

**Email To:** Fierravanti-Wells,(Liberal Senator) June 2011

**Subject:** Re: Budget cuts to the number of sessions for specialist Psychologists under the Better Access Scheme

Dear Senator Fierravanti-Wells,

I would like to thank you on behalf of my colleagues for raising these issue in the Estimates process and I will follow the transcripts once they are published. We continue to be greatly concerned for our patients, especially when the changes to access to specialist psychologists starts on 1st November.

We are also very concerned about the shift of funding into the ATAPs program at the expense of Better Access, as the Federal Government (under Howard) at least stipulated what level of training was required for practitioners to offer psychological assessment and therapy services. It was also acknowledged via higher rebates, that specialist Clinical Psychologists where the professional group with the most advanced levels of training and expertise to provide these services. This is appropriate, as specialist psychologists have the only level of training which meets international training standards, as they have completed a 4 year undergraduate degree in an accredited university program AND (at least) a two year post graduate Masters degree in a specialist psychology program, such as Clinical Psychology, AND two years of practical professional weekly supervision. In the ATAPs program there are NO guarantees as to the training level required to treat people entering this service. In fact, in the ATAPs review, which I have sent in the attachment, it clearly states:

*“While quality control of the services provided is an important issue, setting the competencies and professional qualifications of providers at too high a level could reduce significantly the available workforce to provide services, and reduce service access particularly in rural areas. The emphasis should be on capacity to provide a service.”*

*“Under ATAPS – with a capped budget – it is understandable that Divisions may be attracted to recruiting allied mental health providers who attract a lower salary and thus the available funding to stretch to provide a greater number of services.”*

*“The quality of the mental health services provided under the ATAPS initiative varies enormously between providers and Divisions. What it does indicate is varying quality around the availability and recruitment of providers, differing levels of experience and qualifications of providers and even the skills and experience of the staff who administer ATAPS within Divisions.”*

These findings and comments are of major concern to us as we believe that the Australian community should have the highest and most skilled practitioners treating them, and this should not be jeopardized by funding or policy rationalisations. Australia is already know as the only OECD country which does not meet international professional psychology training standards for the provision of psychological services. Does Australia want this poor reputation to continue, at the cost to our patients?

Additionally, the ATAPs program was never meant to take over, nor compete with the Better Access program, as indicated in the information below taken directly from the ATAPs review (underlining has been added):

*“One of the most significant initiatives in the COAG package, and with most relevance to ATAPS, was the commencement in November 2006 of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative (Better Access). Under Better Access, psychiatrists, GPs and psychologists (and appropriately trained social workers and occupational therapists) are able to provide mental*

*health services on a fee-for-service basis subsidised through Medicare. These services parallel the original program design of ATAPS, offering access to short term psychological therapies but provided through private providers, rather than through fund-holding arrangements.”*

*“Better Access has significantly increased access to psychological services in Australia. Medicare data indicate that since the introduction of the Better Access initiative in November 2006, over 11.2 million Medicare subsidised mental health services have been provided to around 2 million people (as at 31 December 2009).”*

*“The introduction of Better Access provided an alternative service pathway for consumers experiencing mental illness who had previously relied on ATAPS services. In fact, due to the nature of Medicare based funding, the Better Access program provided greater access to services due to a significantly larger (consumer referral driven) program budget. Better Access operates very successfully in the majority of communities and geographic areas as a universal program aimed at improving access to treatment for high prevalence disorders”.*

*“It makes sense that ATAPS, with its defined budget, is an adjunct to Better Access. That is, that Better Access remains the service to provide the majority of mental health services to the broader population and that ATAPS operates in a complementary manner to provide mental health services to those consumers who do not or cannot access Better Access services.”*

*“It is an important and necessary program to complement the Better Access Initiative. ATAPS and Better Access are operating in a complementary fashion to meet the mental health service needs of Australians.”*

*“In the consultation process there was strong support for a continuing role for ATAPS as a capped program with finite resources in targeting people with mental illness who have a need for short term interventions. There was recognition that the reach of the program would be diluted if the program was extended to the broader population, “*

The second attachment is a large study providing evidence based information about how many sessions with a specialist psychologist are needed (20 – 25sessions) for proper recovery from mental health problems such as depression and anxiety to occur.

I hope this information is useful to you and assists in the stand for better care for people in the community who need mental health services for these highly prevalent mental health disorders.

Regards,

Dr. Jillian Horton  
President of the Australian College of Specialist Psychologists