

Australian College of Advanced Postgraduate Psychologists Inc.



14th August, 2014

Mr Tim Marney
Mental Health Commissioner WA

Dear Mr Marney

I refer to the ABC News report on 13th August, 2014 concerning the spike in FIFO suicides.

One of our Clinical Psychology members with three outpatient Wheatbelt clinics is very familiar with the mental health issues of FIFO workers, many of whom choose to live in rural locations. In addition, he has management consulting experience with companies utilizing FIFO workers and has firsthand experience of the problems that can be experienced. You may care to consider our nomination of someone for consideration in conducting the case studies to which you refer.

You are quoted as also saying “Individual services are fairly drastically under-supplied, we probably only have 30 per cent of supply we need in those community-based services”.

We agree with your comment and this highlights the urgent need to improve access to one of the most effect and cost-effective community based mental health programs - the Better Access programme. You may recall, the previous Labor government cut Better Access by 44 per cent as a form of rationing when they reduced the number of Medicare subsidized psychotherapy sessions from 18 to 10 sessions per year. In doing so they overturned the COAG policy of 2006 to increase access to such specialized mental health services involving a Clinical Psychologist, leaving many vulnerable people stranded half way through a therapy process. Although this is a Federal issue, the community desperately needs support from the State and Federal arms of the Mental Health Commission to lobby the Government to reinstate the Better Access services to cover 18 session per year. In addition, Medicare rebates with postgraduate trained Clinical and Counselling Psychologists need to be extended to cover video consultations to ensure continuity of contact when the worker has returned on site (interpersonal continuity is an important primary care value).

If the Government is seriously concerned about the health budget when considering such changes, rather than insisting on a very unpopular \$7.00 co-payment for GP services, they could significantly reduce the health budget by also making simple changes to the referral processes under Better Access. For example they could delete the requirement for GPs to write mental health care plans, they could allow community members to directly access Clinical and Counselling Psychologists without a GP referral, and/or they could delete the requirement for GPs to do reviews of people seeing Clinical and Counselling post graduate trained Psychologists, in order to obtain their last (currently) four Medicare supported sessions. These changes would be particularly important in rural settings as those at risk need

to be able to access Clinical Psychology services when a GP is often not available to refer at short notice.

Medicare statistics have actually shown that nearly 40% of the Better Access budget is spent on these GP administrative processes. Specifically, during 2006-2008 the preparation of GP Mental Health Care Plans (MHCP) costed the Federal Government 135.7 million dollars. The MHCP reviews costed 23.6 million dollars. The Better Access review conducted in 2010 also found that a high percentage of people who had a MHCP written, 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 that a significant number of MHCP billed to the Government were of no value, or at the very least were not utilised.

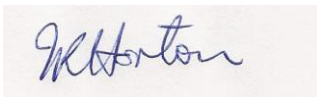
There is a precedent set for open access to specialist psychologists in the private health insurance industry. For example the biggest health insurer in WA (HBF), does not require GP referrals to clinical psychologists in order for their customers to claim rebates.

As suggested succinctly by a GP "A simple 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 and when I manage mental health issues without psychologist help I use the content based item numbers quite happily. 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. Minister Roxon, leave the rebate at its present level for the few GPs who like using the plan format. Allowing the rest of us to refer more simply means most of us will never touch it (MHCPs) again, saving you millions. Problem solved. "

These changes would also reduce the burden on overloaded GP appointments, which can at times be difficult to obtain for medical treatment.

Your consideration advice on these matters would be appreciated.

Sincerely,



Dr Jillian Horton

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