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Submission to the Community Affairs References Committee for Inquiry into The Government's Funding and Administration of Mental Health Services in Australia

Person Making Submission
Karen Behrens, Psychologist

Relevance of the Submission to the Committee's Terms of Reference:
(b) changes to the Better Access Initiative, including:
(ii) the rationalisation of allied health treatment sessions,

If the figure of those who used in excess of 12 sessions, as reported is low, this in my opinion represents a negligible cost saving at the expense of those who are most in need of an additional six sessions. I currently have clients who are concerned about this rationalisation and are already worrying about what will happen to them once their 6/10 sessions are used. To allay these concerns I have agreed with a number of clients that they pay a nominal fee (in accordance with what they can afford), in one instance $20, per session, once designated sessions are at an end.

(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;

It is difficult to determine the degree of mental illness a client may have prior to seeing the individual and it is unclear as to who and how the severity of mental illness is to be determined. Further, designating individuals with a mild, moderate or severe mental illness may be perceived as a stigma. In relation to those individuals whom it can be determined to have a mild to moderate mental illness, even these clients would need 6 to 12 sessions to ensure any improvement is maintained and to prevent relapse prevention.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;

It is difficult to register with the local GP network in this regard, due to their criteria, even though I am a Registered Psychologist. Also I am aware that last year our division ran out of funds, hence after a certain period of time, individuals could not be referred to this program.

(d) services available for people with severe mental illness and the coordination of those services;

The number of psychiatrists in the local community would be unable to meet the need of people with a mental illness, under the current system there is a wait list for psychiatrists and I cannot see how that will change under the new system, except blow out further. Similarly if as is argued by Clinical psychologists that they only are qualified to see severe mental illness, there would be insufficient numbers of these to adequately service this population.

(e) mental health workforce issues, including:
(i) the two-tiered Medicare rebate system for psychologists,

Introducing one tier would be a cost saving. Without casting aspersions on Clinical Psychologists, current evidence would suggest that in terms of outcome there is no difference. As with all professions there are good and bad psychologists and the two tier system may give patients a false sense of security that seeing a Clinical Psychologist who receives a higher Medicare rebate equates with better care, when this might not in reality be the case.

(ii) workforce qualifications and training of psychologists, and

Given the large number of (Generalist) Psychologists it would appear that it would be of benefit if clinical training and qualifications could be offered, which is flexible and could meet the needs of already practicing and experienced Psychologists.

(g) the delivery of a national mental health commission; and

Such a delivery would be commended and would hopefully ensure that mental health remains on the federal political agenda.