

## Terms of Reference

The current submission pertains to:

### **1. The changes to the Better Access Initiative including:**

- \* the rationalisation of allied health treatment sessions,
- \* 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;

### **2. Mental health workforce issues including:**

- \* the two-tiered Medicare rebate system for psychologists

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## **1. Changes to the Better Access Initiative**

The Government's latest Federal Budget aims to further restrict people's access to Psychologists, reducing the number of allowable sessions for people with a diagnosed mental illness from 18 (not from 12 which has been widely reported in the media) to 10 per calendar year. Reducing the number of allowable sessions will severely restrict access to effective mental health treatment.

The Government's own evaluation of the '*Better Access Initiative*' has shown it to be a cost-effective way of delivering mental health care and the initiative was successful in increasing treatment uptake, which was one of the Government's initial goals. Given the success of the Better Access Initiative, and the evidence which supports its popularity with the community, it seems counter-intuitive that the Government would now try to reduce private Psychology treatment for people with mental illness.

### ***Cost-Effectiveness of Better Access***

The Federal Government's own evaluation of the '*Better Access Initiative*' has shown it to be a cost-effective way of delivering mental health care. The typical cost of a package of care delivered by a Psychologist under the initiative was \$753.00 – significantly less than ATAPS which costs 2-10 times more than the '*Better Access Initiative*' per session. More so, successful treatment has the potential to reduce costs of hospital admissions, and social security payments, and allows many consumers to return to work, with the associated productivity benefits.

The ATAPS program run through the Divisions of General Practice (DGPs) is not a viable referral option under current arrangements. Even with the Federal Government doubling the ATAPS funding, there is simply not enough to provide services for the estimated 260,000 consumers (or 86,000 per annum). Furthermore, a major issue is that a significant proportion of the funding for mental health services received by DGPs is spent on administration rather than providing funding to the Psychologists who are engaged to deliver the services.

Anecdotally, clients have reported being unable to access Psychological treatment under ATAPS towards the end of the funding year, because the funding had run out.

This resulted in a vulnerable population not being able to access Psychological services under this program.

The Federal Government has also proposed that if individuals require more than 10 sessions of Psychological treatment, they can be referred to a Consultant Psychiatrist. However, the majority of Psychiatrists have lengthy waiting lists, most do not offer or specialise in the application of therapeutic treatments, rather specialising in prescribing medication, and have a prohibitive gap fee.

With the funding cuts to Psychologists under Better Access, it is likely that there will be an increase in consumer presentations to GP's and hospitals.

In 2006, the Council of Australian Governments (COAG) released a National Action Plan on Mental Health (2006-2011) (14 July, 2006, p.3), which stated that *“people with mental illness often require access to a range of human services provided by Commonwealth, State and Territory governments and the private and non-government sector. Better coordination of all these services can help to prevent people who are experiencing acute mental illness from slipping through the care ‘net’ and reduce their chances of readmission to hospital, homelessness, incarceration or suicide. Better coordinated services will also mean that people can better manage their own recovery”*.

As highlighted by COAG *“an effective care system will provide timely and high-quality health and community services to people with a mental illness that assists them to live, work, and participate in the community. An effective, integrated care system has several parts working well together, which can include psychiatrists in the community and a primary health care sector of GPs, **psychologists**, mental health nurses, and other allied health workers that provide clinical services to people with **mild, moderate and severe mental illness**, including early identification, assessment, continuous care and case management”*.

COAG identified in the National Action Plan that the *‘Better Access to Mental Health Care Initiative’* would serve to enhance the provision of care to individuals with recognised mental health illness of mild, moderate, and severe natures. The Government's own evaluation of the *‘Better Access Initiative’* has shown it to be a cost-effective way of delivering mental health care.

In addition, an Equitable Life Assurance study in America found a \$5.52 increase in productivity for every \$1 spent on Cognitive Behaviour Therapy for stress-related disorders (WA Work Value submission, 2001).

### ***Burden of Disease***

Recognition of the extent to which mental illness contributes to overall ill health and its economic implications have increased substantially in recent years. Although mental disorders account for only 1% of deaths, they are responsible for an estimated 11% of disease burden worldwide.

The World Health Organisation (WHO) projected that this will rise to 15% by the year 2020. Within Australia, the Australian Institute of Health and Welfare reported

that mental illnesses are the largest single cause of disability in Australia, accounting for 24% of the burden of non-fatal disease (measured by total years of life lived with disability).

Given the high and increasing economic burden of disease associated with mental illness in Australia, the cutting of any mental health initiatives or programs that have demonstrated cost-effectiveness in the treatment of recognised disorders, is not recommended, and will undoubtedly result in more money being spent in the future to try and reduce Australia's burden of disease from mental illness.

