

On 9th March 2011, Dr. Jillian Horton, President of the ACSP had a very informative telephone conversation with the Policy Advisor to Senator Bob Browns office (Federal Greens party). The conversation focused on a number of issues relating to mental health care services and the input specialist psychologists could have. The following points were discussed in some detail:

- The concern with Medicare Locals being able to promote and co-ordinate psychological services in the community. The role of privately run Medicare Locals in psychological health care is still unclear. The Federal Government is clearly wanting to find ways to better integrate and co-ordinate mental health services and to find additional ways to meet the needs of those who perhaps are not adequately covered by the private sector in the Better Access scheme. Private psychological services however are only one half of the equation, as many specialist psychologists also work in hospitals, the public sector and some are also employed in NGOs. This is in contrast to GPs for example, who mostly work in the private sector. The Federal Government appears to be very focused on the private psychological services sector to cover all the mental health needs in the community, which doesn't really make sense. For example, they are exploring the possible use of Medicare Locals to be fund holders for psychological services, like the current ATAPs scheme, to employ mental health care providers. It was discussed that instead of developing more ways for specialist psychologists to be employed, another view would be to better co-ordinate and expand the existing public mental health services and link these better to the private sector under the Better access scheme. Expansion of public services would support and supplement the essential private psychological services currently being funded by Medicare.
- The concept of *Divisions of Psychological Health Care* was discussed with the view that these bodies could be non-fund holding bodies, whose main aim is to inform the public and connect them to appropriate mental health services in their community, whether public (hospital or community based), or private or NGO services. Divisions could also be active in assisting people to move from hospital crisis care into community based services, and informing community members in their catchment area of the range of options for psychological services in both the public and private sectors. Divisions could also research the needs of their local community and inform Government or other bodies about the gaps which may exist in mental health services so that targeted programs and services could be provided by public community based services.
- There was also discussion about the possible role of government funded Community Health Centres, which currently only function in a few States, as a major resource to the community if more were developed and expanded. These centres generally do not have medical services within them, but more allied health services, such as physiotherapy, speech pathology, audiology, community nursing, anti-natal and post-natal services etc, **PLUS** mental health services such as child and adult psychological services, social work services etc. Current models of these sorts of community based centres already exist and could play a vital role in further developing community based psychological health care.
- There was some discussion about the limitations within the Medicare Access scheme, which produce barriers to consumers and overload medical appointments. The Medicare Access scheme for specialist psychologists is fully supported by the ACSP as a wide reaching way for people to access psychological services, as indicated by

the huge uptake in these services, but aspects of the scheme could be changed to increase the specialist workforce and reduce barriers to consumers. It was emphasized that the blow-out in the Medicare Access budget is greatly contributed to by the mandatory requirement of consumers needing GP referrals under a Mental Health Care Plan, plus reviews after 6 (and 12) sessions with a specialist psychologist. The high costs are readily found in the Medicare statistics. It was highlighted that in WA, one of the major private insurers (HBF) do not require medical referrals in order for consumers to obtain their insurance rebates for specialist psychology services. The question was why therefore has the Government made this a requirement – at great expense to the MBS budget and to consumers?

- There was also discussion about training standards for people to be able to deliver psychological services and the need for Australia to meet international training standards in the future.

In total the discussion was positive and there will hopefully be further contact between the ACSP and the Federal Greens party.