

Response ID ANON-NW4U-KKQG-V

Submitted on 2014-04-13 18:33:31.382099

Introduction

1 Please tick this box to indicate you have read and understood the above information.

Check box to indicate you have read and understood the above.:

Yes

2 Please select the statement that best applies to you.

I am responding to this survey on behalf of an organisation (representing the organisation's views)

Consent for Organisational Respondents

1 The National Mental Health Commission may want to quote from your responses to this survey in confidential reports to the Australian Government. Please choose the statement below which applies to your organisation.

My organisation's name may be associated with any direct quotes taken from this online survey response.

About Your Organisation

1 What is the name of the organisation submitting this response?

enter name of organisation:

Australian College of Specialist Psychologists

2 What is your name?

your name:

Dr Jillian Horton

3 What is your role in the organisation?

your role in the organisation:

President

4 What is your email address (in case we have any questions about your response)?

enter your email address:

jhorton@iprimus.com.au

5 Select the issue(s) with which your organisation is most engaged in relation to mental health.

health care (community based), health care (hospital based)

Other :

mental health care community based

6 What state(s) and/or territory(ies) does your organisation operate in?

Other (specify in box below)

Other:

Australia wide

7 Select the best description for your organisation. [If more than one applies, please select the one which reflects the greatest proportion of the organisation's activity.]

Professional peak body, society or association

Other:

Evidence of the mental health 'system' working well

1 Please provide an example from your own experience (or that of your organisation) of a service, programme, policy or initiative demonstrating value for money (cost-effectiveness):

Insert your example of cost-effective use of resources here.:

The Better Access program. The Medicare review of 2011 found that Clinical Psychology services were more cost effective than those provided under the ATAPs program, which spent considerable funding on administration.

2 An example of an innovative approach to funding, organising, or delivering mental health support:

Insert your example of innovative approaches here.:

The Headspace program targeting youth mental health care.

Online Telepsychiatry, but this would be improved for rural areas if the program was expanded to include clinical and counselling psychologist services.

3 An example of good integration, joint working, or collaboration with other services, programmes or initiatives:

Insert your example of integration, joint working or collaboration here.:

There is ongoing collaborative care and interactions between specialist psychologists in private practice and GPs, Psychiatrists and paediatricians via letters and phone calls. This is normal practice.

4 An example of a service or initiative which supports the needs of the whole person (e.g. physical health, housing, education and training):

Insert your example of support for elements of a 'contributing life' here.:

5 Up to 2 examples of services, programmes, policies or initiatives which effectively target and meet the mental health needs of specific communities:

Insert up to 2 examples of effective targeting of specific communities :

Better Access for rural and remote services

Telepsychiatry also.

6 An example of effective and efficient use of reporting:

Insert an example of effective reporting:

7 An example of a service, programme, policy or initiative which is not subject to unnecessary red tape (e.g. approvals processes, extensive forms, reporting etc.):

Insert example of avoiding red tape here.:

All have too much red tape - reporting. For example in the Better Access program, GP Mental health care plans and reviews used up more money than the actual therapy services, as found in the 2011 Medicare statistics. A significant percentage of GP mental health care plans do not get used which adds to significant wasted funds.

8 An example of effective monitoring of outcomes and experiences to drive service improvement:

Insert an example of monitoring and use of outcome and experience information:

9 An example of meaningful involvement of people living with mental health problems and/or their families/supporters (for example, in the planning of services, decision-making, or feeding back views):

Insert example of meaningful involvement:

10 An example of clear public accountability for the outcomes of investment:

Insert example of clear accountability for outcomes:

11 An example of regular and effective use of evaluation or research to inform evidence-based practice:

Insert example of use of evaluation or research :

All specialist psychologists are required to do ongoing professional development, and have ongoing professional supervision to make sure they are up to date with evidence based practice.

12 An example of effective workforce planning, development or training:

Insert example of effective workforce development or training:

13 An example of the use of technology to improve the experience or effectiveness of services:

Insert example of effective use of technology:

14 Any other example of a service, programme, policy or initiative which has proven to be efficient and effective and has resulted in good outcomes for people experiencing mental health problems and/or their families:

Insert any other example of efficient and effective service, programme, policy, initiative:

Evidence of the mental health 'system' NOT working well

1 Please provide an example of services, programmes, policies or initiatives (from your own experience or that of your organisation) which demonstrate or encourage inefficiency in organisation or delivery of services:

Insert example of inefficiency:

In the Better Access program, GP Mental health care plans and reviews use up more money than the actual therapy services, as found in the 2011 Medicare statistics. A significant percentage of GP mental health care plans also do not get used which adds to significant wasted funds.

