

RE: Australian Government Productivity Commission – Mental Health

Thanks for inviting submissions from the general public and providers of MH services.

1. Medicare funding of MH services

The introduction of the Medicare Better Access to Mental Health Care scheme in November of 2006 has proven to be a critically important initiative, providing over 30 million individual treatment services for Australians and their families with mental health disorders since its inception.

- a) The two-tiered system means that less psychologists can afford to bulk-bill their clients:
Currently, under the Medicare Better Access program, clients of clinical psychologists are rebated \$124.50 per 50 minute session. Clients of all other psychologists (even those psychologists endorsed in other areas) receive \$84.80 rebate for the same length session. However, both general and clinical psychologists see similar clients with similar presentations. Due to the Australian Psychological Society grandfathering psychologists into clinical endorsement at the beginning of this decade, there are psychologists holding clinical endorsement who don't hold postgraduate qualifications. On the other hand, many psychologists (such as myself) hold masters/PhD qualifications but are ineligible for applying for clinical endorsement. With operating costs such as room hire, AHPRA registration costs, receptionist costs, resources, ongoing PD etc., the average wage for a bulk-billing psychologist would be less than \$40/hour with no sick/annual leave or super, hence why most psychologists are unable to bulk-bill their clients. I am one of the last bulk-billing psychologists in my Moreton Bay Region in northern Brisbane. Clients will sit on my waitlist as they can't afford to pay out-of-pocket costs to see another psychologist. Interestingly, bulk-billing rates are higher for psychologists, social workers and OTs, than for clinical psychologists who receive much higher rebates (according to MBS data). While psychiatrists receive a rebate of \$390 per 45 min session, rebates for psychologists/social workers/OTs (\$75-\$85) who have 50 min sessions with clients, should be increased.
- b) The lack of availability of psychiatrists who bulk-bill: Recently, the last psychiatrist who was willing to bulk-bill clients in our entire Moreton Bay Council region decided to start charging out-of-pocket costs. This is having a disastrous impact on clients with GPs and psychologists having to manage seriously mentally ill clients. Clients must have the full amount up-front to pay the psychiatrist for the visit (\$400+) then receive the rebate into their bank account via Medicare. I have two homeless clients on Newstart Allowance who recently had to forego food for several weeks to accumulate the funds to pay for their psychiatric appointment. Many other clients refuse to see a psychiatrist due to the cost. This is leading to clients being untreated for longer and requiring hospitalisation to access psychiatry.
- c) The 10 sessions offered under the current MHCP program is insufficient. Clients who need weekly or fortnightly appointment whilst they are experiencing poor mental health need to ration appointments across the year. I find that if clients could have weekly/fortnightly appointments in the beginning stages of seeking help (usually when they are experiencing their poorest mental health) will recover much quicker/return to school/work etc and require only maintenance sessions to continue. Most of my clients who are in their recovery phase will see me every 3-6 months to maintain their mental health (for about a year after recovery).
- d) The Australian public should be able to access the psychologists they need and who is recommended by their GP, not based on which psychologists attracts a higher rebate. All registered psychologists are competent to assess, diagnose and treat mental illness and both clinical and other psychologists see complex, comorbid and demanding presentations. Generalist psychologists all have accredited training in professional psychology, including assessment, diagnosis, formulation and treatment of mental health disorders. Members of the public are entitled to fair rebates for services, this is not the current policy. One of the contributors to this submission completed a market research analysis of her area (postcode 4035) and found the following:

2. Mental Health Hubs and Headspace Centres:

I often hear in the media that Headspace have received another few hundred million to run their services. Headspace centres run using contracted psychologists, social workers and OTs. These contracted MH workers are paid a percentage of their Medicare billings for the day. The percentage taken by Headspace can vary from 30% to 15% (from my enquiries and research on www.seek.com.au). These workers are not paid for writing case notes, preparing for sessions or if clients do not attend. Therefore, if they see 5 young people per day, they would only take home approx. \$280-300 per day (before tax, with no super, annual/sick leave). Due to this poor and unpredictable pay, staff retention is a big issue and I hear from young people that while attending Headspace they had 3-4 different therapists over their 10 sessions. One young lady told me that after her 10 sessions were used up that she was told to just use the Headspace app.

Headspace are gifted funding, without having to apply with other mental health services and agencies in a transparent and independent process. Furthermore, to my knowledge, Headspace services have not been independently evaluated and assessed for the effectiveness of their services. I have also heard that Headspace can't see young people who are suicidal, severe self-harming or have intellectual disability, ASD etc. I have had several young people return to their GP to be referred to an independent private psychologist as they felt that Headspace did not meet their needs, couldn't help them or had cut-off services after them missing one appointment.

I would ask as a taxpayer that mental health funding be shared amongst many agencies and not just one service.

Thanks for listening

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