

Submission to the Productivity Commission into Mental Health:

I am providing this submission only in relation to one aspect of the provision of Mental Health Service Delivery that relates to clients of Psychologists in Private Practice accessing rebates as part of The Better Access Medicare Program sometimes also referred to as The Medicare Benefits Scheme (MBS).

I am not in a position to comment more broadly on the Review into Mental Health Services more generally.

I wish to make the point however that since its inception in 2006 the uptake of clients accessing Psychology Services through the MBS has been extraordinary, and that Psychologists providing these services is a very important and necessary part of the broader Mental Health Service System. Also there are many connections between Private Practice Psychologists and other public services, as well as a vital link to and from General Practitioners who provide referrals to the MBS, and often also link to other services in the community.

I am writing because I am very concerned about a proposal that has recently been made by the Australian Psychological Society (APS), which proposes a "3-tier system of Stepped Care for the delivery of individual psychological treatment services."

The existing two-tier MBS rebate system has created the unfortunate situation of causing intense divisions within the profession of Psychology, by privileging Clinical Psychologists with a higher rebate of \$124.50, and other Registered Psychologists with a rebate of \$84.80 (\$39.70 lower), for many years. As a Registered Psychologist my clients have only ever had access to the lower rebate.

This situation has saddened me enormously and has led to many difficulties in Registered Psychologists being able to provide the best care for clients as well as balancing the APS recommendation that Psychologists charge \$257 per 50 -60 minute consultation in order to cover all reasonable costs and make a decent living. In my case charging this figure is impractical as with a rebate of \$84.80 the out of pocket cost to clients would be prohibitive.

It is my view that the current two-tier system and the proposed three-tier rebate system should be replaced with a **Single Rebate for all Registered Psychologists**.

All Registered Psychologists whether with a Clinical Masters qualification, or without "endorsement" have to be able to demonstrate the key competencies of their profession by having relevant qualifications, and following the guidelines required for registration. This includes ongoing professional development, supervision and other requirements.

In developing the model, which is referred to in its current form as a "Green Paper", the The APS Expert Committee "stated that it sought to ensure no consumers or psychologists are disadvantaged, and a focus remains on working to unite the profession". It is my perspective that the proposed system could not achieve that, as in my opinion the proposed three-tier rebate system would actually make things far worse than they currently are by further entrenching these divisions and by excluding Registered Psychologists from treating those with 'severe' mental health disorders.

If adopted this model would lead to prospective or current clients, classified with 'severe' mental health disorders, particularly in rural and regional areas being unfairly disadvantaged, as Clinical Psychologists still represent a minority of all qualified Psychologists, particularly in these locations as evidence suggests that the majority of Clinical Psychologists practice in metropolitan areas.

In particular I am extremely concerned that under the proposed three-tier rebate system thousands of Registered Psychologists, including myself, would no longer be able to treat clients

that they have been able to within their competencies, if the client was categorised as having a 'severe' mental disorder. These clients would instead be required to return to their GP, be re-categorised as 'severe', and then be referred to a Clinical Psychologist or another Psychologist with an "Area of Practice Endorsement" (AoPE) that is considered relevant to their issue.

It is my strong view that clients ought to be able to choose the Psychologist they wish to see and not be required to be referred to a Clinical Psychologist or with an "Area of Practice Endorsement" AoPE, or be disadvantaged by losing the MBS rebate and having to pay privately.

Additionally I see this system as cumbersome and confusing and not what clients who are already struggling with poor mental health, need if they could remain with a Psychologist they have an existing relationship with who they perceive as able to help them through a crisis, or assist them in navigating challenging mental health issues.

As someone who completed the 4 X 2 (Minimum 4 years of relevant Tertiary Psychology Qualifications, followed by 2 Years Professional Supervision) pathway to become a Psychologist, I became registered in 1998. Since that time I have been employed in various roles from the housing sector, alcohol and drug counselling, youth outreach, as a Psychologist in schools employed by the Department of Education. I have also worked as a counsellor in community health for several community health organisations adding up to 15 years in these roles. It has been my experience that working in these sectors with marginalised, vulnerable, and disadvantaged people has been highly complex, requiring a great deal of skill.

I have also been in Private Practice for 18 years, with one year of maternity leave when I had my now 5-year-old son. I have now been in exclusive private practice for 3 years. I have also worked with many LGBTI clients, many who have benefitted from my support through their Transgender journeys and who frequently could be described as being highly complex in their presentations.

I personally feel appalled and insulted when my vast experience in so many varied arenas of the profession, in inner city settings as well as in the Dandenong Ranges, which could be considered semi rural, is compared to and found to be less valued than someone who studied Clinical Psychology and has only recently graduated, or who has an "Area of Practice Endorsement" (AoPE) and able to attract a higher rebate, even if they were grandfathered into this and do not in fact hold higher level qualifications than myself and many of my colleagues.

At age 51 and with a young family, my income is vital for my family's survival, and it is not feasible, or fair, for me to have to update my qualifications at this juncture in my career or life stage.

There is no evidence that Clinical Psychologists have more effective outcomes than Registered or Endorsed Psychologists. It is divisive and harmful to the profession and to the clients that we as Psychologists ought to be serving, to continue the two tier system, or worse, that the proposed three-tier rebate system be introduced as it gives an unfair impression that Registered Psychologists are 'inferior', and therefore of less value financially or professionally, or that Clinical Psychologists or those with an AoPE are 'superior' and therefore more valued in these domains.