The requirement for people to have a GP referral to see a specialist psychologist and to have a GP review done, clogs up GP practices and wastes money and time of consumers. The ATAPs program is less cost effective in providing psychological services than the Better Access program according to the Medicare statistics.

Medicare locals have significant administrative layers which waste a lot of money. Much more funding needs to go to obtaining professionally trained people to do the actual work, not on administration.

The public sector mental health services push to have everyone being "case managers". This is not a good use of the expertise and training of specialist psychologists who have extensive and specialist training in assessment, diagnosis and treatment of psychological and emotional problems.

2 An example of an inappropriate balance or prioritisation of funding:

Insert example of inappropriate balance or prioritisation of funding:

Only including psychiatrists in the funding for online psychological therapy, when specialist psychologists do most of the actual therapy, and could reach many more people in rural and remote areas if these services included specialist psychologists.

Funding NGOs to provide psychological assessment, diagnosis and treatment services when the standard of training of many people employed in these services is highly inadequate. A mental health diagnosis potentially carries significant stigma and meaning, and must be done by people properly trained.

3 An example of where different services, programmes, policies or initiatives are not well integrated or don't communicate with each other:

Insert example of poor integration or communication between services/programmes/initiatives/policies:

Medicare locals and private psychology services.

4 An example of the needs of the whole person not being effectively addressed or met (e.g. physical health, housing, education and training):

Insert example of not meeting needs of whole person:

It is very important to remember that the vast majority of people with psychological health problems do not need assistance with housing, education and training. There is significant confusion or grouping together of people who have chronic and major psychiatric illness such as schizophrenia, with those people who have depression and anxiety based problems. This is unhelpful and the needs of and services for these two groups are very different.

5 An example of practices which result in people living with mental health problems and/or their supporters having a poor experience:

Insert example of poor experiences:

Very long waiting lists for people to get into government community based mental health services. Often up to 8 months.

6 Up to 2 examples of services, programmes, policies or initiatives where the specific needs of particular communities are not effectively recognised or met:

Insert example of not meeting particular needs of specific communities:

Rural and remote communities. Travel and distance is significant and there is no funding for extra session lengths with Clinical psychologists or support to travel to therapy centres. Often GPs are unavailable to make referrals and then they have no access to Better Access and other services.

7 An example of excessive red tape (e.g. unnecessary and burdensome reporting requirements taking resources away from service delivery):

Insert example of excessive red tape:

Again, in the Better Access program, GP Mental health care plans and reviews used up more money than the actual therapy services, as found in the 2011 Medicare statistics. A significant percentage of GP mental health care plans do not get used which adds to significant wasted funds. Please look at these statistics.

The Medicare review 2011 found that better access psychology services were MORE cost effective than those provided under ATAPs. Please read these reviews!! Please also read the Government Senate Select Committee reports on psychology services!

8 An example of failure to use outcomes monitoring as a quality improvement tool:

Insert example of failure to use outcomes monitoring:

9 An example of failure to meaningfully involve people who use services in their design or delivery (e.g. by incorporating their feedback):

Insert example of failure to meaningfully involve people:

10 An example of unclear or opaque accountability for outcomes:

Insert example of unclear accountability for outcomes:

11 An example of a locality/area where there is duplicated provision of services or programmes:

Insert example of a locality or area where there is duplicated provision:

Anywhere where there are Medicare Locals!!!!

12 An example of an area, state or territory where there are gaps in services or programmes:

Insert example of area where there are gaps in service provision:

All rural and remote areas.

Child services are very limited in mental health and those for the elderly.

More university places for training and supervision of postgraduate psychologists (Clinical and Counselling) need to be funded to get more professionally trained people into the system

13 An example of where research activity is poorly prioritised, funded or organised:

Insert example of poorly prioritised research activity or failure to translate research into practice:

Post graduate university research in psychology where the majority of psychological research is done, is very poorly funded. Programs are shrinking and closing down.

14 An example of poor use or planning of workforce/human resources:

Insert example of poor planning or use of human resources:

In the public sector where there is a move to have "case managers" made from clinically trained people.

Insufficient funding for university post graduate psychology programs which train specialists in mental health.

Insufficient funding of internship or supervision programs to allow trainees to complete their training.

Encouraging people who have inadequate training to undertake assessment, diagnosis and treatment of people with psychological and emotional difficulties. This particularly concerns me. This approach seems to neglect the need for training and understanding of developmental and relationship psychology processes and how difficulties across the lifespan can impact people.

