

PSYCHOLOGY PRIVATE AUSTRALIA CONGRESS

SPEECH BY SENATOR JAN MCLUCAS SHADOW MINISTER FOR AGEING AND DISABILITIES

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Response to welcome

I am pleased to be here today representing my colleague Julia Gillard, the Shadow Minister for Health.

Introduction

This is a pivotal time for health care and health policy in Australia.

These are the issues we are confronting:

- The need for real and substantial health care reform, involving effective partnerships between the Commonwealth and State and Territory Governments. Reform must address the current duplication and gaps, and ensure a seamless delivery of services across preventive, primary, acute, rehabilitative residential and community care.
- This will entail an integration of public and private sector services and an end to the current environment of cost and blame shifting.
- It has been estimated that better integration of services and the elimination of duplication across Commonwealth and State divides will provide at least another \$1 billion annually that can be invested in the provision of more services.
- We need to make the health care system sustainable into the future, but also maintain the principles of universality and access based on need, not on the ability to pay that are integral to Medicare as Labor founded it
- The population is ageing and there are increasing numbers of people living with chronic conditions and disabilities. If these people are to have a real quality of life and be part of the community then we must face up to the expensive, up-front investments in their care that will deliver these outcomes.
- We need to take a holistic approach to health care that considers both physical and mental wellbeing, and that sees vision, hearing and dental care as part of overall health care.
- And we need to act immediately with long term plans to address the health care workforce shortage and to develop the expertise that we will need for the future. The professional silos in education, training and practice must go and a team approach must be developed to the delivery of primary health care. This will require flexibility to meet community, cultural and geographic needs.

- All of this must be done in conjunction with a revitalised agenda of quality and safety, and a dramatically improved capacity to collect, analyse and evaluate data which can inform future activities.

I'm sure you recognise that all of these issues play out specifically for mental health policy, services and resources.

Tackling this agenda is a daunting task, but it is one that must be addressed if Australia is to make real progress in mental health. Yet to date, the Howard Government has failed this test of good government both with respect to health care reform and strategy generally and mental health issues specifically.

At a time when we should be actively confronting the health care issues of the 21st century, we have a Federal Health Minister who is actively refusing to be a player. His thought bubbles on health reform, always accompanied by dumping on the States and Territories, just burst and disappear.

It has been left to John Howard – urged on by the Coalition back bench – to put in place the Podger review of the health care system. Unfortunately Mr Howard has hedged his bets by ensuring that this inquiry takes place behind closed doors, with no formal terms of reference and selected input. It's a black box inquiry that's unlikely to result in the needed recommendations for real action.

It was left to Peter Costello to ask the Productivity Commission to conduct an investigation of health workforce issues. And it was left to Parliamentary Secretary Christopher Pyne to grudgingly agree to the push from Labor and the Democrats for a mental health inquiry. We can only wonder at the fate of this committee's report when Mr Pyne has been quoted denying that the Commonwealth has responsibility for mental health.

So, do we now have an environment ready for mental health reform?

It can be argued that the Governments of Australia have been able to get away with the lack of a real national mental health strategy (and the resources to fund it) because the community has allowed this to happen.

Despite the widespread prevalence and the impact of mental illness on the community, this remains a largely hidden condition. Yet there can hardly be a family in Australia that is untouched by mental illness. People with mental illness and their families and carers bear substantial social and economic burdens. The businesses and community structures of this nation also share some part of this burden, but mostly our attitude is that mental health problems are something that happens to someone else.

Those times are now changing – thanks to the ongoing lobbying and efforts of professional groups like yours, to the work of people like Jeff Kennett and Bob Carr, to the willingness of recognised community figures like Alan Fels and cricketer Michael Slater to speak out about their own experiences, and most recently, to the publicity surrounding the case of Cornelia Rau.

Something about the Cornelia Rau case has grabbed peoples' attention and shaken their complacency. It made them realise that it could have happened to them.

The Senate Inquiry into Mental Health that is just getting under way is an opportunity which must not be wasted. Too many earlier reports have failed to go beyond fine words and aspirations. It is imperative that this inquiry is able to produce an agenda for real action that will lead to the needed reforms and the funding structures to deliver that reform.

Right now we need to face the facts about mental illness, and its treatment.

1. There is a continuing need for more public education and awareness of mental illness
Research shows that the Australian community does not view mental health as a major general health issue. Public awareness of common risk factors is limited.

