The Australian College of Specialist Psychologists

(now the Australian College of Advanced Postgraduate Psychologists)

Position Paper: Community access to private specialist psychological services supported by the Medical Benefits Scheme in the Better Access program.

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The Better Access Scheme for psychological services

The Australian College of Specialist Psychologists (now the Australian College of Advanced Postgraduate Psychologists) would like to make the following comments and recommendations regarding access to private specialist psychological services in the Better Access scheme.

1. Provision of psychological assessment and therapy services

Specialist Psychologists can provide treatment for a very extensive range of psychological problems and disorders including those rebated by the Better Access initiative. From feedback from many patients and GPs, it is clear that many patients would not be able to afford private psychology services without the MBS rebates, and hence would also not be referred for therapy by medical specialists. Lack of affordable access to private psychology services in the past, placed a significant burden on the public sector to try to deal with the large community need. It is well know that there are tremendous waiting periods for patients to see specialist Psychologists and other mental health professionals in many of these settings, and often they can only get timely access when their situation has deteriorated significantly into a crisis. If the crisis has led to an inpatient stay, then after discharge the follow-up has often been very limited because of the over-load on public mental health services, leading to a revolving door of patient through crisis and inpatient stays. For other community members with significant psychological difficulties such as depression or any of the anxiety based disorders, it was virtually impossible to get access to public mental health services. The introduction of the Medicare Access initiative has significantly assisted these people to get timely access to much needed psychological therapies, and has helped to reduce the load on the public services. This is supported by the huge uptake in Medicare supported services as reported in Medicare statistics. More community access would be available to much needed services if the MBS also supported not only Clinical Psychologists but also other highly trained specialist psychologists who provide psychological therapy, such as Counselling Psychologists, and specialists such as Clinical Neuropsychologists, Child and Developmental Psychologists and Forensic Psychologists who provide significant community support as well (see the document outlining these speciality services). The ACSP supports the need for professionals to be highly trained in order to provide psychological assessment and therapy. Each of these specialities in Psychology have post graduate training programs and supervision requirements in order to practice. They each work in different, but over-lapping areas of mental health care and offer important services to the community. Providing Medicare rebated services for these specialist services would allow many more people to obtain timely and professional services in mental health care.

Recommendation: that the MBS be expanded to support not only Clinical Psychologists but also other specialist psychologists who specifically treat mental health problems, being Counselling Psychologists, Clinical Neuropsychologists, Educational and Developmental Psychologists and Health Psychologists.

2. Limitations of the Better Access scheme

A large proportion of private psychology services are for the high prevalence mental health problems such as depression and anxiety in adults, adolescents and children. An essential aspect of psychotherapy is to not only treat the symptoms (i.e. the depression or anxiety) but also to work with patients to resolve the underlying causes or contributing factors, which establish and often maintain these symptoms. Several aspects of the Better Access scheme have significant limitations with regards to treating the underlying causes and often the mental health problem itself. These include:

2.1 The limited number of Medicare supported sessions

The capping of Medicare rebated sessions to 10 sessions per year is not based on any evidence showing this number of sessions is sufficient to assess and treat psychological disorders. In reality, this number of sessions does not allow for the treatment of more complex and/or chronic disorders nor of patients with co-morbid difficulties. The resulting situation is incomplete therapy or "band-aid" therapy which often results in patients having to return to therapy later or requiring medications, which are expensive. The definition of "mild, moderate and severe" mental health problems is also difficult to interpret as most psychological problems are complex and multifaceted. Patients seeing private specialist Psychologists should have access to an adequate number of therapy sessions in order to obtain comprehensive and effective treatment of their symptoms and the driving factors causing their difficulties. As with any specialist service, the number of the sessions required for proper treatment should be determined by the treating specialist psychologist, as they are aware of the therapy process and progress of the patient. This should not be determined by another non-treating specialist, such as a GP. It is difficult to determine the "ideal" number of sessions needed in order for thorough psychological assessment and therapy to be undertaken, however we are aware that community members can obtain rebates for private Psychiatry services for up to ***50*** sessions per calendar year (at a higher level of rebate). For adequate access to effective mental health services, especially given that most psychological therapies are conducted by specialist Psychologists, not Psychiatrists, it would be reasonable to request the equivalent number of sessions rebated as is available for psychiatric services.

Recommendation: that at least an equivalent number of psychotherapy sessions with a specialist (endorsed) Psychologist, as that with a Psychiatrist, be supported by Medicare.

2.2 Burden of the six session review process on medical specialists and patients

Under the Medicare Access scheme, clients have to return to their GPs for a "review" after six sessions with a private Psychologist to seek a re-referral - before they can continue with their psychological treatment. Since GPs do not do this sort of mandated review of therapy and re-referral with any other specialist in the Medicare system it is unclear what the underlying rationale is for GPs having to bear the load of this additional work in relation to private Psychology services. Many private Psychologists, GPs and community members view this Medicare requirement as unnecessary. Many reports indicate that medical appointments are already difficult to obtain due to the high demand for medical services, therefore the ACSP would support an approach which would ease GP appointment pressure rather than add to it. It also unnecessarily increases costs to patients and the Medicare system. An article written by Lesley Russell in the Weekend Australian (March 2008) stated that over half of the money used in the Better Access scheme ($81.8 million) was for the writing of mental health care plans and GP reviews. The rebates claimed for **therapy services** was only $65.5 million, which is actually less than the original Federal Governments costings for this scheme ($68.4 million). The ACSP supports unequivocally the need for communication between professional groups, however this process is time consuming and expensive and it is unclear how useful it is in its current form.

