To the Senate Committee investigation Commonwealth Funding and Administration of Mental Health Services

Whilst I understand the rationale for the two-tiered rebate system giving 6 year trained psychologists the higher rebate, I believe the current policy of including only Clinical psychologists is inequitable. The training and competencies of other 6 year trained psychologists in the specialist groups of Counselling, Health, and Educational and Developmental psychology, for example, are equally relevant to the types of client referrals typically coming from General Practitioners. I would like the Committee to examine whether the competencies of these other 6 year trained specialist psychologists are indeed comparable to those of Clinical psychologists for the purposes of the Better Access Initiative.

With respect to services available for people with a *severe* mental illness, I have heard the argument that only Clinical psychologists are qualified to provide services to this group. Is there any evidence that GPs intentionally refer those with severe mental illness to Clinical psychologists more than to generalist psychologists? I question whether most General Practitioners are really aware of who in their community is a clinical or a generalist psychologist, or for that matter, in many cases, consider there is an important difference. Indeed in most regional and remote areas, there are few or no Clinical psychologists in private practice. What GPs do know is whether they get good outcomes from their referrals and clearly some GPs are very satisfied with generalist psychologists because they keep referring to that psychologist. So if the Committee believes that people with severe mental illness should only be referred to 6 year trained specialist psychologists, then the GPs may need more education in making that targeted referral where specialist psychologists are available.

Whilst I think the reduction to 6 + 4 sessions is, on average, reasonable for people with mild and moderate mental illness under the Medicare Benefits Schedule, I am concerned that those with severe or chronic mental illness will be severely disadvantaged. In some cases, only 10 sessions per year means they will be unable to be treated satisfactorily and remain in the community. For some, the consequence may be that they return to hospital or return to prison, and on that regressive journey may create considerable risk to emergency responders such as police and paramedics, and of course, themselves. I believe the provision for "extraordinary circumstances" needs to be reinstated and to a maximum of about 18 sessions.

I have 2 degrees from the University of Queensland in 1970s-1980s, being a BA (Psych) and GradDipPsych, making me a 4+2 generalist psychologist, and a Full Member of the APS. I have 25 years of relevant experience being employed in various work roles and 16 years in private practice. I have undertaken hundreds of hours of training and development in specialist areas of psychology. I believe I have the skills, knowledge, experience and competencies to continue to provide psychological services under the Better Access Initiative. In fact all those who have earned Registration as a generalist psychologist have a great deal to offer in our communities by delivering mental health services and should continue to be included under the Medicare Benefits Schedule.

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