

5th August 2011

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

**Re: Submission to the Senate Community Affairs Reference Committee
Inquiry into
Commonwealth Funding and Administration of Mental Health Services**

Thankyou for the opportunity to contribute to the review of Medicare funding for mental health services. I wish to offer my experience and opinion to the Senate Committee in addressing the following Terms of Reference of the abovementioned Inquiry:

- (b) changes to the Better Access Initiative, including:
 - (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;
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;
- (e) mental health workforce issues, including:
 - (i) the two-tiered Medicare rebate system for psychologists,
 - (ii) workforce qualifications and training of psychologists, and
- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
 - (iii) people with disabilities;

I am a psychologist with a Masters degree in Clinical Psychology obtained 15 years ago, endorsement as a Clinical Psychologist with the PBA, and APS Clinical College membership (meeting the standards held for such membership prior to November 2006). I have many years of experience working in community mental health services, both inpatient and outpatient, as well as in

public hospital settings, and educational facilities. I do not work in private practice and therefore do not directly benefit from the Medicare rebate system.

The introduction of Medicare rebates for members of the Australian community accessing psychological services has made valuable psychological treatment of a broad variety available to individuals that may have otherwise been unable to afford it through the private sector. Given the accepted social and economic cost of the mental health burden, as well as the individual suffering associated with it, this has been a good thing. However, as the cost to the Australian taxpayer of this initiative has been substantial, a review of this funding is timely.

Since the rebates have become available, private psychology practices have proliferated, especially in locations that were already relatively well serviced by psychologists, psychiatrists, public and community support services. Individuals who were already accessing psychotherapy and counseling have had their costs heavily subsidized. Individuals with mild to moderate forms of mental ill health, who are resourced well enough to attend a GP to obtain a mental health care plan, and to independently attend private therapy and not present too much risk of non-attendance (or risk of harm to themselves), have utilized this Medicare based funding well. For this group of consumers, evidence-based treatments may be delivered with good effect within a shorter time frame, and therefore a reduction in the number of subsidized sessions or reduction in the level of the rebates themselves, may be appropriate.

However a shortage of services continues to exist for individuals in socioeconomically disadvantaged areas of the city in which I reside (Melbourne), and in regional areas. Individuals with severe mental illness who may be less reliable in their attendance at appointments, who have complex comorbidity, or who may present a level of ongoing risk to themselves are less likely to be able to access rebated psychological services. Medicare funding structures as they stand do not allow for adequate coordination of services for people with more severe mental illness. It is noteworthy that individuals with these characteristics do not always meet the intake criteria for public mental health services. And, those that do, will inevitably be discharged from those services following an episode of care and typically require ongoing support, monitoring and psychological treatment in order to remain well.

If the government is seeking to make services available for individuals with severe mental illness, who suffer significant disability resulting from those illnesses, and who have previously not been able to access effective treatment, then a two-tiered Medicare rebate system for psychologists is appropriate. This is because it reflects the fact that clinical psychologists are uniquely qualified to work with this population whom I would argue are most in need of government assistance to access treatment. Furthermore, this can be a population that is difficult to work with in a private practice context, and therefore financial

incentives for clinical psychologists to provide their expertise to these consumer groups may be warranted.

Clinical psychology training is unique in the mental health field, and very different to the training of other psychology specializations. It focuses on psychopathology assessment, diagnosis and evidence-based treatment, and it necessarily includes lengthy immersion in practice settings alongside clinical psychologists, often also psychiatrists and other mental health professionals (psychiatric nurses, occupational therapists and social workers), who's core business is the assessment, diagnosis, and treatment of psychopathology, often of a very complex nature with comorbidities and significant issues of risk. No other psychology specialization includes this invaluable particular apprenticeship as part of its training pathway. Clinical psychologists are specifically qualified to work with both high prevalence and low prevalence, more severe mental illnesses.

In my opinion, maintenance of the two tiered system is important in order to encourage utilization of clinical psychology specialists by those with serious mental ill health. It should be extended to ensure that treatment of those with severe forms of illness can continue beyond ten or twelve sessions per calendar year where needed and when financial disadvantage is greatest. A multi-tiered system could be further adjusted in a way that would encourage psychologists (not just clinical psychologists) to make their services available in geographical locations where community need for mental health service is not fully met.

I commend the government for making mental health a priority area in this year's federal budget, and hope that the current review of mental health funding will ensure that limited resources are directed to those in the community that suffer greatest disadvantage and experience greatest unmet need.

Yours Sincerely

Name Withheld