A second issue in relation to GPs reviewing specialist Psychology treatments is that very few GPs have sufficient training to be considered competent to review psychological treatment and determine if the therapy process should be continued or not.

Recommendation: that the requirement for a medical review to be done so that patients can access psychological therapy sessions after the sixth session be removed from the MBS.

Recommendation: that the requirement to have a mental health care plan referral from a GP in order to access specialist Psychologists be removed.

2.3 Level/area of training to provide psychological assessment and therapy

The Medicare Access initiative currently supports a two tier system of therapy and therapists to provide psychological interventions. One level of service is by clinical psychologists and the second level of service is by non-specialist psychologists, social workers and occupational therapists. The latter group are permitted to do "focused psychological therapies". These providers may only have four years of university training at undergraduate level in psychology (psychologists), which is significantly

below international training requirements for clinical practice in psychology, or they may not have undertaken a university training program in psychology at all (social workers and OTs). The ACSP believes that this is not in the best interests of patients as the assessment and treatment of psychological disorders requires high levels of training and expertise. There is also no clear differentiation or explanation given to the public or to referring professionals, as to when or for whom the limited psychological services (focused psychological therapies) would be appropriate. Indeed it would be very difficult for GPs in their limited time with patients to select or differentiate people with psychological problems which may only need this form of limited intervention and skill level. The ACSP believes that all psychological and emotional problems are multi-faceted and often have co-morbidities, and hence specialist training is required in order to properly assess and treat people with these difficulties.

Specialist training in psychological diagnosis, research and psychotherapy already exists in most universities in Australia comprising of:

- four year university degree in psychology,
- two year post-graduate training program providing specialist training in assessment, research and therapy (e.g. clinical psychology, counselling psychology) and
- two years of internship under weekly supervision with an experienced, fully qualified and registered specialist Psychologist.

Many postgraduate trained Psychologists also do further university training, such as a Masters/Ph.D. combined program or Ph.D. programs in Psychology, which then extends their university training to 8 - 10 years. The National Registration Scheme, which was inttroduced in Australia in July 2010 (in WA in October 2010) now has a process of *endorsement* for those with post-graduate qualifications and supervision. This is providing some recognition of the level of training undertaken in the profession and it is only this level of training which meets international training standards. The ACSP will also be supporting the profession of Psychology to acquire *specialist registration*, once national criteria are established in the next few years. The ACSP supports that Australia comes into line with international training standards for professionals who wish to diagnosis and treat psychological disorders.

Recommendation: that a minimum of post-graduate training (two years masters in psychology) and two years supervision in a specialist area in Psychology to be the minimum requirement for professionals to have access to MBS rebates for psychological services.

Recommendation: that rebates for "focused psychological therapies" provided by lesser qualified professionals be removed.

2.4 Including couple and family therapy items under Medicare

There are also many situations when causal factors for the high prevalence disorders are based in relationships, however couple therapy and family therapy are not supported by the Medicare Access Scheme. There is considerable research evidence to show that a person can significantly influence their partners mental health and if a relationship is under high and ongoing stress each person involved in the relationship can have their mental health greatly impacted. Likewise in situations when a child is experiencing considerable difficulties and has been referred under a mental health care plan, there is no capacity under this plan to also see the parents regarding the child issues. Sometimes parents may be contributing towards the difficulties the child is experiencing and are often essential to include in the therapy process in order to have a successful therapy outcome for the child.

Recommendation: that the MBS cover couple and family therapy services.

2.5 Remuneration for psychotherapy assessment sessions

Specialist Psychologists are professionally required to conduct a thorough assessment of a patient's mental health problems and issues before a therapy plan is developed with the patient. This assessment process can often take two to three sessions, especially if children are involved. There are no separate item numbers for assessment sessions in the Medicare Access scheme, which means that possibly two to three Medicare rebated therapy sessions have been used, which significantly reduces the number of sessions then available for therapy. The proper assessment of the patient's psychological issues is an essential and integral part of the treatment process and specifically guides the type of treatment developed and implemented. Many private Psychologists then struggle to fully and properly treat the patients within the remaining number of sessions. It such cases it means that patients (who often do not have private health insurance) have to prematurely discontinue treatment, which we find ethically unacceptable, or they struggle with significant private fees, and/or private Psychologists are placed in a position of having to spread out therapy over longer periods of time, which may not be in the best interests of the patient and the therapy process.

Recommendation: that at least three "Assessment Items" be added to the Medicare rebates schedule for psychological services.

