# National Mental Health Consumer Alliance

**Submission to the Better Access Initiative Forum – Consumer Priorities – January 2023**

This submission is made by the members of **the National Mental Health Consumer Alliance (NMHCA)**, which is made up of the consumer peak bodies in each state and territory where a peak body officially exists. NMHCA represents the lived experience of mental health consumers around the country.

Improving access and equity within the Better Access initiative should be undertaken with a whole-of-person approach, that re-examines existing models of care and develops new ones where necessary. Priorities listed below are not in any order of importance and are not mutually exclusive.

## Number of Medicare-subsidised sessions

Consumers have reported that reducing the number of Medicare-subsidised psychologist sessions from 20 to 10 is not based on any evidence that 10 sessions is the ideal number for recovery. We do not believe that reducing the number of sessions will increase access for consumers. An evidence-based precedent for 40 sessions has been set in Australia for people with eating disorders and so this is one model that Better Access could look to as a way forward. Recovery is a personal process and as such, the number of Medicare-subsidised sessions each individual requires for full recovery should be uncapped. This should be decided on case by case.

We also believe that the healthcare system tends to provide inadequate supports for the substantial group of consumers we refer to as the missing middle. This is the sizable group of consumers who are not able to fully recover after 10 or even 20 sessions, but who are not judged to be unwell enough to get access to higher intensity services. Many of these people end up amongst those welfare recipients who are judged to have only partial work capacity by Centrelink.

We note also that although the Review concluded that there are some access issues which relate to the socio-economic status of consumers, it **did not** conclude that the services that have been provided, were inappropriately allocated on the whole. Indeed, the reviewers recommend provision of more complex and differentiated services for those with high levels of need. We strongly believe that moving ahead it will be important to better understand the ways in which poverty and disadvantage makes it harder for some consumers to access good mental health support.

**Increasing unaffordability of services (gap payments)**

Consumers have reported that gap payments for psychological services have increased considerably, extending beyond the COVID pandemic period. The gap payment increase, in addition to a decrease in the number of service providers offering gap-free sessions, has compounded the problem resulting in some consumers opting out of Better Access services altogether. While this affordability issue has a particularly devastating effect on our most vulnerable members of society, it is also affecting those consumers who are identified as middle-income earners. Ultimately if consumers continue not to be able to afford Better Access services we are denying basic health care to the Australian community. Ideally there would be no gap payment nor the need to incur the additional cost of a GP visit for a mental health plan.

**Expanded access to Multidisciplinary teams inclusive of allied health and particularly lived experience (peer) workers.**

The inclusion of multidisciplinary teams encompassing allied health and particularly Lived Experience (Peer) workers within the Better Access initiative supports consumer choice, provides for an expanded workforce in regional and remote areas, and provides more holistic care for people with complex needs; all key elements in improving equity and access of the initiative.

This priority is consistent with calls from the Better Access evaluation report, the National Mental Health Commission's Lived Experience Workforce Development Guidelines, the Productivity Commissions report into Mental Health, draft National Mental Health Workforce Strategy and the various State and Territory Lived Experience workforce framework recommendations for the support and integration of Lived Experience workforces as a vital aspect of moving towards nuanced, person-centred models of mental health.

**Reforming Better Access mental health services for people living regionally, rurally and remotely**

People living regionally, rurally and remotely in Australia experience reduced choices and availability of mental health services when compared with people in cities. We acknowledge the increased provision of telehealth for people living regionally, rurally and remotely through Better Access that occurred in response to COVID-19, however we would like to highlight the ongoing issues to be addressed:

- There is inadequate focus on culturally appropriate service provision, which should entail face-to-face delivery if needed;
- Applying an equity lens is required to understand the intersecting needs of people who are marginalised by location, as well as other indicators of disadvantage (ethnicity, gender, disability etc);
- A greater range of therapy and services are urgently required;
- Expanded eligibility (including lower thresholds) for lived experience people seeking support; and
- Avoiding a 'two-tiered' system based on geography, whereby choices for people in one locale are restricted compared with different locations.

**Closing Statement**

We are disappointed that all State and Territory consumer peak bodies were not directly invited to participate in the roundtable. We would like to remind the Commonwealth Government of your duties under articles 4(3) of the CRPD to consult the peak bodies. It states that:

*'In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.'*

**As member-based organisations representing people with lived experience of mental health issues around Australia, we call upon the Australian Government to embed lived experience at the heart of any reforms to Better Access by undertaking structural engagement with our community.**


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