

Senate Community Affairs Legislation Committee

SUPPLEMENTARY BUDGET ESTIMATES - 20 OCTOBER 2011 ANSWER TO QUESTION ON NOTICE

Department of Human Services

Topic: Access to Allied Psychological Services

Question reference number: HS 29

Senator: Fierravanti-Wells

Type of question: Hansard pages 131-132

Date set by the committee for the return of answer: 9 December 2011

Number of pages: 2

Question:

Senator FIERRAVANTI-WELLS: Certain cuts, or proposed changes, have been made to the Better Access scheme. There have been some changes on your website in relation to national mental health reform. When those changes were made some material entitled 'National Mental Health Reform - Better Access Initiative - rationalisation allied health treatments sessions' was put up on your website. Ms Golightly, you are aware of the documents I am referring to?

Ms Golightly: Yes.

Senator FIERRAVANTI-WELLS: One of the paragraphs asks, 'Is it a new measure that will affect my family or me?' It goes on to say:

... this measure will affect people who receive more than 10 allied mental health services, per calendar year, under the Better Access initiative. These patients are likely to have more complex needs and may be better suited for referral to more appropriate mental health services such as the Australian Government's Access to Allied Psychological Services (ATAPS) Flexible Care Packages.

You saw fit a week ago, or thereabouts, to release the draft Medicare benefits schedule for 2011.

Ms Golightly: Yes.

Senator FIERRAVANTI-WELLS: Obviously, this was being interpreted, correct me if I'm wrong, as allowing people to claim under the GP mental health plan, under Better Access and also under ATAPS. You have had to put up a qualifier about ATAPS; why have you had to do that?

Ms Golightly: I will give a general background, and then Ms Bird can fill in the detail. My understanding is that, first and foremost, this is material we get from the policy agency, DoHA—certainly the MBS and its descriptions come from there. It may well be that, through inquiry or other information, a request was made for information.

Ms Bird: I'm sorry, I don't have any further detail than that. I wasn't aware of the qualification.

Senator FIERRAVANTI-WELLS: That is what I am concerned about. The minister has been quick to reassure the public that people who need more than 10 appointments with a therapist will still be able to access a range of services, including services provided under ATAPS, but it is very clear from the Medicare schedule that you either have to go under Better Access or under ATAPS—you cannot go under both. The Medicare schedule now makes it clear, and it is very clear from the material that has been provided to me, that you have had to make it very clear that you cannot do both.

Ms Golightly: The MBS is not ours.

Senator FIERRAVANTI-WELLS: I appreciate that.

Ms Golightly: Neither are the eligibility requirements. I think that the ministerial statement you are referring to was by the minister for health. I am happy to take your question and check it out with the Department of Health. The eligibility around who can get what and when is set by department of health policy.

Senator FIERRAVANTI-WELLS: I appreciate that. What interests me is that the minister made certain comments and you have put certain information on your website, pursuant clearly to what has been provided to you by DoHA. You have now had to qualify certain statements, presumably because what you were told by DoHA is not accurate. That is how the document reads.

CHAIR: Senator, time has expired.

Senator FIERRAVANTI-WELLS: Ms Golightly, can you clarify that for me?

CHAIR: Senator, the time has expired. That question will have to go on notice.

Answer:

The release of MBS Online by the Department of Health and Ageing (DoHA) provided greater clarity of the impact of the changes to Better Access. The DoHA and Medicare websites were updated with new fact sheets providing more detailed information on the changes, and addressing questions from the sector. This included examples of services to which people with more severe and ongoing mental disorders might appropriately be referred, such as 50 consult psychiatry items or State and Territory mental health services. Access to Allied Psychological Services has always been a complementary program to Better Access and was not designed to offset or top up services delivered under Better Access.