



**Elizabeth Vaskin**  
Psychologist  
BA, BA (Hons), M Psych (Clin)



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Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Committee Secretary,

**RE: Inquiry into Commonwealth funding and administration of mental health services**

I would like to present an opinion on two matters relating to the above Inquiry. Firstly, the proposed changes to the Better Access Initiative limiting the available sessions per calendar year to ten, instead of twelve to eighteen sessions. Secondly, I would also like to raise concerns about the two-tier system being included in the Inquiry. I am aware that some psychologists have argued that specialist Clinical Psychology providers should not be distinguished from Generalist Psychology providers when rebates are considered. Currently specialist Clinical Psychologists attracts a greater rebate from Medicare than Generalist Psychologists.

The need for psychological therapy in the treatment of mental health

The best available evidence indicates that psychological therapy is the best treatment for a range of psychiatric, psychological and emotional disorders. Psychological therapies are also widely indicated for use with the management of chronic disease. In many cases, psychotherapy is effective (without pharmacological treatment). However, in severe cases, pharmacological and psychological therapies combined are often the most effective treatment.

There is also a well established body of research which demonstrates that psychological therapies play a preventative role in minimising symptoms or preventing relapse in individuals experiencing severe mental health disorders. For instance, in clients diagnosed with psychotic disorders, bipolar affective disorder, major depression, psychosomatic disorders, and substance misuse. This provides cost savings to the taxpayer, workplace, and individual with reduced time away from the workplace, which pharmacological therapy alone is not able to achieve.

Opposition to proposed changes to Better Access Initiative

I am concerned about the proposed changes to the Better Access initiative, which proposes to reduce the present maximum of 12 sessions per year (18 in exceptional circumstances). Clinical Psychologists are frequently referred complex and severe mental health presentations. Given the Clinical Psychologist's training, we are ideally placed to treat these conditions. In some cases,

eighteen sessions are not adequate. For example, cases of severe Post Traumatic Stress Disorder, Personality Disorders, and multiple diagnoses. In such severe cases, it is likely that treatment will have to focus on 'first aid' and 'crisis management' rather than effective treatment. It also places some clients, particularly victims of childhood abuse, at risk of inadequate treatment as very often, these patients require additional time to develop trust in a therapist before they can undertake the work required of them in therapy.

There are simply not enough resources in place to support the patients who will be disadvantaged by the cuts to Better Access and are unlikely to be so in the future, despite increased funding to certain programs, such as ATAPS. I believe that if the proposed changes proceed, some disadvantaged patients are at risk of receiving inadequate treatment. In my private practice, eighteen sessions have been inadequate to treat some patients with severe mental health issues.

In addition, the Australian Psychological Society, in accessing Medicare data on all sessions provided by psychologists for the period 2007 - 2008 (with the numbers virtually identical for Psychology providers and Specialist Clinical Psychology providers) identified that 21 percent received 7 - 12 sessions and 5 percent received 13 - 18 sessions. In December 2010, PsyBA released workforce data on psychologists in Australia indicating that 13.5 percent had an endorsement and/or specialisation in Clinical Psychology. These data suggest that a possible maximum of 1.6 percent of all Medicare rebated sessions beyond 10 were delivered by Specialist Clinical Psychologists - hardly a massive saving to the government, and yet such a high impact to the most disadvantaged patients.

The most vulnerable clients will be those who cannot afford to pay for psychotherapy, for their remaining mental health treatment. I am disappointed that the government is introducing inequality into the provision of specialised mental health care in Australia.

#### Need for Recognition of Clinical Psychologists Specialist Skills

I am extremely concerned at the suggestion that the distinction between specialist Clinical Psychology providers and other Generalist Psychology providers may be removed. This has significant implications for the care of mentally ill patients. It is well established that there is a high prevalence of mental health problems within the Australian community and that this is a growing problem. Many mental health disorders, including depression and anxiety are under reported and under treated. This has an impact on the individual, their family, workplace and Australian society as a whole. The cost to the community, if mental health is not treated adequately, is significant. This places enormous pressure on treatment facilities to provide appropriate interventions. While the public services in my area are excellent, they have limited resources and ability to provide treatment for all who require it.

#### Clinical Psychologists are best placed to provide effective psychological therapy

While I have no desire to belittle the services provided by Generalist Psychologists, the fact is that, other than Psychiatry, Clinical Psychology is the only other mental health profession whose entire post-graduate training is in the area of mental health. Consequently, due to their theoretical, conceptual, empirical, and applied competencies, Clinical Psychologists can be considered specialists in the provision of psychological therapies.

Clinical Psychologists are trained in assessment, evaluation, psychometric testing, intensive functional analysis and the assessment of neuro-cognitive functioning. We are also a useful resource for other health professionals, including GPs, social workers and other allied health professionals. This is not the case for all Generalist Psychologists. It is for these reasons that I am disagree to one level of funding for Generalist and Clinical Psychology providers. Clinical Psychology providers are, and should be recognized as, specialist providers.

## Summary

In summary, I am disconcerted that the Government appears, I can only assume in the interest of cost savings, to be cutting the Better Access initiative. While I applaud the extra funds being directed at mental health, particularly youth mental health, there is no justification to remove benefits to other mental health consumers.

The cuts to Better Access appear to have been made despite the evidence of its effectiveness. These cuts and potential removal of Clinical Psychologists as 'specialist' providers will hurt those with moderate to severe mental health issues. Families, workplaces and Australian society more generally, will also be unfairly disadvantaged as a result, as effective treatment will be placed out of their reach.

Please do not hesitate to contact me if you would like to discuss this letter further.

Yours faithfully,

Elizabeth Vaskin  
Clinical Psychologist

*Member of the Australian Psychological Society (MAPS)*

*Member of the Australian Psychological Society College of Clinical Psychologists*