

The Senate Community Affairs Committee inquiring into the Commonwealth Funding and Administration of Mental Health Services

I am a Clinical Psychologist working at a small clinic in Woodridge, Queensland (one of Brisbane's poorest suburbs). We are a team of 3 clinical psychologists who provide bulk-billing (Medicare-funded) psychological treatment services to people living in this area. Our clients cannot afford to pay a gap fee for psychological treatment, and therefore have the most to lose if the government, as proposed, removes funding from the Better Access system.

As a clinical psychologist working on the front line of mental health treatment in Australia, I am deeply concerned about the proposed budget cuts to the highly successful Better Access program. I humbly ask that you consider my submission to your inquiry on mental health treatment. I will be limiting my comment to the area of my particular expertise, namely the psychological treatment of mental health conditions in community settings, with particular emphasis on the Better Access system. I feel the need to draw attention to the negative effects that the proposed changes to the Better Access scheme will have for the disadvantaged people living in our area.

1. "Rationalisation" (reduction) of allied health treatment sessions.

After decades of psychological research, we now have a number of very effective psychological treatment programs for people suffering mental health disorders. These programs tend to consist of between 12 and 20 treatment sessions, however we now know that people with more severe levels of distress can require upwards of 30 sessions to show reliable improvement in symptoms. The architects of the Better Access scheme appeared to take this into account when setting the number of sessions at 12 (with 18 in exceptional circumstances). This has allowed the clients who access our clinic to receive effective psychological treatment of their mental health conditions for the first time in Australia's history. This represents a momentous achievement for mental health treatment in Australia, and is something of which we can all be very proud.

It was therefore with astonishment and dismay that my colleagues and I witnessed the Government's decision to reduce the allowable number of treatment sessions per year from 18 to 10. Ten sessions is simply not enough to deliver effective psychological treatment for people in distress. The rationale for the cuts (that most people were only accessing about five sessions) beggars belief. This is akin to capping the amount chemotherapy cancer patients can access in a year because most cancer patients only require one course of chemotherapy. The amount of treatment required should depend on clinical need, not statistics.

I can say without qualification that the reduction in the number of sessions will be detrimental to the patients who are referred to our treatment clinic. Our patients on average receive about eight sessions of psychotherapy, with many requiring more. The reduction in number of sessions will mean that these disadvantaged people, who finally have had access to

effective treatment for their mental health disorders, will no longer have this access. Let me be very clear about this: the Access to Allied Psychological Services (ATAPS) program will do little for these people (and at much greater cost). The Headspace centres will do nothing for these people. Private psychiatrists are not accessible by these people. The only avenue these people have had for receiving effective psychological treatment is through Medicare-funded interventions delivered by psychologists, and now the government is taking that away. I urge that the Senate Committee consider the ramifications of this.

2. The two-tiered Rebate System for Psychologists

That this is even slated for discussion by the committee is deeply disappointing. The international benchmark for the psychosocial treatment of mental health conditions is an intervention delivered by a clinical psychologist. Clinical psychology is a specialisation within psychology that deals with the diagnosis, assessment, and treatment of mental disorders, and its practitioners are uniquely skilled to deliver the interventions needed to treat people with complex mental health problems.

When thinking about this uniquely Australian problem (so-called “generalist” psychologists do not exist in other OECD countries), it is worth pausing to consider the difference between clinical psychologists and non-clinical psychologists. Clinical psychologists complete a 4-year undergraduate degree in psychology, before going on to complete between 2 and 4 extra years of postgraduate study in the diagnosis, assessment, and treatment of mental disorders. “Generalist” psychologists, on the other hand, receive no specialist postgraduate training in mental health. In fact, in order to obtain “general” registration as a psychologist in Australia, there is no requirement that the candidate receive any training in mental health whatsoever.

To remove the distinction between clinical and non-clinical psychologists would adversely affect Australian patients who require psychological treatment. It is self-evident that any reduction in the rebate for clinical psychology would result in clinical psychologists being more difficult to access by the Australian community. Therefore, those with complex mental health conditions would find it harder to access effective treatment by those professionals who are most highly trained to treat their difficulties.

3. Summary

- As has long been recognised by other health systems in the developed world, the best way of treating mental health disorders is to allow Clinical Psychologists to conduct the evidence-based therapy that they have been uniquely trained to perform. This involves remunerating them appropriately.
- This treatment should be delivered in the most cost-effective way possible, with minimal administrative costs. The Better Access model is highly superior in this regard than ATAPS.

- Effective treatment requires at least 12 sessions, with some more severe conditions requiring upwards of 30 sessions. Providing people with fewer sessions than is required to properly treat their conditions is of minimal benefit to the health system.