

From: Christine HillSent: Sunday, 7 August 2005 11:04 AM
To: Committee, Mental Health (SEN)
Subject: Mental Health submission
Committee Secretary,

Senate Select Committee on Mental Health,
Department of the Senate,
Parliament House,
Canberra, ACT, 2600

Dear Committee Members,

I am a clinical psychologist writing to you as a very concerned mental health professional with qualifications also in nursing, teaching at a tertiary level in psychology, Monash, and 17 years' experience as a researcher at the Mental Health Research Institute, Parkville, Melbourne. This latter work has involved mainly post-mortem studies doing retrospective diagnoses - interviewing clinicians, mainly GP's because psychiatrists are seldom involved, families with a member who had suicided, and accessing hospital and clinic records).

I have also held very senior positions in the Australian Association of Group Psychotherapists (AAGP), comprising membership from psychiatrists, psychologists and social workers. For 8 years I was secretary and now I am the National President, plus Training Co-ordinator for our Victorian Branch training programme. However I am writing from my personal perspective, not as representing this Association. I hope I am not too late to have my voice heard. I strongly endorse the general view, as identified by the numerous submissions already received, that there is the necessity for an urgent review of the Mental Health Policy

Points for consideration

1. Mental Health services are deteriorating at an alarming rate yet the money provided to psychiatrists has never been so good, especially now with the safety net gap payment over and above the Medicare rebate.
2. Eleven occupational groups are "working in partnership" with mentally ill patients (Government Mental Health Services' website) yet only one of these groups attracts the Medicare rebates - psychiatrists. Why this enormous anomaly?
3. Specialists, in this case psychiatrists, have no limit to what they charge with an increasing burden placed on taxpayers. Take for example a 45 minute session for psychiatrists: the Medicare rebate in November 2004 was raised to \$148.50; the AMA's recommendation is \$245.00; under this fee structure, and the government's new safety net policy, the patient only pays 20% of the gap which is \$19.50 thus the taxpayers subsidise each session to the tune of \$225.70. Furthermore, there is nothing to prevent an even bigger increase, given that Health Minister Tony Abbott has said doctors can charge what they wish. This system provides for no choice to patients except the most expensive option of psychiatrists with uncapped fees, yet other highly qualified professional groups are readily available but not accessible to patients in dire need.
4. With no upper limit to medical fees, the plan has already been shown to be fiscally irresponsible and an enormous incentive for doctors to raise fees (to mention a few sources: The Herald Sun 15/07/04; The Age, 16/04, 19/04, 21/04, 26/05/05). Six months from re-election, there was already a 20 per cent fee increase and a blow-out from \$440 million to a projected \$1 billion.
5. 70%+ of psychiatrists work in private practice, enticed very much by the incentive for uncapped fees, and thus are not available for

psychiatric patients in the general community.

Problems identified from my 17 years' research experience, and particularly interviews with GPs and families.

1. Most psychiatric outpatients with a serious mental illness eg schizophrenia, bipolar disorder, major depression have no access to psychiatrists in spite of these patients being the ones psychiatrist are trained to work with.
2. GPs, already overburdened with enormous practices of their own, have now been left with the responsibility of trying to look after patients with a mental illness without any, or very little training (eg a few seminars). GPs inform me regularly that they cannot get psychiatrists to even assess patients for a proper diagnosis because of the very few working in the public sector. This causes great distress not only to GPs but also to families in need of proper care for a mentally ill member.
3. GPs are also concerned that, without the training which is extensive and they never chose, they have no idea what symptoms to look for - rather they provide medication when the mentally ill patient turns up, often just giving what the patient asks for.
4. There is a high rate of suicide among these patients.
5. In Community Health centres psychologists, social workers and psychiatrically trained nurses are the usual case workers - ironically the very professionals not attracting any government rebates - but not accessible outside the system.
6. These highly trained allied health professionals eg psychologists with years of university qualifications and further psychotherapy training, are available and eager to work in an ongoing way with these patients but this is not possible with no Medicare rebates available. Most of these patients are on sickness benefits thus not able to afford treatment - ironically again supposed to be available from psychiatrists through Medicare.
7. Also ironically, the majority of psychiatrists have no specialist training in psychotherapy or psychological treatment which they are actually offering in private practice. Their training is very different and much more medically oriented, yet they receive Medicare rebates for psychotherapy. Clinical psychologists spend several years in specialist psychotherapy/ mental health training, over and above their 6 years' university psychology qualification. Why are they excluded from Medicare assistance to hundreds of patients without treatment?

A new policy vision

The government select committee seriously needs to think about a completely new re-structuring for mental health. This is not about pouring a lot more money into the system but using it much more productively with the inclusion of Allied Health professionals in the Medicare structure, a proposal raised not infrequently by the founder of Beyondblue, Jeffery Kennett, and now by Dr Ian Hickie, Clinical Advisor of Beyondblue (26/06/07) who have both suggested widening the access for patients to receive Medicare funded services. At the heart of this current problem is a fundamental mismatch between the cost to the general public (through taxation) of funding uncapped fees charged by psychiatrists and the cost to the individual patient of seeking mental health services, a perverse outcome of the way the Medicare rebate system currently works. This mismatch has encouraged the over usage of the most expensive form of treatment, because the individual patient does not directly bear or see the real cost of the system to the nation as a whole. There is also no choice for patients who are forced to attend psychiatrists because that is where ALL the funding goes.

A more rational and economic use of the amount of funds currently being applied under the Medicare system to mental health would be to extend rebates to allied health workers, such as psychologists, who can provide the same services as currently being provided by psychiatrists under our skewed system, at a fraction of the cost - the actual hourly rate for a consultation by a psychologist is estimated to be about 40 percent of that provided by a psychiatrist, even though they are providing the same service. Applying this structural change to current government policy would more than double the number of hours of mental health services which are currently provided under the present very expensive system. This would go an enormous way towards the admirable goals which Professor Hickie and Jeff Kennett have espoused of providing greater access to affordable mental health treatment.

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