**The Australian College of Specialist Psychologists**
**PO Box 447, South Fremantle WA 6162**
**Telephone: 08 9487 1859**
**www.acsp.net.au**

3rd October, 2012

Dear Decision-makers,

I am writing to you to ask you to support the continuation of Medicare rebates for 16 sessions for psychological services provided by psychology specialists in the Better Access scheme. These are the service providers providing specialist psychology services under Item number 80010, and according to the Better Access review report (2010), the extra services are being used by approximately 17% of the referred mental health population. Research indicates that 90% of the 10 most commonly presenting mental health problems in primary care settings do not have an identifiable medical aetiology. Issues of access and the high rates of psychological morbidity in primary care suggests that specialized psychological services are the last thing which should be cut.

We are aware that Minister Butler will soon be presenting to Parliament the proposal to cut the number of rebateable sessions, across the board, to psychological services in the private sector. At the end of last year there was a possibility of someone moving to disallow these cuts in parliament and we are asking you to do this at least for specialist psychology services, when this matter arises again. The bases on which we request this includes:

1. Other services available to treat people who have complex psychological needs, requiring more than 10 sessions are not fully functional and will not be adequate, even when they are.

2. The ATAPs services, which will retain an option for 18 sessions of psychological therapy, are not exclusively provided by specialist trained psychologists (masters level post graduate trained clinical/counselling psychologists) and therefore these services cannot be relied upon to manage and appropriately treat the numbers of people with complex psychological disorders.

3. ATAPs services, which are now administered via Medicare Locals, vary in their focus and orientation. There are reports that there is considerable pressure and expectation on those under this scheme to treat consumers within a six (or maximum 12 sessions) framework, due to the limited capped funding. Financial decisions are taking a precedent over clinical treatment and many ATAPs programs run out of money quickly, leaving vulnerable people without service. This is further exacerbated by a considerable amount of ATAPs funding being used for administration purposes, reducing funding available for clinical treatment.

4. State funded Government psychological services have not increased, and at present all positions in many State Government Health Departments are frozen or are being reduced. There has been no increase in the number of specialist psychologists employed across these services and waiting lists for adult and child community based services remain unacceptably long.

5. It has already been recognised that post graduate trained psychology specialists will treat complex cases and work beyond the “focused psychological services” of those with less specialist training. If there needs to be a cut to the number of sessions for psychological services, then we would argue this not be for specialist psychologists as there is a great need to fully utilize this highly trained section of the workforce.

It is recognised that one of the main reasons Minister Butler is wanting to reduce private psychological services

is a cost saving initiative. We feel that there are better ways for the Government to save money in the mental health budget if this is necessary, and there needs to be a broader understanding of the savings made to Government when people have access to proper care. We suggest the following:

1. To reduce the budget without affecting actual treatment services, drop the requirement for specialist psychologists to have their patients be reviewed by medical practitioners. The GP (or medical practitioner review), adds significant costs to the mental health budget. For example, based on Medicare statistics from November 2006 to August 2008 a total of $512.6m was spent across all Better Access items with $159.4m being spent just on the medical referral and review process. Services provided by specialist Psychologists cost only $108m. Therefore non-treatment administrative aspects of Better Access were, and continue to be significant. It is also important to note that according to the Better Access review (2010) only 58% of Better Access consumers who received a GP Mental Health Treatment Plan went on to use Better Access services; conversely 42% did not – this indicates a significant drain on the mental health budget without much benefit. There should be an option at the very least to cut the requirement of GP reviews for specialist services, or at least make them optional, as it is very unclear what value this process provides to the outcome of the patient, but it clearly involves additional financial costs to Government budget. In addition to substantial costs to the Federal budget, these reviews also act as a barrier to patients needing care, due to financial and time constraints. This is especially true for people living in rural and remote areas of Australia where they may have to travel significant distances to even see a GP. Additionally this process overloads limited GP appointment spaces, which are already significantly under pressure in managing chronic disease and the demands of the aging population.

