18th July 2011
Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee Members,

Re: Senate Community Affairs Reference Committee Commonwealth Funding and Administration of Mental health services in Australia

As the Clinical Co-ordinator of the Youth Access Team, Orygen Youth Health, I wish to clearly state my concerns relating to the terms of reference listed below;

(b) changes to the Better Access Initiative, including:
(iv) the impact of changes to the number of allied mental health treatment services for consumers with mild or moderate mental illness under the Medicare Benefits Schedule;

Areas of concern

- Recent evaluation of the Better Access initiative demonstrated that increasing access to evidence-based psychological interventions reduced the impact of mental illness in a most cost-effective way.

- This program is widely used by many of those consumers with moderate to severe mental health issues who have had contact with our triage service and are deemed ineligible for our intensive treatment services at Orygen Youth Health. The reduction in the number of sessions available for treatment will decrease the quality of overall service provision. This decision must be reviewed.

- Such reductions in service will particularly detriment consumers living in outer regional and rural areas evidencing high population growth such as Melton and Wyndham. Indigenous consumers and those who live in lower socio-economic areas, where mental health issues are prominent and access to service is already limited will also be adversely affected.

- The recommendation that these consumers should be referred to a consultant psychiatrist is not realistic as there is a significant shortage of psychiatrists, for example there are limited practising psychiatrists in the western region of Melbourne despite the rapidly growing population. Most psychiatrists also charge a substantial gap fee which is unaffordable for many of our consumers.
• The changes to the Better Access initiative are not warranted and threaten the effectiveness of a highly successful program with proven results in order to save a small amount of funding.

• We strongly urge the Senate Community Affairs Reference Committee to review the rationalisation of allied health services and re-instate previous protocols which have demonstrated evidence based outcomes.

(e) mental health workforce issues, including:
(i) the two-tiered Medicare rebate system for psychologists

Areas of concern

• Apart from Psychiatry, Clinical Psychology is the only profession whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity.

• Our clinical teams at Orygen Youth Health exclusively comprise Clinical Psychologists. Our triage service rarely refers consumers with mental health issues to any other discipline of psychology when seeking service in the primary care sector.

• This direction is consistent with current clinical research which suggests that psychological therapies form an integral part of both Psychiatry and Psychology and as such, are essential components of effective, co-ordinated mental health care. Other than Psychiatry, Clinical Psychology is the only other mental health profession whose complete post-graduate training is in the area of mental health. Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in mental health, the provision of psychological therapies and they form an integral link in the primary care sector for public mental health services.

• The demographics of outer western region growth corridors such as Melton and Wyndham comprise high numbers of youth evidencing significant mental health issues. Fortunately Orygen Youth Health has been able to establish successful partnerships with clinical psychology practices in the primary care sectors in these regions. These practices are managed by dedicated clinical psychologists who are able to offer bulk billed consultations to all consumers as a result of the two-tiered rebate system.

• Orygen Youth Health refers hundreds of young consumers to these practices each year. These consumers often demonstrate complex co-morbid clinical presentations. The elimination of the higher rebates for clinical psychologists would disable these valuable practices and result in the collapse of their bulk billing status.

• Consequently the high number of consumers aged between 16-25 years that are receiving treatment at these practices will potentially develop chronic presentations in the absence of the specialist early intervention strategies that clinical psychologist so adeptly provide. These short term cost cutting measures will simply result in long term and significant economic costs to the government.
I strongly urge the Senate Community Affairs Reference Committee to review the budget cuts to the Better Access Initiative and to re-instate the 18 sessions per calendar year. In addition I strongly object to changes in the two-tiered Medicare rebate system for psychologists as clinical psychologists are key stakeholders in the primary care sector. They provide the degree of specialist knowledge and intervention integral to the treatment of those young people we are unable to service in the public mental health sector. The loss of those clinical psychologists who bulk bill in areas of high need would be abhorrent.

Sincerely,

Mr. Robert Oldanir
YAT Co-ordinator
Orygen Youth Health