

## **Changes to the Better Access initiative recommended in the report on the National Review of Mental Health Programmes and Services**

### **Update for APS members – 16 April 2015**

The report on the National Review of Mental Health Programmes and Services, which was conducted by the National Mental Health Commission in 2014, was released today. The Review examined the efficacy and cost-effectiveness of mental health programs and services, duplication in current services and programs, and any gaps in existing services and programs.

The Better Access initiative came under significant scrutiny by the Review and the report's recommendations contain some considerable changes to the existing arrangements for the Better Access initiative. Some of these are welcome and others are very concerning.

The following information summarises the key changes with implications for psychologists that have been recommended in the Review. The Review presents a series of recommendations that in some instances are contradictory, ambiguous and poorly constructed.

It is important to note that these are recommendations only and the Government has indicated today that it will appoint an expert advisory group and consult widely to inform its response to the Review.

### **The Review's recommended changes to the Better Access initiative**

#### **Increased maximum annual session allowance to 16**

- *The Review recommends that the maximum number of sessions of psychological treatment allowed in any one calendar year is increased to 16 sessions for people with severe or complex disorders.*

APS advocacy strongly recommended the reinstatement of these sessions, which were lost under previous funding cuts, to ensure consumers with more complex mental health needs are not left without adequate treatment options. The Review suggests that at the point of GP referral, those consumers who are initially deemed to have the potential to require the greater number of treatment sessions should be referred to clinical psychologist providers. The APS believes that the provision of additional treatment sessions should not be limited to clinical psychologist providers, as there is a much broader range of psychologists who can provide effective services to consumers with more complex mental health needs.

#### **Optional use of GP Mental Health Treatment Plan**

- *The Review recommends that the GP Mental Health Treatment Plan requirement is made optional and that GP referral for psychological treatment can be made via a simple referral letter.*

The APS advocated strongly for funding for Better Access to be primarily available for treatment services, and identified the GP Mental Health Treatment Plan as an area of significant duplication as the assessment is repeated by the treating psychologist in order to develop a psychological treatment plan.

### **Extension of provider eligibility to include neuropsychologists**

- *The Review recommends that neuropsychologists be included as service providers under Better Access.*

The APS has long advocated for Medicare items for neuropsychologists to provide neuropsychology assessment services across a range of disorders (not limited to mental health disorders). The Review does not provide any further detail about the services recommended to be provided by neuropsychologists under Better Access.

### **Incentives for service provision in rural areas**

- *The Review recommends targeted scholarships for postgraduate study, support of professional development and mentoring, financial and relocation incentives and a rural loading on Better Access benefits.*

The APS has advocated strongly for incentives such as those provided to increase medical services, and has recommended also including new Medicare items for telephone- or video-based psychology service provision.

### **Culturally competent services to encourage Aboriginal and Torres Strait Islander people to use Better Access**

- *The Review recommends that culturally competent professional services should be provided through Better Access*

The APS has advocated strongly for culturally competent psychological service provision to Aboriginal and Torres Strait Islander people, but the Review does not provide any further detail about how to include culturally competent services under Better Access.

### **All new psychologists can only provide Medicare services in rural areas**

- *The Review recommends that all new psychologists who enter the workforce can only provide Medicare-rebated services to consumers residing in rural areas with populations of less than 50,000. Psychologists who subsequently gain area of practice endorsement with the Psychology Board of Australia can provide services to consumers living in any area of Australia.*

The APS believes that this recommendation will severely curtail community access to Medicare-funded psychological treatment as it is likely to substantially reduce the available psychology workforce to deliver such services. This change is predicted to have a major impact on the training pipeline as it significantly undermines the attractiveness of entering the psychology profession. The APS does not believe this recommendation will result in increased services to rural Australia, and that there are much more sound policy initiatives to enable psychological services provision in rural areas.

If adopted, the Review's recommendation will severely reduce consumer access to psychological treatment services in all areas of Australia. As such, the recommendation is presented as a rural redistribution initiative but it appears to represent a means of severely restricting service provision to substantially curtail the costs of Better Access. There is no alternative source of psychological treatment provision in the Review's report to enable consumers with common mental health disorders to access effective treatment.

### **“Cashing out” Better Access to Primary Health Networks**

- *The Review recommends “cashing out” the funding provided for non-endorsed psychologists under Better Access, and instead redistributing it for service provision through the Primary Health Networks.*

This proposal would in effect redistribute Better Access funds for an expanded roll-out of the Access to Allied Psychological Services (ATAPS) model. The proposal would restrict the flexibility of the mental health service system to respond to demand in the community and risks consumers missing out on vital treatment services if funding runs out. The proposal unnecessarily increases complexity and administrative costs, given that existing administration of Better Access is lean, efficient and generally borne in the private sector (there is evidence that Better Access is demonstrably more (2–10 times) cost-efficient than ATAPS).

### **Inclusion of other allied health providers and nurses under Better Access**

- *The Review recommends that other allied health providers who undertake appropriate mental health training, as well as nurses with postgraduate qualifications in mental health, are included as eligible service providers under Better Access.*

The APS recognises that other allied health providers have an important role to play in a team-based approach to mental health care through contributing the skills of their particular discipline. However, the Review appears to suggest that other allied health providers should be eligible to provide the Medicare items associated with psychological treatment services. The APS believes that only those practitioners with appropriate and significant mental health training should be eligible to provide psychological treatment items.

### **APS campaign to respond to the Review’s Better Access recommendations**

There are some very welcome recommendations in relation to Better Access in the Review that have been the focus of APS advocacy efforts, most importantly to reinstate the six additional psychological treatment sessions per year for consumers requiring longer treatment. The APS will be advocating strongly for the Government to adopt this important recommendation.

However, there are extremely serious concerns about the recommendations to limit new psychology Medicare providers to those that provide psychological services in rural Australia, and to ‘cash out’ Better Access to Primary Health Networks for all services except those provided by endorsed psychologists. These are both serious cost-cutting recommendations that will severely restrict psychological service provision under Better Access to consumers in all areas of Australia. These are the most concerning recommendations, but there are also others that will impact on consumers’ access to quality mental health care.

The APS will respond vigorously to the Review’s recommendations through advocacy with the Federal Government, other parliamentarians, senior bureaucrats and through the media. To support the APS campaign, members are urged to use the arguments outlined in this update to undertake individual advocacy by writing letters to their local federal Members of Parliament, the Health Minister and the Prime Minister. Further information on the APS campaign and how members can lend their individual support will be made available in the coming weeks. Keep your eye on the Better Access campaign page:

[www.psychology.org.au/newsandupdates/betteraccess/](http://www.psychology.org.au/newsandupdates/betteraccess/)