2. Inadequately treated mental health problems result in a revolving door phenomenon whereby people either have to access more often the limited services over time, or escalate to very expensive hospital based services – this is costly to Government. For example, a recent report by Cathy O'Leary (Medical Editor of the West Australian newspaper, January 2012) highlighted the significant increase in hospital based mental health services via the number of claims made through WA's largest private insurance company HBF. She wrote that the total number of claims for inpatient treatment in WA reached 48,780 last year, with $607,014 paid out to people aged 17 to 24, compared with $387,578 four years ago. Psychiatrist Paul Skerritt, a former president of the Australian Medical Association stated in this report that the rise was likely to be increasing because more young people were using health insurance to access private care, rather than rely on the overburdened public health system which could not cope with the number of people seeking help. Only a small percentage of the Australian population can afford private insurance, therefore the remaining larger sector of the community have to turn to costly and overloaded public hospital based care. Expensive hospital based care can be reduced if there are adequate community based specialist services.

3. There are many reports available about the costs to Government of lost work productivity when people are not able to access adequate or appropriate care. According to research by Harvard University Medical School and reported in a recent article (September 2012) untreated mental health costs to the U.S. are at least $105 billion in lost productivity annually. This is the result of 35 million lost workdays every year, which was indicated to be largely because 60 percent of Americans with a mental health disorder remain untreated. The costs are very similar in the Australian workforce and will remain, when there are inadequate treatment services in the community.

Therefore cost savings to the Federal Government needs to be examined with a wider net rather than just focusing on the budget figures for the costs of facilitating private specialist psychological services.

A second reason that Minister Butler is looking to cuts session numbers supported by Medicare is based on the false premise that because the Better Access report found that the majority of people accessing psychological services only used up to six sessions, this then means that all people are appropriately and adequately treated in six or maximum ten sessions. We would like to outline other, more realistic interpretations of why a limited number of sessions may be accessed by community members. These include:

**(a) Government policy factors**

- Six sessions of psychological therapy has been defined as a "course of treatment" which implies to both the consumer and referring bodies that this should be enough for complete care, especially because a consumer has to go back to a medical practitioner for a review to get access to more treatment. Many GPs communicate their expectations that 6 sessions may be enough and it is their decision (not the consumer or the treating specialist's) if the person needs more therapy. This communication, whether explicit or implicit, undermines a persons sense of competency and stability, as they have to "admit" they need more sessions, which in turn reduces the likelihood of people going back for a review and continuing in therapy.
- The need to notate "exceptional circumstances" on review letters to obtain the last six rebateable therapy sessions (currently available), indicates to the consumer that they are asking for something *exceptional*, again increasing the stigma of requesting quite normal and basic care and reducing the likelihood they will continue in treatment. There is nothing "exceptional" about accessing even 20-25 sessions of psychological therapy. Unfortunately this is only understood in Government policy for psychiatric care, whereby up to 50 Medicare rebated sessions per year are available for psychiatry treatments.
- The terms used to describe people accessing psychological care as having "mild or moderate disorders" presents a disconnect to people about their mental health needs and how seriously they should take their psychological problems - hence the amount of psychotherapy that is needed to treat them.

**(b) Individual/community factors**

- People start psychological therapy with pressing issues and when they begin to get some emotional relief, just from telling their story and receiving support in the first couple of sessions, their motivation and commitment to making real change in a treatment process is reduced.
- Making a commitment to therapy once a week over a period of time, is competing with many other demands on the individual which additionally act as a barriers to the continuation of therapy including time pressures, family pressures, work rescheduling and costs.
- There is an increase in stigma for the consumer when they are required to go back to a non-treating specialist and "admit" that they require more care. This also undermines the sense of recovery and personal competency of the consumer, cutting across the recovery process.

**(c) Mental health providers training factors**

- If providers of psychological therapy services are insufficiently trained in the diagnosis and treatment of psychological disorders (arguably those who provide focused psychological services) then they may also not be skilled enough to assist a person to engage in therapy beyond the "placebo" effect. They themselves may be seduced into thinking they have done all that is needed as the person is saying they are "feeling better" and prematurely end therapy and/or not see the need for more in-depth work.

- The training of psychological therapists needs to be taken seriously and requires a minimum of undergraduate training in psychology (4 years) AND specialist post graduate training (masters level) in either clinical or counselling psychology AND two years of professional supervision. Post graduate trained and supervised psychologists are the specialists in mental health care and work from a dedicated training base specifically tailored to providing a competent and ethical psychological diagnosis and therapy treatment processes. Short courses in psychological therapy techniques or undergraduate levels of training present a danger to the full recovery and wellbeing of people in need of mental health care.

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For all these reasons, but even more importantly - for the care and support of vulnerable adults and children in Australia, we implore you to at least maintain the current number of Medicare subsidised services for specialist psychological services.

Sincerely,

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