

Mr Bruce Cooper  
General Manager  
Intelligence, Infocentre and Policy Liaison Branch  
Australian Competition and Consumer Commission  
[phireport@accc.gov.au](mailto:phireport@accc.gov.au)

Dear Mr Cooper,

**Mental Health Council of Australia submission to the preparation of the ACCC Report to Senate on Private Health Insurance, September 2012.**

Thank you for the opportunity to provide input to the ACCC Report to Senate on Private Health Insurance, September 2012.

**Background**

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector. The membership of the MHCA includes national organisations of mental health services, consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The MHCA membership includes a diverse range of stakeholders who are directly affected by the practices of private health insurers, including mental health consumers and carers and allied health care providers with skills in mental health treatment and support.

Mental health professions, including allied health providers play an increasingly important role in the Australian community. Mental illness has been identified as the third leading cause of the burden of disease in Australia, and projections to 2023 indicate that mental illness is expected to remain the largest contributor to the prevalence of disability until age sixty.<sup>1</sup>

Relevant developments in the sector over the last few decades have included:

- a focus on the delivery of mental health services in community settings utilising the skills of a wide range of professionals to provide treatment and support that focusses on whole of life needs
- consumers and carers taking a greater role in their health care and the provision of more personalised care and support
- greater awareness of high prevalence disorders such as anxiety and depression accompanied by a rise in demand for treatment
- the growing role of peer workers to provide support and advocacy for consumers and carers and other professionals as part of multidisciplinary teams

---

<sup>1</sup> Mathers C, Vos T, Stevenson C. (2010). *The burden of disease and injury in Australia Summary Report*. Australian Institute of Health and Welfare cat. no. PHE 18

- A growing community awareness of the lack of availability and access to treatment and support services provided by mental health professionals, including allied health professionals, and an acute shortage of services in rural and remote areas, for Aboriginal and Torres Strait Islander peoples and for people from culturally diverse backgrounds.

As well as health care services provided by general practitioners, psychiatrists and clinical psychologists, mental health consumers and carers may require the services of a variety of allied health professionals. These commonly include mental health nurses, social workers, and occupational therapists and can include a range of other professions such as Aboriginal mental health workers and peer workers, and counsellors.

For example community mental health teams and hospital based mental health teams often include the skills of these professions as part of a multidisciplinary team to support treatment. Further, services by psychologists, social workers and occupational therapists, are all recognised allied mental health services under the Better Access initiative 2011-12 budget measure.<sup>2</sup> In addition to these, services by mental health nurses and Aboriginal Health workers are recognised under the Access to Allied Psychological Services (ATAPS) program.<sup>3</sup>

### **Key Issues**

MHCA members advise that there is a range of allied health services, including some of those highlighted above that are not recognised by private health funds. Members also regularly advise that this may be a result of historical development of registration and accreditation processes, or the resources that some professional groups have to devote to promotion. While the MHCA is not in a position to comment on this situation, it is clear that it results in a reduced availability of recognised services to consumers who hold private health insurance.

This lack of recognition for some allied health providers results in:

- inconsistency around availability of services for mental health consumers and carers, whose choices under private health insurance may be limited by a lack of funding support
- decreased opportunity to fill urgent skill gaps in the mental health sector
- decreased opportunity to retain a competitive business, for those professions whose skills may be under-utilised without recognition by private health insurers.

It is likely that this situation both reduces the extent of private health coverage amongst mental health consumers and carers and increases their out of pocket medical expenses where non-recognised services need to be accessed. However more importantly we know that it is these factors which reduce the opportunity for mental health consumers and carers to access appropriate services. The limited availability of service providers available under private health insurance may also mean that consumers may need negotiate with GPs, Psychiatrists and Clinical

<sup>2</sup> Department of Health and Ageing Website, Mental Health Programs, <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-allied>

<sup>3</sup> Mental Health Services Branch, Mental Health and Drug Treatment Division, (2012). Operational Guidelines for the Access to Allied Psychological Services Initiative, Department of Health and Ageing, Canberra.

Psychologists to refer only to those allied health care providers who are recognised by their private health insurer.

This is particularly problematic in rural and remote areas, or other areas where there are shortages of mental health professionals. These are areas where allied health professionals already play a key role in providing essential services. We know that a lack of recognition of these services by private health insurers limits the extent to which they can be off assistance in these areas.

The importance of building an effective relationship between consumers/carers and healthcare professionals adds a further imperative to the availability of a wide range of providers to mental health consumers and carers. The research evidence clearly shows that the therapeutic relationship between consumer and health professional is one of the most important contributing factors to recovery. Expanding the range of mental health services that consumers can access (while being financial supported to do so) can only increase their chances of finding an appropriate service provider. This will in turn increase the effectiveness of the mental health system as a whole. Again this is especially the case in rural and remote and other areas where there are shortages of mental health professionals.

It is clear that a more thorough investigation is required of the ways in which mental health consumers and carers are disadvantaged by these practices. The MHCA hopes that this inquiry may go some way to identifying the disparities involved and proposing options to address them. We would be pleased to assist in this process where required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'F. Quinlan', written in a cursive style.

Frank Quinlan  
CEO  
Mental Health Council of Australia  
25 September 2012