### ***Evidenced-Based Treatment***

Reducing the number of Psychological treatment sessions from 18 to 10 will reduce the effectiveness of Psychological interventions, will result in less remissions from mental disorders, and increase the chances of relapse for consumers. This is based on scientifically researched, empirical evidence, recommending 15-20 sessions of therapy for common mental health disorders. For example:

1). The National Clinical Practice Guidelines as established by NICE (National Institute Clinical Excellence, UK; 2005) recommended the following amount of treatment sessions specific to each recognised and diagnosable mental health disorder:

- Posttraumatic Stress Disorder = 8-12 sessions
- Generalised Anxiety Disorder (Source 3, p.17) = 12-15 sessions
- Panic Disorder (Source 4, p.17) = 7-14 sessions
- Major Depressive Disorder (Source 5, p.28-29) = 16-20 sessions

2). In 2009, the Australian Centre for Posttraumatic Mental Health and Rural Health released Guidelines for the treatment of a Simple PTSD, which recommended 8-12 sessions. A more complex PTSD presentation (i.e., several problems arising from multiple traumatic events, traumatic bereavement, or where PTSD is chronic and associated with significant disability and co-morbidity) recommended further sessions using specific treatments to address the problems.

3). The Australian Psychological Society (APS) conducted a literature review, which recommended the following amount of treatment sessions specific to each recognised and diagnosable mental health disorder:

- Adjustment Disorder = 14 sessions
- Eating Disorders = 15-20 sessions
- Phobic Disorders = 12 sessions
- Generalised Anxiety Disorder = 14 sessions
- Panic Disorder = 7-14 sessions
- Obsessive-Compulsive Disorder = 12 sessions
- Major Depressive Disorder = 16 sessions
- Drug and/or Alcohol Disorders = 52 sessions

It is important to note that co-morbidity of mental disorders has a high prevalence, and the majority of consumers present with more than one diagnosable mental disorder, hence requiring additional treatment sessions than noted above.

The proposed Federal Budget changes to the '*Better Access Initiative*' does not seem to take this evidence into account, disregarding clinical recommendations, and seemingly disregarding the diverse needs of Australians with mental health disorders. The number of Psychology sessions should be empirically determined and aligned with clinical recommendations of demonstrated treatment outcomes, rather than simply qualifying mental illnesses as 'severe' or 'less severe'.

In summary, given that treatment by Psychologists has been found to be effective, cost-effective, and has met the Government's initial goals of the Better Access Initiative, it does not seem logical that these sessions would now be cut. Especially in light of the WHO predicting that the burden of disease accounted for by mental illness will rise to 24% in 2020 if the correct action is not taken now. And the evidence supports that treatment by Psychologists is the correct action.

It is recommended that the Senate Enquiry re-instate the 18 session allowance per year to consumers. Continuing with the Budget recommendations will ultimately introduce inequality to the provision of standard evidence-based therapy wherein only the most disadvantaged and vulnerable (those with the "more severe" mental illnesses) are unable to afford to complete their course of treatment.

## **2. Mental health workforce issues - the two-tiered Medicare rebate system for psychologists**

### ***Definition of Clinical Psychologist***

Clinical Psychologists are specialists in the assessment, diagnosis and treatment of psychological problems and mental illness. They are located in private practice, hospitals, universities, general medical practices, community health centres and mental health services. The APS College of Clinical Psychologists maintains the highest standards for Clinical Psychology practice in Australia (Australian Psychological Society, 2011).

### ***Training of Clinical Psychologists***

Clinical psychology is the only mental health discipline, apart from Psychiatry, whose entire accredited training is specifically focused in the field of evidence-based assessment, case formulation, diagnosis, and evaluated treatment of the full spectrum of lifespan mental health disorders across the full spectrum of complexity and severity.

Clinical Psychologists have a minimum of eight years of training, and are mandated to engage in high level professional development activities and supervision every year. In order to qualify for membership of the APS College of Clinical Psychologists as well as for Medicare endorsed Specialist Clinical Psychologist status, the Doctorate or Masters degree must be *both accredited* by the Australian Postgraduate Accreditation Council (APAC) *and approved* by the APS College of Clinical Psychologists. This requirement ensures uniform standards of excellence in Clinical Psychology training throughout Australia.

During the minimum of eight years of training, the emphasis of Clinical Psychology is on severe mental health problems. Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the diagnosis and clinical evaluation of these problems and on effective management and treatment. The training of allied health professions is geared towards general medical, general health or general community problems, with a short elective in mental health. No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than Psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.

Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychology to bring research and empiricism to human service delivery and thus increase accountability. The formal scientific training of Clinical Psychologists is applied to the delivery of psychological services and to contribute to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation of the betterment of the wider society within which the Clinical Psychologist works.

The “Scientist Practitioner” model recognises the very strong links with the academic and scientific discipline of psychology. Clinical Psychologists are professionals who:

- ❖ are trained in scientific research and statistical analysis
- ❖ are trained in a scientist-practitioner approach to changing human behaviour and thereby use techniques with proven scientific effectiveness
- ❖ have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base
- ❖ apply their knowledge and skills to children, adolescents, youth, adults and the elderly at the individual, family group, system and community levels
- ❖ are skilled in the use of psychological tests, behavioural observations and clinical and diagnostic interviewing. These skills are used to assess psychiatric disorders, specific aptitudes and cognitive deficits, personality, social functioning, adaptive behaviours and psychological issues pertaining to physical illnesses.
- ❖ are acknowledged experts in personality assessment
- ❖ have expert skills in piecing together the complex relationships between biological, social and psychological systems and transforming this analysis into effective treatments

- ❖ embrace the therapist-patient relationship as central to the effectiveness of all interventions together with the techniques of the various psychological therapies
- ❖ act as consultants and work with, and through others, to bring about change of the individual, group, family, hospital or agency settings
- ❖ supervise the Clinical Psychologists in training programmes whilst on field placements (an essential component of university training) and Clinical Psychologist registrars (graduates in their first two years in the field)
- ❖ contribute to the teaching and education of other health care professionals such as psychiatric registrars, nurses, general practitioners, social workers and occupational therapists.
- ❖ are skilled in conducting research, planning service delivery systems, performing accurate evaluation, deciding on clinical indicators and implementing systems of accountability.
- ❖ through their close professional relationship with their patients, are uniquely able to assess, respect and enhance quality-of-life choices for each individual patient

### ***Responsibilities of Clinical Psychologists***

The findings of the Human Rights and Equal Opportunity Commission of 1993 (the Burdekin Commission) with respect to Clinical Psychology were clear cut. The Commission (pages 178-182), found that Clinical Psychologists have distinctive skills which differ from those of other types of Psychologists and differ from those of other allied health professions. Further, it stated that Clinical Psychology services are currently under-resourced and under-utilised in the Australian mental health care system. Burdekin considered that this represented a failure to provide significant treatment options.

The breadth and thoroughness of psychological assessment is encompassed in the psychobiosocial model of human behaviour. This model is central to the comprehensive understanding of the total person whereby behaviours, emotions, cognitions, social context and biology aggregate together. Clinical Psychologists assess across these parameters and from these, derive hypotheses of functioning that lead directly to treatment, empirical validation by continual psychological evaluation and accountability.

Clinical Psychologists are responsible for a variety of high level activities some of which are detailed below.

“Assessment procedures include

- Structured and unstructured interviews
- Measures of intelligence and achievement
- Objective and projective personality tests
- Direct observation
- Functional analysis of behavior and behavioral rating scales

- Tests of cognitive impairment and higher cortical functioning
- Physiological measures
- Analysis of archival data
- Milieu measures
- Batteries of techniques consisting of one or more of the above

Intervention procedures from a variety of theoretical orientations include individual psychotherapy, group therapy, couples therapy, and family therapy, as well as personal enhancement interventions. Clinical psychologists also develop, administer, supervise and evaluate inpatient intervention programs, community prevention and intervention programs, and skills training programs, among others.

Consultation regarding the breadth of problems addressed is provided to other health care professionals, educational personnel, social service agencies, nursing homes, rehabilitation centres, industry, legal systems, public policy makers, and other institutions.

Clinical Psychologists also supervise clinical research, and carry out administrative activities, teaching and clinical supervision.

Research is a core activity of Clinical Psychology, and includes:

- The development and validation of assessments and interventions related to intellectual, cognitive, emotional, physiological, behavioral, interpersonal and group functioning
- Research in personality, psychopathology prevention, and behavior change and enhancement
- Program evaluation
- The review, evaluation, critique and synthesis of research” (American Psychological Society, 2011).

The extent of responsibility taken by Clinical Psychology, and the scope and breadth of extended work value is demonstrated by:

- ❖ responsibility for use of specialist psychodiagnostic procedures by Clinical Psychologists
- ❖ the continual expansion of the basis of psychological knowledge
- ❖ the evidence provided for efficiency and effectiveness of discrete focused psychological interventions and long term psychotherapy
- ❖ key responsibilities of Clinical Psychologists the care of complex (mutli-problem) mental health disorders
- ❖ leadership of Clinical Psychologists in clinical trials of psychological interventions
- ❖ the responsibility of Clinical Psychologists for the development of psychological treatment and service initiatives.

