To whom it may concern,

I would like to register my grave concerns about the proposed changes to Mental Health service delivery in Australia and provide my insight to the Productivity Commission regarding Mental health. I am a private practicing Psychologist registered with Australian Health Practitioner Agency (APHRA) and have over 20 years experience in the public and private sectors.

I have reviewed 'The Green Paper' (APS Member Consultation Paper, 2019) submission which favours a three-tier model of service delivery.

The proposed model I believe breaches key ethical guidelines and international treaties such as interrupting continuity of care, is not substantiated by empirical research and it is likely to create a major mental health crisis in Australia with increased suicide rates as 70% of Australia's workforce (18,000 qualified, experienced and effective Psychologists) are taken out if this submission is implemented.

An Australian consumer of mental health services should receive same rebate regardless of which registered psychologist they choose to engage with. The levels of severity should only affect number of sessions given not WHO provides the sessions.

I have been registered with the Psychology Board of Qld (now Australian Health Practitioner Agency, APHRA) since February 2003 (PSY0000956014) initially with provisional registration. After 2 years of full-time paid Psychology practicum (at Ipswich, Goodna and Inala Centrelinks), incorporating intensive competency based, post-graduate supervision as a provisional Psychologist and further experience as a Drug and Alcohol Counsellor in an inpatient rehabilitation facility, I was awarded my full registration 17/08/2006. I've been working in welfare and mental health since 13/1/1997 with Department of Social Security (DSS) the month after I completed high-school. I am one of 18000 Psychologist that bring a wealth of experience, practical learning finely tuned with continuing professional development, supervision and consolidation of a complex set of psychological skills.

The highest, legal, specialist title for a Psychologist is full General Registration as a Psychologist with AHPRA. The existing two-tiered system we operate under however perpetuates an illusion of greater competence with clinical psychologists, providing a better psychological service than psychologists without the specific APS college membership. In the green paper I am referring to, there is a suggestion of complicating this further into three tier system based on the GPs assessment of severity.

How do GP's evaluate the severity of presentation in the short time (I believe 12.5 minutes in a standard consult) they have allocated to assess a patient? A further concern is how do we guarantee the consistency of assessments across GPs. In my experience, GPs have to be across so many shifting bureaucratic processes for such a broad range of presentations and some struggle with the already established Better Access system. Why make it harder for the front line, already highly stressed professionals?

The paper indicates a provision for me to see clients deemed as 'moderate' providing I do an additional 40 hours certification via a course yet to be developed. It seems unnecessary that having met the requirements to be a registered psychologist in Australia including completing my degree, finishing my supervised practice program and exceeding my annual professional development requirements and successfully completing the long and expensive steps to be an AHPRA Board-approved supervisor that I have to do endure further certification. I've been seeing clients meeting the criteria for 'moderate' and 'severe' for over 16 years with great results and at the risk of

sounding melodramatic saved over 100s from suicide and redirected 1000s of ‘severe’ (to use the Green Papers vernacular) individuals into vital, meaningful and functional healthy adults. I am only one of 18,000 experienced psychologists who will no longer be providing these outcomes if this policy is implemented.

There is no evidence that clinical psychologists provide better outcomes for clients. This position was confirmed by an Australian Government commissioned research project (Pirkis et al, 2011) which clearly demonstrated that psychologists treating mental illness across both tiers of Medicare Better Access produced equivalently strong treatment outcomes (as measured by the K-10 and DASS pre-post treatment) for mild, moderate and severe cases of mental illness. This research articulated the position of no difference in treatment outcomes when comparing clinical psychologists treating under tier one of Medicare Better Access with the treatment outcomes of all other registered psychologists treating under tier two of Medicare Better Access (Pirkis et al, 2011a). There is evidence that all psychologists achieve similar outcomes, good outcomes, with all client groups. Research shows that the therapeutic relationship and client factors account for as much as 70% of successful outcomes in therapy. (Wampold, Duncan & Miller, 2015).

If vulnerable clients have to navigate through the APS three-tier system they may be placed in situations where they would have to change psychologists, challenging APS’s own ethical guidelines on providing continuity of care. I’ve been seeing vulnerable clients for over 10 years in private practice who use the existing $84.80 rebate to help finance their sessions. I’m concerned that clients will not want to start again with another psychologist who meets the criteria for them to attract the rebate, as their existing psychologist does not. Imagine sharing your deepest vulnerabilities with a stranger, trusting them to work through a process of healing on and off over many years whilst developing a strong therapeutic alliance and then having to start again with another stranger?

My deep fear is that these clients will disengage from therapy as they can no longer afford to see their existing therapist and are unwilling to connect to another, requiring the resharing of their stories to commence care again. This potentially will mean more GP visits and presentations to already under-resourced hospital emergency and attract emergency services attention. Worst case they will add to the suicide figures as people can no longer get the quality psychological care they were previously receiving under the current model.

I believe all Australians should have the right to access quality mental health and this is supported by multiple international human rights treaties. United Nations Committee on Economic Social and Cultural Rights has stated that ‘health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity’ (Attorney Generals Fact (Australia, 2019). Under article 2(1) of ICESCR, a country is obliged to take steps 'to the maximum of its available resources, with a view to achieving progressively the full realisation…..reflecting the realities of the real world and the difficulties involved….ensuring full realization of economic, social and cultural rights'. If Governments implement the changed proposed by the green paper they will be in Breach of the ICESCR. The ICESCR also states that if measures such as the green paper are retrogressive (that reduces the extent to which an economic, social and cultural right is guaranteed) should be properly justified. The repercussions of the 3 tiered system are not properly justified.

The proposed model essentially forces clients to choose between their financial circumstances or their psychological wellbeing; ie. stay with a provider I trust and have developed a relationship with or start again with a new provider to obtain a higher rebate - a decision no vulnerable client should

be forced to make and which research demonstrates to be detrimental to therapeutic progress. Again, this is in breach of human rights and not a life in dignity.

Currently I treat clients who would meet the 'severe' classification and have been treating them for the past 15 years. I have a contract through Wesley Mission, formerly run by Brisbane south primary health network (BSPHN) under the title Access to Allied Psychological Services (ATAPS) for suicide prevention. Essentially to take the burden off already under-resourced hospitals and keep people alive. I often get calls from stressed mental health practitioners in public psychiatric units asking me to take responsibility for their patients as they are short on beds and need to discharge them. What will happen when the almost 70% of the Psychologist workforce are prevented from seeing clients? Are mental health services in hospitals going to be increased? Will there be more frontline emergency services provision to compensate for the loss of 18,000 experienced psychologists? Australia will not be maximising it's resources as stipulated in the ICESCR. While the green paper says that we can still treat severe cases, the client will not be able to attract a rebate. Most of the clients I see, and I work in a fairly affluent area in south-west Brisbane, won't be able to fund the expense.

If the Government is intent on Stepped Care, then graduated levels of severity should be linked to number of sessions offered (relative to assessed need) and not on the basis of who provides the psychological care. The current limit of 10 sessions is for many of the clients I see insufficient and I would welcome a provision to grant further sessions for those requiring it. As noted before, the levels of severity should only affect number of sessions given not which registered psychologists provides the sessions.

I believe there should be some changes to Mental Health Delivery in Australia (particularly an increase in Medicare funded sessions) but it should be well considered and evidence based, and not a reactive and industry driven grab to reduce budgets. The serious repercussions of this proposal should be considered and voting members made aware of their role in a potentially worsening mental health crisis. The model proposed by the APS (surprisingly, given the APS's academic origins) is not evidenced based. I hope you will read and reflect on my insight being on the front line of mental health for over two decades.

Regards,

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