Increased awareness will lead to earlier diagnosis and treatment and a community lead push to ensure that needed services are available. Most importantly, it will help remove the current stigma that currently clouds attitudes - at all levels - to mental illness.

2. We must address discrimination if we are to ensure better diagnosis, treatment and rehabilitation

The Mental Health Council of Australia and the Human Rights and Equal Opportunity Commission will shortly publish their report into the human rights of people with a mental illness and the progress made since the Burdekin Report in 1993.

This will provide a real opportunity to review the issues of discrimination and this report will also inform the work of the Senate Inquiry.

3. Specific programs are needed to target youth at risk

Crucially mental health disorders cluster dramatically in young people when they usually occur for the first time. Mental health issues are responsible for 65-70% of the overall burden of disease for young people between 15 and 24 years of age. But less than a quarter of young people will get the help they need. This results in a great deal of unnecessary suffering for young people and their families and widespread, enduring, yet largely preventable social and economic damage.

Young people typically fail to access care, often having little idea of how to seek help, and seeing doctors and therapists as authority figures unlikely to offer sympathetic help.

It can be argued that young people are poorly served by the health care system as it is currently structured. This is especially true for those with substance abuse problems and with poor family and community support.

4. Mental health needs of the elderly and disabled are too often ignored

Too often the mental health status of the elderly is overlooked. Symptoms of depression, confusion or agitation may be due to underlying mental illness, Alzheimer's Disease or inappropriate medication.

There is a large population of older people with significant depressive symptoms, and consequences of these symptoms include development of other illnesses, exacerbation of co-existing illnesses, excess use of health services, severe restriction of quality of life, and unnecessary suffering because of inadequate, wrong or no treatment.

5. We must do more to address mental health issues that arise because of physical illnesses

There is a growing awareness of the need to address the psychosocial issues that confront people diagnosed with cancer, or who have suffered other major health crises such as a heart attack, a stroke or an organ transplant.

In 2003 the NH&MRC released its Clinical Practice Guidelines for the psychosocial care of adults with cancer and there is Level 1 evidence for many of the interventions proposed.

6. People with chronic mental illness and their families and carers have huge unmet needs

Over 90% of people with chronic mental illness now live outside hospital and residential care, so services must increasingly adopt a community focussed approach. Failure to provide these services and to make them readily accessible means that those with a chronic or recurrent mental illness are unable to lead a full life or support themselves. Two thirds of all disability in people aged 15-30 is caused by mental illness.

And such failure also means that parents and families must shoulder enormous burdens with little or no support to care for their mentally ill child or relative. Too many people with chronic mental illness end up in our criminal system – or they end up dead by accident or suicide.

7. We need to be better at providing culturally sensitive care

Mental health issues must be handled sensitively for all patients, but that is particularly true for people of Aboriginal and Torres Strait Islander background, and for refugees and asylum seekers. The Australian Institute of Health and Welfare admits that we have no real data about the incidence or prevalence of mental disorders among Aboriginal and Torres Strait Islander people.

We do know that the rate of hospitalisation for Indigenous people diagnosed with mental disorders due to psycho-active substance use is 4-5 times that for the non-Indigenous population. And we can imagine that traumas due to the lack of social justice, the impact of the stolen generations, and the inequalities in services also have an impact on the mental health of Indigenous communities.

8. We don't have the mental health workforce that is needed to supply care

It would not be an exaggeration to say that we have a crisis situation, especially in rural Australia.

Lack of access to training, professional isolation, heavy workloads and limited resources affect the recruitment and retention of mental health personnel in rural and remote areas. There is a shortage of mental health nurses, psychiatrists, psychologists and other mental health professionals.

Only 7.5% of psychiatrists are located in rural or remote locations with more than 90% of those in non-metropolitan areas being in major regional centres like Toowoomba. Shortages of clinical psychologists are also evident in rural and remote areas. The situation has been exacerbated by the rationalisation of public services in rural areas that employed psychologists.

These shortages of mental health professionals undermine the development of intervention and prevention strategies for people at risk. As a consequence of the shortages, non-mental health professionals in rural areas are more likely to be treating people with a mental illness. Options for referral are all but non-existent in many rural and remote areas

We must look at the current barriers to the provision of mental health services

Mental health services are currently provided in a relatively independent, non-cohesive way due to:

- The social-economic status of the patient – this is often linked to the health insurance status of the patient;
- Geographic factors that affect the availability of services, especially private sector services;
- The fact that acute mental health services are funded primarily by state governments and increasingly, private health insurers, and outpatient services are funded primarily by the federal government under Medicare;
- Other confounding factors such as alcohol and illegal drug use and the level of functional disability of the patient; and
- The individual attitudes of health providers, carers and patients themselves.