Another problematic arena that this system promotes includes government department's only accepting reports or assessments conducted by Clinical Psychologists. This is particularly difficult for clients in rural or regional areas, adding travel, inconvenience and extra costs to these clients, when they may have a Psychologist they are already seeing or another Registered Psychologist who resides in their locality.

To quote a colleague "It is vital that our most vulnerable people, who are largely from low socio-economic populations, are able to access professional psychological treatment in their local area at an affordable cost. Therefore the Medicare rebate needs to be increased to make it feasible for

all psychologists to bulk-bill this population at a sustainable rate, as Clinically Endorsed Psychologists are currently able to do.” (Adam Blanch Registered Psychologist)

In terms of the current limit of only 10 sessions in a calendar year in the current MBS system, I believe that this is clearly inadequate for some clients.

The APS has recommended providing an increased number of sessions to clients depending on their level of need. Broadly I support this proposal.

However I see the Green Paper proposal of how that is achieved in a 'Stepped Care Model' with the categories of 'mild', 'moderate' or 'severe' as being unwieldy, complex, and confusing for GP's and clients, as well as Psychologists for whom the different categories of who can see whom at what rebate is extremely complicated.

Also the fact that Registered Psychologists would be unable to see clients in the 'severe' category is a further erosion of the right to treat clients whom “we” have been working with, with good outcomes. This does not create additional access for the clients we are currently treating, as they would be unable to get further sessions with the Psychologist they have a pre-existing therapeutic relationship with.

The Green Paper also made some proposals around Registered Psychologists seeking extra training in terms of being able to apply for an AoPE introducing “Practice Certificates” which would allow those Psychologists to be able to attract a higher rebate. I see this proposal as being unnecessary and in danger of further dividing the profession.

I would like to propose a far less complicated system.

This would be a Single Rebate – at the current rate that Clinical Psychologists receive \$124.50, or whatever rate the government determines above that.

This proposal addresses the legitimate concerns that Clinical Psychologists would receive a lower rebate than they are currently if the Green Paper proposal was accepted and they were treating clients in the “mild” category, which although no figures were stated, inferred the current rate of Registered Psychologists of \$84.80.

This rebate would be available to all Registered Psychologists. There would be no distinction needed with AoPE or Practice Certificates as all Registered Psychologists whether with or without endorsement, as long as they are practicing within their area of competency, would be eligible.

I propose that all clients be given an initial 10 sessions applicable for 12 months from the date of referral. If they are able to complete their treatment within this time frame no further sessions need be applied for.

Please note this would eliminate the current 'calendar year system' The fact that the 10 sessions are currently based on a calendar year is problematic, and I believe unfair, as it means that clients who begin therapy earlier in the year routinely run out of sessions well before the calendar year ends, whereas those who start later are advantaged by not facing this obstacle. Therefore it makes more sense for it to be on the basis of 12 months from the date of referral.

However for some clients with more complex mental health presentations, 10 sessions is frequently insufficient.

I propose that if clients require more sessions, after the initial 10 that they are able to apply for an additional 10 sessions. After the completion (or nearing completion of each 10 session period) an additional 10 sessions could be applied for with a cap of 40 sessions in a 12-month period.

This would be reflective of the Green Paper proposal that clients with 'moderate', 'severe' or 'complex' presentations require more sessions and they came up with the 40-session cap, which seems reasonable.

This proposal is far less cumbersome than the Green Paper Model as any Psychologist can apply for additional sessions as needed whatever level of care they require up to a total of 40 per year.

It also addresses the issue of not having to "compensate" Clinical Psychologists with higher rebates at the "moderate" or "severe" end of the spectrum.

Additionally it addresses the concerns that the Green Paper proposal prevents Registered Psychologists from being able to increase their access to a higher rebate than they have been able to access for the past decade and continues to privilege Clinical Psychologists with access to higher rebates with no evidence of better outcomes.

I urge the government to abolish the current two-tier system, and not accept the even more complex proposed Stepped Care model to the one I have suggested, as I believe it achieves the aims of enhancing psychological services in Medicare. This includes enhanced access that is affordable and tailored to consumer needs, ensuring the system is evidence-based, providing recommendations that support flexibility, simplicity and connectedness, and ensuring the model is sustainable and cost effective for all stakeholders.

I am positive and in favour of several of the recommendations made in The Green Paper including:

Recommendation 1: Amend group therapy items.

Recommendation 2: Introduce a new item to conduct an independent psychological assessment.

Recommendation 3: Introduce a new item to facilitate enhanced assessment and management of people with mental health problems and potential cognitive problems

Recommendation 4: Introduce a new item to conduct neuro-developmental assessments to facilitate enhanced mental health treatment

Recommendation 5: Introduce a new item to consult with family, parents, carers and support people

Recommendation 6: Introduce a new item to support case conferencing with other health professionals

Recommendation 7: Amend tele-health items.

I am grateful for these recommendations and fully support their implementation. These recommendations if adopted would assist many Psychologists in providing better treatment and care to clients, their families, and other support people including other services providers.

I thank the Productivity Commission for accepting this Submission.

Kind Regards

Melissa Noonan

Registered Psychologist and MAPS member since 1998.