Australian College of Advanced Postgraduate Psychologists Inc.

August, 2014

Dear Minister,

The Australian College of Advanced Postgraduate Psychologists (ACAPP) is a national professional College with membership open to postgraduate trained psychologists in the expert areas of Clinical Psychology, Counselling Psychology, Clinical Neuropsychology, Educational and Developmental Psychology, Forensic Psychology, Organisational Psychology, Sports Psychology, Health Psychology and Community Psychology. All our members have at least 6 years of university training in psychology and two years of mandated weekly supervised practice. Some members have also further studies at Doctorate and Ph.D. levels meaning that training can be up to 12 years in length. All are fully registered and endorsed to practice in their specific expert areas by the AHPRA Psychology Board of Australia.

One of ACAPPs central aims is to actively communicate with and provide positive input into community and government bodies on matters of concern to us. In this document we would like to offer suggestions on ways to reduce the health budget by reducing Medicare costs. The Federal Governments current plan of a $7.00 GP co-payment to reduce Medicare costs has proven to be very unpopular in the community and there appears to be very little chance that it will pass in Parliament. So we would like to suggest possible alternatives to reduce the health budget without incurring costs to the community and reducing health outcomes.

ACAPPS Recommendations

GP services in Australia have a long history of acting as gate keepers to medical, psychological and other private health services. This gate keeping role for access to expert psychological therapy services, and the reviewing of psychological therapy, has considerable costs attached for both the Government and consumers. It also places significant pressure on the availability of GP appointments for medical treatment. With an added burden of an aging population and increasing chronic medical diseases it is not too surprising that GP services are often overwhelmed and patients find it hard to get into appointments in a timely way.

The Government could significantly reduce the health budget and ease the pressure on GP appointments by making simple changes to the referral and review processes under the Better Access program.

We would recommend:

1. Drop the requirement for consumers to have a GP referral in order to access Medicare supported private clinical psychology services. Direct access to private clinical psychology services is already done by a major private health insurer in Western Australian (HBF), which allows consumers to directly seek out and access clinical psychologists, without a GP referral.

2. Drop the requirement that a mental health care plan (MHCP) has to be written in order for a GP to make a referral to a clinical psychologist. A short referral letter would be sufficient, similar to what is done when GPs refer patients to medical specialists. Not only would this end the significant costs of MHCPs on the health budget, but it would also stop duplication of services. Clinical psychologists undertake their own professional assessment of a patient in order to develop a therapeutic formulation of the presenting problems, which then allows them to build individualised psychological therapy interventions. The MHCP also adds significant stigma to patients when they are required to have a psychiatric label in order to obtain help.
3. Drop the requirement for GPs to do a review of patients who have seen a clinical psychologist for six sessions, in order for them to continue with the therapy process under Medicare. GPs do not do reviews of the work of other medical specialists and do not interfere or determine the length of treatment undertaken by a specialist. This process of GPs reviewing the work of clinical psychologists and being in charge of deciding if a patient should continue or not, is actually quiet concerning, as GPs are ***significantly*** less trained and qualified in psychological assessment and therapy than postgraduate trained clinical psychologists.

The above changes would be particularly important in rural settings as those at risk need to be able to access psychological services in situations where GPs are often not available or are considerable distance from the person needing assistance.

Support for ACAPPS Recommendations

The significant costs which would be saved by immediately implementing the suggestions above are supported by the 2008 Mental Health Council of Australia's report *Mental Health and the New Medicare Services:* Key findings (pg 4 and Table 2 and 3, Pages 8-9). Their report documents that from November 2006 to August 2008 the preparation of GP MHCPs cost the Medicare budget 135.7 million dollars, and the GP reviews cost 23.7 million dollars – a total of 159.4 million dollars on administration. The assessment and therapy interventions by clinical psychologists cost only 108 million dollars, approximately 22 million dollars less than the administration costs. By scraping MHCPs and GP reviews, a significant saving would be made. This would also hopefully allow more money to be placed into actual therapy services, such as the Government re-instating 18 therapy sessions per year for consumers with clinical psychologists, rather than the current severe rationing of therapy services to 10 sessions per year.

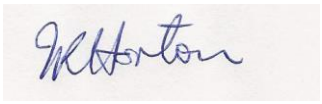
Further support of the potential costs savings comes from the Better Access review conducted in 2010 by the Federal Government. This extensive review found private psychological therapy services were the most cost effective way for consumers to access expert psychologists. It was even more cost effective than services being administrated and delivered under the ATAPs scheme, which also drained significant funding into administrative roles. This review further found that a high percentage of people who had a MHCP written by a GP, did not subsequently follow through with mental health services. This percentage was even higher as the patients' location became more rural and remote. Specifically, of the urban patients who received a MHCP during 2007, **33.8 per cent** did not receive follow up MBS mental health services in the immediate subsequent 12 months, and **37.7 %** of patients in rural and **48.9%** in remote locations did not receive MBS mental health services. This indicates a significant number of MHCP billed to the Government were of no value, or at the very least were not utilised.

As suggested succinctly by a GP "A s*imple solution, is to break the nexus between MHCPs and psychologist referrals! Allow me to refer patients for psychology services under Medicare in the same way as I do to specialists and I will have claimed my last item 2710. The MHCP process is a cumbersome waste of time ..... Getting my distressed, disturbed patients to waste time filling out K10s and wait while I fill out a meaningless proforma plan to give them is absurd."*

The deletion of the mandatory gate keeping role of GPs to expert trained clinical psychologists, the deletion of GPs having to use mental health care plans to make referrals and the deletion of the requirement for GPs to review therapy undertaken by clinical psychologists, would save the Medicare and health budget millions of dollars annually. **This is a real alternative to for making savings in the health budget without reducing services, costing consumers more, or reducing (mental) health outcomes.**

We would be most happy to meet with you and discuss what has been suggested in this document. We will look forward to hearing a response from you on these options.

Sincerely,



Dr Jillian Horton

President of the Australian College of Advanced Postgraduate Psychologists (ACAPP)