2.6 Remuneration for report and letter writing

Whilst the ACSP supports the need for treating specialists to communicate about their shared care of patients, the mandatory requirement for specialist Psychologists to write reports and/or letters to the referring medical professional after six therapy sessions, before a client can continue therapy, is extremely problematic. Currently this administrative load is very time consuming and this time is not covered in any way by the Medicare system. In contrast, medical practitioners obtain substantial Medicare rebates for referrals made to Clinical Psychologists as well as for the GP review process after a patient has had six psychotherapy sessions. A double standard appears to exist. It is not reasonable that such an administrative load of one professions work is rebated and another is not. This creates tension in the system rather than a sense of mutual professional respect for the time and effort undertaken to support people to recover from their difficulties.

Recommendation: that either similar remuneration be available to Specialist Psychologists for letters and reports written to referring medical professionals, as that provided to medical specialists, or there be no remuneration for these referral and communication processes for both medical and psychological professionals.

3.0 Workforce issues

3.1 Workforce issues (timely access to services)

Since the introduction of Medicare rebates for private Psychology services in 2006, there has been a substantial increase in the demand for these services. We are concerned that timely access to private Psychology services will be eroded if workforce issues are not addressed. The Federal Government could readily increase workforce numbers by promoting and supporting more post-graduate psychology university training places for Australian students. Targeted wavering of university fees to help deal with workplace shortages is something the Federal Government has done in the past in other professional areas. Given the mental health crisis that has been existing for many years, this option would certainly be appropriate for post-graduate Psychology training. There would also need to be flow on of funding, such as financial support to universities to expand training places (i.e. to increase the number of teaching positions). State Governments would also need to play a role by employing many more specialist Psychologists in public health settings, as university trainees are required as part of their post graduate training to undertake supervised work in public clinical settings. Such pro-active actions could reduce the potential need in the future to rely on overseas trained professionals to fill the gaps, a situation which currently exists in the medical field. The ACSP believes the Federal

Government needs to urgently increase the workforce numbers of specialist Psychologists in the mental health field.

In addition, if Medicare rebates were not available to lesser qualified Psychologists, this would encourage many Psychologists to undertake further training at post-graduate level.

3.2 Geographic location of services

The problem with access to psychological services in rural or remote areas is one that is of concern to the ACSP. We are aware that many people with psychological health problems cannot access qualified professionals, which often leads to individual despair and the breakdown of families. Unfortunately this access problem is one which relates to all specialist services in rural and remote areas. Creative approaches are needed to help deal with this important issue. The ACSP does not have any ready solutions to this large problem, but would like to contribute to the debate by suggesting some ideas the Federal Government may wish to consider. Firstly, the Federal Government could consider entering into dialogue and possible partnership with large industry in rural and remote areas, such as mining industries (and others), to provide psychological services to their local communities. Many big companies already utilise a fly-in/fly-out model for their employees, which could perhaps be extended to other services. Large industries obtain significant profits and rewards from natural resources from rural and remote communities, and may therefore consider giving something back to their local communities by going into partnership with the Government to provide psychological services. A second suggestion is to provide psychological services via teleconferences, using online technology to give visual contact between rural and remote clients and specialist Psychologists located in city areas. These online link-up services could be co-located in local GP practices so the patient only have to travel to one location for their medical and psychological needs. It would be like having a "virtual" specialist Psychologist in the GP practice in the country.

Some specialist Psychologists who are members of the ACSP currently work in rural and remote areas and have raised some other specific issues. They have indicated that a lot of their work involves considerable travel, either for the Clinical Psychologist or for the patient. This acts as a significant disincentive for help seeking. We believe it would be very helpful for people in rural and remote communities to be able to obtain rebates for longer sessions of, for example 90 to 120 minutes, rather than just a 50 minute session.

3.3 Payment of gap fees for treatment by specialist Psychologists

The ACSP would like to make some additional comments regarding the charging of gaps fees for private services. A gap fee paid for services in the private sector occurs in many professions and usually indicates the real costs clinicians have in being able to meet overheads and maintain a business. It is different from the public sector where professionals have sick leave, holiday leave and no practice overheads. The current fee recommended by the Australian Psychological Society for psychology services for a 46-60 minute session is $ 235.00 (for July 2014 – June 2015), and the current rebate given by the Federal Government is $124.50, being nearly half the recommended fee. The APS recommended fee is one that reflects the training and expertise of specialist Psychologists in private practice and the real costs of running a practice. There is a substantial difference in the Medicare rebated fee and the APS recommended fee and a small proportion of this difference is managed by the charging some level of gap fee to private patients. The ACSP believes that a patients' contribution to costs represents an acknowledgement that they are receiving timely, expert services. In the public sector, patients usually have no choice who they see, may often be seen by less qualified and experienced clinicians, and have to wait a significant time before they can get access to services.

The ACSP does however support the option for reduced fees for people on pensions and for low income earners. Most specialist Psychologists do this, as indicated in recent reports whereby a significant number Clinical Psychologists (25.9%) charged lower fees to people on low incomes, and some were bulk billed (Medicare statistics 2008).

While some of the issues raised in this document can be dealt with in the short term and would even reduce costs to the MBS, other issues require a longer term focus. The ***Australian College of Specialist Psychologists*** would welcome any feedback on our document and look forward to assisting further Government policy making.

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