❖ the provision of community education and training by Clinical Psychologists.

The profession provides highly specialised and autonomous mental health services to individuals across all developmental stages. Clinical Psychologists provide specialist diagnostic and complete psychobiosocial assessments, treatment services in areas as complex and diverse as psychotic illness, severe personality disorders, comorbid disorders (e.g. depression within borderline personality disorder), psychological and behavioural components of serious medical conditions, and problems specific to different age groups, including the areas of children and family, youth mental health, the elderly, mental health disorders within medical conditions, quality assurance and research and evaluation.

The roles and responsibilities of Clinical Psychologists have increased through the development of psychological therapies which address components of these disorders, and in specific psychological interventions targeting other mental disorders which are very often comorbid with psychotic conditions, such as depression, anxiety and substance use disorders. Clinical Psychologists through their specialised skills in functional analysis have long recognised the importance of co-morbidity in the exacerbation and persistence of mental health deficits, and are trained to devise treatment regimens that take such key factors into account.

An examination of recent prevalence data relating to mental health disorders and problems indicates that very significant percentages of Australians suffer from serious mental health problems, most of which are treatable by psychological therapies and systems interventions. The treatments of choice for serious affective disorders, significant clinical anxiety disorders, substance misuse disorders and personality disorders for example, are usually psychologically-based and implemented by Clinical Psychologists. Given the high prevalence rates noted earlier for mental health conditions such as these, it is most appropriate that in planning for service delivery, provision is made for this to be undertaken by Clinical Psychologists.

Clinical Psychology has a special focus on the areas of personality and its development and course, and psychopathology and its prevention and remediation. This emphasis includes the full span of psychopathological disorders and conditions, etiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. Understanding of ethical principles, of diversity and of cultural context are integral components of the knowledge base of all aspects of Clinical Psychology.

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The process of diagnosis, assessment and formulation is essential for the effective management of complex mental health disorders. Clinical Psychologists are especially trained and skilled in the use of specialist psychological and neuropsychological tests that can only be validly interpreted by Psychologists and no other mental health profession (these tests are restricted to Psychologists only). These specialist tests are being continually revised. Clinical Psychologists provide quantitative personality assessment of persons in whom diagnostic signs and management indications are complex or masked. As a result of the solid psychodiagnostic training of Clinical Psychologists, they make a major contribution to the development of screening and diagnostic instruments that evaluate mental health status. These instruments allow a deeper and more valuable understanding of an individual's mental disorder and directly impacts on treatment. Psychologists are the only profession trained and accredited in the use of psychometric assessment. Psychological assessment requires knowledge of the developmental and sociocultural normative expectations for the



individual(s) assessed. The assessment of attitudinal, cognitive psychophysiological, affective, and/or behavioral functions of individuals and groups is used to identify and measure unique characteristics which may require modification or amelioration to facilitate performance and social competence. Knowledge includes that of theoretical and applied principles of measurement and assessment, administration and scoring, and interpretation of results across diverse populations (American Psychological Association, 2011).

Psychological therapies offer individuals a treatment approach that in many cases is equally, if not more, effective than drug therapies in the long term. Such interventions are effective in treating a range of mental disorders. The role of Clinical Psychologists is to provide specialist psychological interventions which speed recovery and reduce re-admissions in patients with severe mental health problems by developing their cognitive, emotional, behavioural, and relationship skills.

Clinical Psychologists are widely involved in the design of rehabilitation programmes and also as consultants to other government agencies, and design and implement programmes for relapse prevention. Clinical Psychologists apply their skills with individuals, families, communities and organisations. Often they work with nurses in hospital wards and with other professions in a systemic fashion to implement interventions.

Clinical Psychology has provided a well recognised contribution to the global movement towards evidence-supported health care. This represents a significant shift from one mode of clinical reasoning, based on intuition, clinical experience and theoretical pathophysiology, to a second mode based on empirical evidence of efficacy (McGorry, Curry, & Elkins. 1997).

In the area of mental health there are still gaps in knowledge about disorders and the best available evidence to guide treatment of the many people suffering from severe mental health disorders. Clinical Psychologists are prominently seen working in the development of clinical practice guidelines and manuals specifically guiding psychological procedures.

