



The Australian College of Specialist Psychologists Inc.
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18th May, 2011

Dear Minister Butler,

The Australian College of Specialist Psychologists is very concerned about the reduction of funding, and shift of funding, away from the Better Access initiative into the ATAPs scheme. We have received many emails and telephone calls from colleagues in the Better Access scheme who are extremely worried about the clients they see, and have indicated they will not be able to offer proper care and treatment with the reduced number of sessions supported in the Better Access initiative.

While we believe that the Government has acknowledged and provided new funding into other services for mental health, which is much needed in these sectors, we do not believe that it is good mental health policy to rob funding from, and reduce services in a highly effective, and cost effective scheme (as found by the Governments Post-implementation Review of the Better Access scheme). The mental health service area has been starved of funding for a very long time and requires that effective services continue, so that the burden and level of mental health disorders affecting individuals, families and the community can be reduced.

The effectiveness of the Better Access initiative is clearly supported in the Governments Post-implementation Review released in April 2011, as shown by the following quotes and findings taken directly from the Review, (some emphasis has been added):

“The Post Implementation Review found that the Better Access initiative has significantly increased access to affordable mental health services in the primary care sector and to many patients who previously could not afford these services, thereby meeting a previously unmet need..... This major mental health reform seems to have improved access to and outcomes from primary mental health care for people with moderate to severe common mental disorders..... **The MBS is the most effective and efficient means of providing this service.**”

The Better Access review found that “more than 90% of people using psychological services had a diagnosis of depression and/or anxiety. This compares with 13% of the general population. **Around 80% of these patients reported high or very high levels of psychological distress, as assessed by a GP given questionnaire at referral point.** This compares with 10% of the general population. These figures are supported by several independent studies of the Better Access services where over half had severe mental health disorders as opposed to mild or moderate disorders (2007 National Survey of Mental Health and Wellbeing). In addition 45.5% reported a high level of disability as measured by the World Health Organisation Disability Assessment Schedule.”

“The Review found that although some groups have had greater levels of uptake of Better Access than others, **Better Access has reached all groups, and increased most dramatically for those who have been disadvantaged in the past.** Children aged 0-14yrs and people in rural and remote areas had lower uptake than other groups but had greater



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percentage increases in uptake than other groups. The study found that the pattern was also consistent for those in the most socio-economically disadvantaged groups.”

Whilst the Government must be aware of the positive outcomes of the Better Access scheme, they have still chosen to shift funds away from this scheme. This is very difficult to understand. If this decision is based on cost effectiveness or cost savings, then the ACSP cannot support this decision. The Governments review found that the MBS is the MOST cost effective way to provide services to the general population. If it is to save funds in the mental health area, then the Government cannot be taking seriously the large unmet need that has existed in this area for decades. The Federal Government needs to look to other ways to manage the funds going into this scheme, rather than robbing people of the proper psychological care they need from people who are professionally trained to provide these services. The ACSP would be very happy to discuss what other options the Government could consider, besides reducing the number of sessions people can access to specialist Psychologists.

Another concern is the definition the Government is using for “short, sharp therapy”. One would assume that policy making needs to be based on independent research evidence, and there is considerable research evidence to show that effective psychological therapy for moderate to severe psychological problems, to provide reliable change and reduce relapse, requires approximately 20 sessions of psychological therapy. The proposed 6 to 10 sessions will not allow sufficient therapy time to adequately treat a considerable number of people and will simply provide a band aid service with high relapse rates. Length of therapy needs to be a clinical decision, as it is in all medical areas, and needs to be in the hands of well trained professionals such as those with post graduate qualifications in Psychology.

The second concern we wish to raise, is the large shift of funding into the ATAPS scheme. The ATAPS program was reportedly viewed in both the ATAPs Review (2009) and the Better Access review, as being *complementary* to the Better Access program. The Government also reported that the ATAPs program was going to be refocused towards rural and regional areas, with a particular focus on low socioeconomic and Indigenous people. This was in recognition of the lack of private health providers in these areas. The scheme however was not designed to replace or compete with the Better Access initiative. There is great concern that because funding will be provided as block capped funding to Divisions of General Practice (or soon to be Medicare Locals), not only will money for mental health services be consumed on administration costs of this program, but the level of care will be eroded by decisions about maximising funding use. There is already evidence of this in the ATAPS Review (2009) which states *“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.”*

This clearly is unacceptable, as it has strong implications for the standards of care provided to the people needing these services. What level of training and experience, and what training



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standard will providers in the ATAPS scheme have? Is the Government serious about looking after the needs of vulnerable community members?

On behalf of concerned professionals who take the duty of care and needs of their clients very seriously, we implore you to reconsider the shift of funds away from the Medicare Access scheme, and to allow us to provide the proper care and treatment to our clients in a timeframe that is based on clinical decisions and the needs of our clients.

Yours sincerely,

Dr. Jillian Horton

President of the Australian College of Specialist Psychologists