

Community Affairs, Committee (SEN)

Educational and Developmental Psychology and Funding of Mental Health

To Whom It May Concern:

Re: Funding of Mental Health

As a member of the College of Educational and Developmental Psychologists, I have been prompted to contact the Senate about the promotion and advancement of Educational and Developmental Psychology and to respond to the Government's 2011-12 Budget changes relating to mental health.

Educational and Developmental Psychologists currently play a critical role in providing excellent evidence-based mental health services to children, adolescents and their parents within school systems, and more broadly, within the community. They work with individuals, families, community and school systems impacted by mental health issues occurring across the lifespan and affecting critical periods of development, particularly those arising for individuals with learning disabilities, and developmental disorders and disabilities. The speciality's, strengths-based focus is increasingly recognised as the key to the effective treatment of mental health issues, particularly in children, adolescents, and those with disabilities. Educational and Developmental Psychologists promote 'Prevention and Early intervention' as an evidence-based and fundamental treatment approach to ameliorating symptom severity, preventing future symptoms, and improving developmental and mental health outcomes. Research also identifies 'Prevention and Early intervention' as a powerful means of reducing long-term costs to society by reducing future need for long-term mental health support and services. I refer you to our website describing our role and areas of speciality in more detail:

http://www.groups.psychology.org.au/cedp/about_us/#specialisation

Educational and Developmental Psychologists receive specialist training in the development of individuals across the lifespan and in the early identification, assessment, diagnosis, intervention, and treatment of mental health disorders, learning disabilities and developmental disorders and disabilities. We are uniquely skilled to work with the large population of individuals with disabilities who experience comorbid mental health challenges. This specialised training, knowledge and expertise is significantly more extensive than any other specialist field of Psychology (for example, Clinical Psychologists). Our specialised skills and knowledge, however, are under-recognised, compared with the attention and value that attributed to the role of Clinical Psychologists within the community.

Educational and Developmental Psychologists already undertake a critical role in providing mental health services across the lifespan, however, the current two-tiered Medicare rebate system for psychologists disadvantages individuals accessing this specialised expertise since a smaller rebate applies when compared to the rebate available to clients of Clinical Psychologists (approximately \$81.60 compared to \$119.80). Since the two-tiered system promotes and values one area of speciality in Psychology (Clinical) over other areas of

speciality, it effectively devalues the profession and qualifications of Educational and Developmental Psychologists. The two-tiered rebate system implies to the public, without evidentiary support, that Clinical Psychologists are best equipped to deal with all psychological problems.

The two-tiered Medicare rebate system for Psychologists has the potential to compound the disadvantage already experienced by those with mental health issues affecting critical developmental periods, or those with learning difficulties, developmental disorders, and disabilities. The inconsistency in rebates is likely to affect either the number of treatment sessions individuals can afford (thereby risking premature cessation of treatment) or compel individuals to seek treatment from a Clinical Psychologist rather than from an Educational and Developmental Psychologist. This is likely to reduce opportunities for access to the specialist skills and knowledge uniquely provided by Educational and Developmental Psychologists for the early identification, assessment, diagnosis, intervention, and treatment of comorbid mental health disorders, learning disabilities and developmental disorders and disabilities across the lifespan. Establishing a unitary Medicare rebate for psychological services would reduce current inequities for individuals requiring Medicare supported psychological intervention and help them to access the most appropriate specialist expertise.

I would finally like to address the potential negative impact of reducing the number of Medicare-subsidised sessions an individual will be eligible to receive from 12 to 6 per calendar year. Research literature reliably shows the number of sessions needed for long-term gains and maintenance of gains from psychological interventions exceeds 6 and is closer to 12 sessions, and often, nearer to 18 sessions. The proposed decrease in available Medicare-subsidised sessions would result in the premature cessation of treatment that will have long-term negative effects not only on individuals' mental health and on functioning but will increase the costs to our health systems and community by potentially resulting in a need for longer-term mental health support and services. This is particularly an issue for individuals with learning disabilities, developmental disorders, and developmental issues who may require extra sessions for treatment of mental health issues to be effective because of their comorbid conditions.

In conclusion, Medicare Rebates for psychological services should be equal among all Psychologists and the number of sessions individuals will be eligible to under the Mental Health Care Plan should remain as is, and not reduced as planned.

Thank you for your consideration of this submission.