In looking for strategies to address these barriers, we must also recognise some of the realities.

The central role of the GP in the provision of mental health services

At least one in ten GP consultations is for mental health concerns. That is over 10 million GP consultations a year, and some 3.5 million of these consultations are specifically for the treatment and management of depression.

General practitioners struggle to deal with the mental health problems of their patients. Yet we must acknowledge that for many people with a mental health problem this is the only treatment they will get, and that for the majority of the population, their GP is the health care professional they would choose for treatment

General practitioners are identified as the preferred point of first contact among health care professionals. In a paper published in the Medical Journal of Australia, 71% named GPs as preferred first point of professional contact. Only 5% would see a clinical psychologist and 2% would see a specialist psychiatrist.

A team approach is needed

There is no question that general practice has the front line in mental health care. But they need support from mental health professionals.

It is imperative that support for a viable and sustainable primary mental health care system takes centre stage in mental health policy and planning, that there is investment in building a comprehensive, integrated system of primary mental health care and that incentives for specialist mental health services, both public and private, are built in. Family support services must also be seen as integral.

For psychologists, the key issues are how to ensure that the cost-effective and evidence based psychological and behavioural interventions are incorporated into the provision of health care services and how these services are reimbursed.

There are a couple of contentious issues we need to discuss.

1. Better Outcomes in Mental Health Care program

Despite what psychologists think, the Better Outcomes in Mental Health initiative, and related programs such as More Allied Health Services (MAHS) in rural areas and the allied health component of Enhanced Primary Care are welcomed, supported by patients, General Practitioners, the Australian Psychological Society – and Government.

I am aware that several psychologists have spoken out against such programs, arguing that, to put it bluntly, this is about encouraging GPs to provide services for which they are not trained.

However the Better Outcomes in Mental Health Care program is supported by the APS as a welcome step in providing Australians with at least a first consultation and at best effective treatment for mental health problems and more importantly, in helping to demonstrate the critical role that psychologists can play in providing access to effective treatment for the large numbers of Australians suffering mental illness.

“The APS believes that the importance of this initiative cannot be over-stated. The BOMHC program is a landmark in the delivery of mental health services to Australians”

It is critical that BOMH is provided with sufficient funds to enable it to expand to meet the needs. Labor will be holding the Government accountable for their election commitments to do this.

The real value of BOMH, MAHS and EPC for psychologists is that it enables the profession to demonstrate the real value that their services bring to the delivery of mental health services under Medicare.

2. Access by psychologists to Medicare reimbursement for services is the second issue.

I was the Chair of the Senate Select Committee on Medicare which considered carefully the thoughtful submission made by the APS on the issue of direct access to Medicare for psychology services. Let’s be realistic here – this is not likely to happen any time soon. Tony Abbott has done his dash in terms of health care spending and Peter Costello has been reining him in and will do from now until the next election.

And if I’m wrong and direct access was provided, it would almost certainly be subject to the type of cap that optometry services have, where there is agreement that charges will not exceed 100% of the MBS fee and an expectation (admittedly unenforceable) of universal bulk billing.

My advice to the psychology profession is to look at mechanisms other than the traditional fee-for-service – as is currently being done. And to collect the data from the current trials and use that to argue to the Government (and the Opposition) that psychology services are beneficial and cost-effective.

The Select Committee of Inquiry into Mental Health may provide an appropriate avenue to put that argument.

Conclusion

This should be a time for reform in the health care system, and particularly in the mental health system.

In the absence of demonstrated leadership from the Howard Government, it will be left to the Opposition, the States and Territories, the health care professionals and the patients to force the needed action agenda and change. We need a strategic approach and a substantial long-term investment, with the primary focus on patient benefits and outcomes.

This is an opportunity for psychology to be part of the debate and part of the reform process. You will need to come to the debate armed with data to support your case. And you will need to be a team player. The community is almost moving toward a demand for seamless health services – from Governments, from the professions and from health service deliverers.

Labor intends to be a leader in health care reform and to address the issues with strategic policies developed on a consultative basis and fully costed. Labor will not shirk the difficult decisions in this regard.

My office, and those of my colleagues, particularly that of Julia Gillard, are open to you and we are keen to hear your ideas.

We look forward to working with you on these issues.