Clinical Psychologists assume key responsibility in the treatment of complex cases. This carries with it advanced levels of clinical skill and highly evolved expertise in diagnostic clinical evaluation, neuropsychological and psychodiagnostic assessment, and comprehensive functional analyses. This work with very complex cases takes more time and needs more intense focus and better skills to disentangle the factors precipitating and maintaining the disorder. Because of the Clinical Psychologist's training in psychometrics they are in the best position to evaluate the constant array of new tests and inventories being developed for use in mental health services. The knowledge base of intervention requires mastery of theories of psychotherapy and psychotherapeutic methods and awareness of current literature on effectiveness and emerging interventions. In addition, Clinical Psychology is built on knowledge of principles of behavioral change, clinical decision-making, and the professional and ethical concerns surrounding clinical practice. Clinical Psychology practitioners have a knowledge base relevant to the populations served, such as cultural awareness, and patterns of normal and deviant development across the life span (American Psychological Society, 2011).

Clinical Psychologists understand the systems approach to assessment. There are situations in clinical practice whereby treatment of the identified patient only, may not

be the most useful intervention. Clinical Psychologists provide thorough assessment of family systems, school settings, institutional and communities environments.

Research and inquiry in Clinical Psychology utilizes knowledge of methodology, including experimental, correlational and epidemiological methods; knowledge of experimental designs including single-subject, case study, group, quasi-experimental designs; qualitative and quantitative designs; and knowledge of statistics including parametric, nonparametric, and multivariate approaches. Additional expertise that informs research and inquiry include outcome research, psychometric principles, validity and reliability of clinical techniques and procedures, sensitivity and specificity of techniques and procedures and ethics of research.

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### ***Cost Effectiveness of Clinical Psychology Interventions***

Data has been collected within health services that show cost reduction, decreased inpatient bed days and reduced utilisation of costly medical services with the provision of Clinical Psychology services. Data from the Department of Clinical Psychology at the Austin Hospital, Melbourne, discovered savings of between \$185.00 to \$16,346.00, which translates to an average saving of \$4,161.00 across a sample of ten patients (Milgrom, Walter & Green, 1994). Research has shown that interventions that have been either developed by, or implemented by Clinical Psychologists can have a major impact upon the physical (Touyz, Blaszczynski, Digiusto, & Byrne, 1992) and psychiatric health of individuals (Watts).

### ***Previous Classifications of Clinical Psychologists***

In the successful "Work Value" case for Clinical Psychology in Western Australia in 2001 heard by the Full Bench Hearing of the Industrial Relations Commission, Clinical Psychologists won an industrial case that reclassified the discipline that was already pegged higher than general psychology.

This is consistent with other reviews which suggest that what is unique about Clinical Psychologists is their ability to use theories and concepts from the discipline of psychology in a creative way to solve problems in clinical settings.

It is significant that clinical psychology is recognised as one of several specialisations within psychology within the United States and Britain.

The American Psychological Society (2011) cites that: "What distinguishes Clinical Psychology ... is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice, focuses on individual differences, abnormal behavior, and mental disorders and their prevention, and lifestyle enhancement."

### ***Consequences of Collapsing the Two-Tiered Rebate System***

By proceeding with the budget proposal to collapse the rebate to the one lower rate, there are a number of foreseeable consequences, some of which are outlined below (although many more could be added to the list).

- Reduction in psychology students entering Masters or Doctorate in Psychology, resulting in a de-skilled workforce which will impact on the quality of services received by clients. This will result in higher costs as

clients may need more sessions to complete their treatment, as opposed to fewer sessions with a more qualified and experienced Clinical Psychologist.

- Greater cost for clients who will have to substitute the cost difference from their own funds.
- This will make Clinical Psychology services and mental health treatment inaccessible to clients who will not be able to afford services – those are the people who are most at risk and who consume millions of dollars in tax payers money utilising public health services. Ironically, it will become more likely that Psychologists will be mainly treating the “worried well” as these are often the individuals who can afford to pay for services, and this was an initial (and since unfounded) criticism of Better Access when it was introduced.
- Loss of small businesses and restricted access to Clinical Psychologists. The small businesses that have opened with the introduction of the Medicare rebates, especially those clinics that bulk bill, will no longer be able to afford to operate, resulting in higher unemployment levels, as Psychologists opt to have stability in government jobs, of which there are only limited positions available.
- A one-tiered system will be misleading to the general public, who would assume that there are no differences between Psychologists and Clinical Psychologists, and who would be misled into believing they are receiving the same treatment by equally qualified and experienced clinicians.
- The current system is transparent, with clients knowing what criteria their clinician meets, based on the level of rebate they get.

I urge the Senate Committee to retain the two-tiered Medicare rebate system.

Thank you for your time in investigating this issue.