

My submission is made to the Productivity Commission as a Psychologist working in private practice. I have previously worked in community mental health and in Psychiatric Disability Support Sector. I'd like to respond to the following component of the Issues Paper:

- *Can you provide specific examples of sub-optimal policy outcomes that result from any problems with existing funding arrangements?*

The Better Access program has been a wonderful addition to Medicare. Many people are accessing mental health professionals than would have before, and as such I believe that many "nervous breakdowns" have been circumvented and hospital admissions avoided and people have been able to continue to go to work.

However, there is a great disparity in payments. A GP providing Focussed Psychological Strategies allows the patient to receive a Medicare rebate of \$132.75.

The Medicare rebate from services by a psychiatrist is much higher.

A clinical psychologist's services get \$124.80. All other psychologists a poor \$84.40.

This low payment allowable for 75% of psychologists mean that they need to charge a gap fee to earn more than minimum wage. In turn this makes them inaccessible to anyone in a low socio economic bracket. The medicare freeze has not helped this position.

Social workers and Psychologists need to allow clients an equal rebate. They are doing the same work. Better Access can't be used for Assessment purposes, as such, we are all doing the same work. However, Clinical Psychologists have been given freedom of choice to choose a therapy that will work for the presenting issue and the person in front of them; all others are limited in what they can provide to Focussed Psychological Strategies.

Funding of services like Headspace is ultimately double dipping. They use Better Access in addition to Federal Funding.

Expanding Telehealth would assist rural and regional people to have access to psychologists. I'm aware some progress has been made here.

Better awareness of services like e-couch, mood gym, brave etc. We need more funding for services like Lifeline who provide a direct on demand service.

- *How could funding arrangements be reformed to better incentivise service providers to deliver good outcomes, and facilitate coordination between government agencies and across tiers of government?*

Better Access already has many hoops for Allied Health to adhere to, that Psychiatrists and GPs don't have. Pre and post tests could be mandated. Team Care Arrangements could be expanded.

- *Are the current arrangements for commissioning and funding mental health services — such as through government departments, PHNs or non-government bodies — delivering the best outcomes for consumers? If not, how can they be improved?*

No, Headspace is inaccessible (long wait times) and double dips. They are very good at promotion and do have good outcomes for some users. Have they provided data to government on efficacy? Why do we think they work? Why are they double funded? Are they aligned with housing providers?

Newstart needs to be raised, more social and affordable housing available, as well as drug and alcohol services expanded.

Job Network/employment services need mental health workers on site to support people who won't access services themselves to provide psychoeducation and some intervention for anxiety and depression.

- *How does the way the Medicare Benefits Scheme operate impact on the delivery of mental health services? What changes might deliver improved mental health outcomes?*

One rebate for consumers for the same services. Clinical Psychologists DO NOT have better training experience or skills than any other psychologist.

Allow psychologists to write the Mental Health Care Plan.

Roll out the recommendations of the Medicare Benefits Review Taskforce.

- *What government services and payments beyond those directly targeted at mental health should this inquiry seek to quantify, and how should this be done?*

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