

Submission to the Australian Government Productivity Commission's Inquiry into Mental Health- by Dr Christine Wade, B(Med)(Hons), FRACGP

Thank you for the opportunity to make a submission on Australia's mental health. I am a General Practitioner in a rural area and have been practising for over 30 years. Many of my patients are users of the Better Access Program for mental health issues, a service that is highly effective for my patients, and backed up by research evidence (Duncan & Miller, 2000; Pirkis et al., 2011). However, the reduction in number of sessions from 18 to ten is inadequate for patients with complex or chronic conditions (Lambert 2013;2015)

I am concerned that funds are being increasingly taken away from Medicare toward headspace Centres. The Medicare Review Mental Health Reference Group (MHRG) has recommended bringing the Better Access program in line with the international research supporting more sessions for severe/complex cases. There are a few prominent psychiatrists e.g. Ian Hickie, Patrick McGorry, who are making inaccurate statements in the media about the Better Access Program (Medical Journal of Australia, 2019). For example, McGorry is stating that increasing sessions to 20 means that it is a case of simply giving patients more of the same, and patients need something different. International research shows very clearly that most psychological problems require around 20 sessions for a positive impact, and I am concerned that these psychiatrists are influencing the Government to take funds away from Medicare towards serving their own interests (e.g. Orygen, Headspace). They have been the most influential in providing advice to successive Ministers for Health in regards to mental health policy over the last 20 years.

I find it worrying that Hickie reports there is a quality problem with the Better Access program, i.e. registered psychologists are failing to provide high quality care for those with moderate to severe problems, and that these patients need to be treated in teams at places like headspace with "properly trained clinical psychologists" (ABC Radio, 2019). My patients and I definitely do not concur with this statement- they have had excellent quality service from psychologists who are not endorsed as "clinical". Patients need to have a sense of rapport with the therapist, and being a "clinical" psychologist has no bearing on the therapeutic alliance. Hickie's false narrative just seems to be unjustifiably biased towards clinical psychologists and restricting consumer access and choice.

Hickie is arguing that the Better Access program has failed to increase patient accessibility, and is successfully influencing the Government to divert funds into Public Health Networks (PHN's) and private mental health 'hubs', such as headspace centres. However, there is simply no evidence to suggest that this would increase accessibility for regional or rural people. We still need service providers to be near those in rural areas. Private practising psychologists tend to work in the communities in which they live, which is spread across the population. Regardless, the majority do not require an extensive amount of sessions, but those in most need do. The MHRG recommended extending the amount of sessions for those in need. If this is acted upon by the government, it is likely that any negative research findings will turn around and again reflect the benefits of those in most need having more sessions (as was the case when Pirkis et al (2011), undertook their research (when consumers were able to access 18 sessions per calendar year).

Another concern I share as a GP is the "Green Paper" proposal put forward by the Australian Psychological Society (2019) regarding the Better Access Program. This proposal is

unworkable and I am disappointed that GPs were not consulted before the proposal was released. The Stepped Care Model with three tiers of psychology service means that patients need to return to the GP after three sessions is adding unnecessary cost, and is contrary to what should be a streamlined, expeditious and collaborative process- the original purpose of Better Access. With the APS proposed Medicare rebate differentials between psychologist providers as per their model, the administration is cumbersome, highly divisive and risks potential for bottlenecks that could pose disastrous effects on continuity of care. This model poses a lowered incentive for patients to engage and continue treatment, particularly if deemed “severe” and requiring changing providers to endorsed psychologists. What I foresee is that patients will not want to return for a GP review after 3 visits and will call requesting a new referral without an appointment. With the current 6 visits it's often long enough for them to need something else including prescription medications so they are ok about that. I predict that patients will not proceed with the review, and they will be lost to follow up. This new proposal simply does not make sense, will be costly and have the opposite effect to that intended.

My recommendation is to return to the original better Access model where patients were allowed 18 sessions. Most patients will not require that many sessions, and do not abuse the system.

Thank you for this opportunity.

Yours sincerely

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