

20th May 2024

The Hon. Mark Butler MP Minister for Health and Aged Care House of Representatives Parliament House Canberra ACT 2600

# Response to the Proposed Changes to the Medicare Better Access Scheme

Dear Minister Butler,

## Concerns About Changes to the Better Access Initiative

I am writing on behalf of Unbound Minds, a leading multi-disciplinary practice in Sydney, to express my deep concerns regarding the recently announced changes to the Better Access initiative under Medicare, set to commence on 1 November 2025. These changes pose significant risks to the mental health care system, potentially undermining the accessibility and quality of psychological services in Australia.

## New Eligibility Criteria

One of the primary issues is the new eligibility criteria for Better Access, which restricts access to individuals assessed by GPs as having at least "moderate intensity care needs." This change is problematic for several reasons.

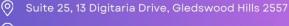
In many parts of Australia, there is still a significant stigma surrounding mental health. By forcing people to interact solely with their regular GP, we risk boxing in individuals who may downplay what they are experiencing. This is particularly true among certain cohorts, such as men, older adults, and individuals from culturally and linguistically diverse backgrounds. Research by Beyond Blue highlights that men are less likely to seek help for mental health issues due to stigma and societal expectations. Similarly, the Australian Psychological Society reports that older adults often underreport symptoms of mental health issues to their GPs due to fear of being perceived as weak or burdensome.

A GP, while invaluable in many aspects of primary care, is not always the best judge to determine the severity of a mental health presentation. Mental health issues are complex and can take many weeks to unpack fully. Studies from the Royal Australian College of General Practitioners indicate that GPs may not have the time or specialised training to accurately assess and diagnose mental health conditions during standard consultations. This is not to downplay the significance of our wonderful GPs in Australia, but rather to highlight that mental health assessments require a depth of interaction that general practice may not always provide.









Anecdotal evidence from our practice supports this concern. Many clients initially present with what they believe to be a mild presentation, only for us to uncover intensive trauma or complex conditions that require specialised, ongoing care. For example, a client may book an appointment citing anxiety, but through detailed assessments and interactions, we may discover underlying issues such as PTSD or severe depression that necessitate comprehensive treatment plans.

#### Issues with Short-Term, Inconsistent Interventions

The government's proposal to direct individuals to free online appointments via Medicare clinics and rebranded Head to Health centres is not a viable substitute for medium to longterm, consistent, 1:1 treatment. While these initiatives are valuable and should exist as an option, they should not be the end of a funnel diverting people from one-on-one, evidencebased therapy.

Recent incidents, such as the stabbing in Bondi and the knife attack on a Bishop in Western Sydney, highlight the severe consequences of individuals falling through the cracks in the mental health system. With increased community sensitivity to such events, it is alarming that the government is now deciding to widen these cracks instead of closing them.

People seeking mental health care must have the choice to pick a practice and practitioner they get along well with. Forcing them into a system where this choice is removed is counterproductive. Research shows that the therapeutic relationship between a client and a practitioner is one of the most significant predictors of positive outcomes in therapy. A study published in the Journal of Consulting and Clinical Psychology found that the therapeutic alliance was a robust predictor of treatment outcomes. Similarly, the American Psychological Association emphasises the importance of the client-practitioner relationship in effective therapy, noting that clients who feel a strong alliance with their therapist are more likely to experience better treatment outcomes.

Sustained treatment with stable, regular appointments is crucial for effective mental health care. Short-term, inconsistent interventions may provide immediate relief, but they do not address the underlying issues effectively and can lead to relapses or worsening of conditions. Research indicates that even individuals with mild mental health presentations benefit significantly from early intervention through a personalised, one-on-one evidence-based approach with consistency and continuity of care.

A study by the Black Dog Institute emphasises that consistent, face-to-face interactions with qualified mental health professionals are crucial for achieving lasting improvements in mental health. Similarly, Beyond Blue has found that continuous care with a single provider improves treatment outcomes and client satisfaction. The government's plan does not address the chronic shortage of psychologists in Australia, raising questions about who will staff these centres and provide the necessary care.

## **Referral Restrictions**

The requirement for referrals to be made exclusively by a person's MyMedicare-registered practice or their usual GP raises serious questions about the benefits this achieves. Are we implying that people are lying or abusing Mental Health Treatment Plans (MHTPs)?







Individuals pay for these sessions, often out of pocket, due to a poor Medicare rebate and an arbitrary limit of ten sessions. These sessions are examples of confronting self-reflection and change, not something people seek lightly. What benefit does forcing people to use one GP actually achieve other than making it harder for individuals to get these MHTPs, thereby reducing demand and underhandedly leading to less spending in Medicare? This appears to be the end goal.

It should not matter who writes an MHTP. What should matter is that a clinically adequate, evidence-based diagnostic criterion is used to assess eligibility for the MHTP. Restricting access in this way does not enhance care but rather creates unnecessary barriers for those desperately seeking help.

#### Removal of Item 2712

The removal of item 2712, used for mental health treatment plan reviews, and the shift to general time-based item numbers will likely increase administrative burdens on GPs and reduce their ability to provide comprehensive mental health care. This change devalues the collaborative relationship between GPs and psychologists and may hinder the continuity of care for patients.

## Undermining of Psychology

These changes collectively represent an undermining of psychological services at a time when the country is going through a mental health crisis, exacerbated by an acute shortage of psychologists and psychiatrists. According to the Australian Psychological Society, Australia is facing a significant shortfall in the number of psychologists, with an estimated deficit of 9,000 psychologists needed to meet demand. Additionally, the Australian Medical Association has highlighted the shortage of psychiatrists, noting that there are only about 3,000 practicing psychiatrists in Australia, which is insufficient to meet the growing mental health needs.

### **Tokenistic Industry Consultation**

It appears that these changes have been made with tokenistic industry consultation, rather than genuine engagement with mental health professionals. The government's actions suggest either a lack of seriousness about addressing mental health issues or a deliberate subversion of established support systems like the NDIS and the Better Access scheme under Medicare. If the government is truly committed to improving mental health care, it needs to demonstrate this with substantive actions and investments, not superficial measures.

### Call to Action

I urge you to reconsider these changes and engage with mental health professionals to develop policies that enhance, rather than hinder, access to psychological care. Restoring and expanding the provisions of the Better Access initiative will ensure that Australians continue to receive the high-quality mental health services they need and deserve. It is time to stop undermining essential programs and genuinely commit to improving mental health care for all Australians. If the government is not prepared to make these changes, it must have the courage to own its position publicly and transparently.











Suite 202, 13 Barber Avenue, Kingswood 2747

Thank you for your attention to this critical matter. I look forward to the possibility of working together to improve mental health care for all Australians.

Sincerely,

Justin Khoury Chief Executive Officer

**Unbound Minds** 



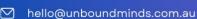
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