15 Any other example of a service, programme, policy or initiative which has proven to be inefficient or ineffective and has not resulted in good outcomes for people experiencing mental health problems:

Insert any other example of inefficient or ineffective service, programme, policy or service:

Actions Needed for Change

1 One practical step to improve things in the mental health system would be:

Insert first practical step:

Remove the requirement for GPs to be gate keepers of access to clinical psychologists in the Better Access program

Remove the requirement to have GPs review people in order for them to continue therapy with a Clinical Psychologist.

2 A second practical step to improve things in the mental health system would be:

Insert second practical step to improve things:

Increase the number of sessions funded for people to have therapy with Clinical Psychologists from 10 sessions per year, back to 18 sessions per year. This would be easily possible if the GP reviews were discontinued.

3 A third practical step to improve things in the mental health system would be:

Insert third practical step to improve things:

Get rid of Medicare Locals

Your Views on Mental Health Programmes Funded by the Australian Government

1 Do you/your organisation have an interest in commenting on Commonwealth-funded mental health programmes?

Yes (please continue below)

2 IF YES:Please indicate the programme/s you wish to comment on.

Better Access to Psychiatrists, Psychologists and GPs under the Medicare Benefits Schedule, Access to Allied Psychological Services (ATAPS), headspace, Mental Health Services in Rural and Remote Australia

Other:

3 Please briefly explain your involvement with the programme/s (e.g. as a provider, stakeholder, consumer, family member, carer, professional, administrator etc.)

Your involvement in the programme or programmes:

I am a provider of Clinical psychology services since the Better Access services started and prior to this program.
I run a professional peak body for specialist psychologists.

4 Please indicate in which state(s)/territory(ies)/town(s)/area(s) your involvement is or has been (or if national, state 'national').

indicate geographical area(s) of involvement:

WA clinically and National for the professional peak body.

5 Please describe what, in your/your organisation's experience, has worked well with this/these programme/s. Please include brief concrete example/s of good practice. You may wish to comment on issues such as programme design, funding, local implementation, accountability, reporting, outcomes monitoring, evaluation, red tape (over-regulation), gaps in provision, or communication between services or programmes.

what has worked well with these programmes:

6 Please describe what, in your/your organisation's experience, has NOT worked well with this programme/ these programmes. Please include brief concrete examples. You may wish to comment on issues such as programme design, funding, local implementation, accountability, reporting, duplication, red tape (over-regulation), gaps in provision, or communication between services or programmes.

aspects of programme or programmes not working well:

See previous sections

7 Please describe what specific actions, in your/your organisation's view, would improve the design, delivery, or operation of this programme/ these programmes in future.

specific actions to improve this programme or these programmes:

see previous sections

Your Views on Special Issues

1 Do you (or your organisation) have an interest in commenting on any of the following issues?

Mental health in rural and remote Australia (please answer question 3 below), Mental health workforce development and training (please answer question 5 below)

2 What is your/your organisation's view about the current provision of support for Aboriginal and Torres Strait Islander people's mental health?

Views about Aboriginal and Torres Strait Islander mental health:

What specific action or strategy do you think has the potential to improve this?:

3 What is your/your organisation's view about the current provision of mental health support in remote and rural Australia?

Views on rural and remote mental health support:

It is very poor.

What specific action or strategy do you think has the potential to improve this?:

Expand the tele-online services to include a wider range of professionals, rather than just psychiatry.

4 What is your/your organisation's view about the current funding, organisation and prioritisation of mental health research?

views on mental health research:

What specific action or strategy do you think has the potential to improve this?:

5 What is your/your organisation's view about the current way mental health workforce development and training is carried out in Australia?

views on workforce development and training:

It is very poor and there seems to be a view that a bit of training is enough. It seems that the psychological and emotional aspects of humans is very through a very simplistic prism, when in fact it is very complex and requires people with significant training and expertise to assist those in need. This does not mean that there is no place for mentoring or other NGO support services, but these services must work within their training base and not be expected or believed to be able to provide assessment, diagnosis and treatment services.

What specific action or strategy do you think has the potential to improve this?:

Upload Extra Documentation

1 If you have any further comments, please briefly state them in the box below or use the link to upload further documentation relevant to the review. Please note that although we will attempt to include this documentation in our analysis, we will place most importance on the responses you have provided in this online survey.

Further comments:

Please read the many, many other reports and reviews that have been done in this area. There is very real submission fatigue in the community as there seems to be reviews and reports done one after the other and noting actually changes!

Please use the link to upload further documentation:

https://consultations.health.gov.au/national-mental-health-commission/2014_mh_review/consultation/download_file?squid=question.2014-03-20.2259658684-filesubquestion