better Access Initiative

I am concerned that the proposed changes to the Medicare Better Access Scheme including a reduction in session numbers per calendar year from a maximum of 18 sessions to 10, will have a negative impact on existing and potential clients- raising risk, social welfare costs, rates of relapse and poorer overall outcomes.

Under the Better Access Initiative psychological support has become infinitely more accessible to individuals who would not otherwise be able to afford to pay for these services, or whose issues or circumstances precluded them from accessing an overextended public system. This has included improving service delivery and accessibility to the most vulnerable groups in our society including children and adolescents, the elderly, those with a disability, and those from culturally and linguistically diverse backgrounds.

For example, the Medicare system has enabled me to provide a service to disengaged young people in the South of Adelaide at no cost to themselves or their families. These young people are disengaged from mainstream schooling, have complex family and social issues (e.g. history of trauma, homelessness, familial dysfunction, drug and alcohol use, engagement in offending behaviour) and frequently meet the criteria for more than one mental health condition (e.g. ADHD, Aspergers Disorder, Anxiety, Depression, Posttraumatic Stress Disorder). Frequently the level of apparent risk to self or others is high and there is very often a history of aggression, self harming and suicidal behaviour. The prognosis for these young people without intervention is poor and as adults they are disproportionate consumers of social welfare resources.

Obviously the client group described above represents the more severe end of the spectrum where a reduction in services is likely to have the most impact. This is because generally speaking, the more complex and severe the presenting issues, the more sessions are required. Clients presenting with mild mental health concerns would be typically discharged within the existing 12 sessions, if not well before, hence are unlikely be affected by proposed cuts. In contrast, these cuts will have a significant impact on clients within the

moderate to severe end of the spectrum. At present, this client group is not always adequately serviced within the full 18 sessions however this goes significantly further towards meeting their needs.

Should services be reduced for these clients, they are increasingly likely to be discharged before issues are resolved or stability is attained, unless they are able to privately fund ongoing sessions. Unfortunately for the majority of this group, this is unlikely to be an option. Providing a partial or incomplete service which is driven by resource rather than consumer need is contradictory to best practice principles and will inevitably produce significantly higher levels of relapse and poorer overall outcomes for these clients.

There is an argument that clients requiring more long term or intensive intervention may have increased access to other bodies of funding and services, hence reducing the need for clients with severe mental health issues to be seen by Better Access psychologists. Whilst I applaud this initiative to provide increased mental health services within the public sector, as it stands the public system is also significantly under resourced and over utilised and even with proposed changes (e.g expansion of ATAPS and Headspace) the public system is highly unlikely to be able to bridge the gap between demand and supply.

Two tiered Medicare rebate system for psychologists.

I am also concerned regarding the prospect of the two tiered Medicare rebate being abolished and the potential impact that this may have on clients. As I understand it, the two tiered Medicare rebate system for psychologists was implemented in recognition of differential skills level of psychologists with respect to the provision of clinical services, with the higher level of rebate being available to clinical psychologists. Hence the system differentiates between clinical and generalist services. It is akin to a system which differentiates between a general practitioner and a heart specialist. For some clients, a general practitioner is more than equipped to meet their health care needs, whereas for others a heart specialist is required.

The two tiered system is based on the understanding that clinical psychology is a speciality area. Clinical psychologists specialise in the assessment, diagnosis, evidence-based treatment and treatment outcome evaluation of mental health disorders across the lifespan at all levels of complexity and severity. Along with psychiatry, clinical psychology is the only specialist training in which the entire post-graduate program is in the area of mental health. In addition to a four year generalist degree, clinical psychologists complete a two year masters in clinical psychology and undertake two years of supervised training under an accredited supervisor. Post accreditation, clinical psychologists must undertake ongoing professional development to maintain their eligibility to provide services.

This training ensures that clinical psychologists are trained to an appropriate level to provide clinical services under the Medicare Better Outcomes scheme. A generalist psychology degree or a speciality in another area does not guarantee the same. This does not however preclude others from being equipped to provide clinical services, and there is good reason to articulate and implement a sound system of assessment and accreditation to ensure that there is a clear pathway towards clinical service provision for other psychologists.

At present the higher level of rebate provides an incentive for psychologists to undergo the rigorous training required to attain and maintain clinical status. I anticipate that fewer psychologists would seek to do this if there were no financial gain. This would result in decreased accessibility to specialist services to clients in need.

In terms of the rebate itself, the current national recommended hourly fee for psychologists is $218.00. The current scheduled fee for the lowest rebate tier is $81.60 and the highest $119.80. This fee is charged for the face to face contact time with the client and does not cover the many additional services involved such as case noting, writing reports, liaising with other services such as referring doctors, schools, case managers, families, crisis intervention etc. Currently I charge well below the national recommended fee, offering bulk billing services for disadvantaged clients and charging fee paying clients only a small gap. Should the rebate be reduced, I would no longer be in a position to offer a bulk billing service and the gap for fee paying clients would almost double. This would significantly reduce affordability for many clients and would essentially exclude the majority of low income earners from accessing my service.

In summary, I urge you to maintain current services with respect to the maximum number of sessions available to clients under the Medicare Better Access Scheme, and to maintain the current system of a two

tiered Medicare rebate in order to allow clients ongoing access to a specialised, affordable and accessible service.

Please feel free to contact the undersigned (mobile 0418 607 995) should you have any queries regarding the above.

Sincerely,

Psychologist
Member of APS College of Clinical Psychology