SUBMISSION TO THE SENATE ENQUIRY into Commonwealth Funding and Administration of Mental Health Services

I am an older generalist Psychologist, aged 62, who has been practising for many years. I am not interested in the turf war re Clinicals vs Generalists although I agree there is no substance in the differentiation between the two and a degree of elitism is present .

My submission is only about what is best for treating our patients/clients. The very name "Mental Health" which is applied to every aspect of the Government's and Medicare's reference to the sufferers of mental illness implies both illness and wellness because both are implicit in any understanding of any health matter. Nowadays any reference to mental health/illness refers to the full spectrum of those people suffering from severe mental illness right through to those experiencing the moderate to lighter end of mental health disorders and to providing treatment for these people to aim for wellness.

Number of sessions and length of sessions

My question for you to consider is: where have the arbitrary constraints on the help we psychologists can provide, come from? What research ever suggested that 12 plus 6 sessions since 2006 was adequate, let alone excessive?

The reduction of sessions to 6 plus 4 sessions after November 1 this year seems ludicrous in a country where we have strong evidence of the rising incidence of Mental Health disorders/illness and the impact it has on families, the community, the workplace, employers, productivity and in the long run, the Australian economy.

Furthermore, how did the time specification for each session arise? I would refer you to any other medical specialty and I can't find any which dictate how long a procedure should take and how many can occur over any specified time frame. Why is it that the same Medicare rebate applies to someone who has a straightforward Dupytrens Contracture repair as it does to someone whose Dupytrens contracture repair is more complex. In this same line of thinking, if a Dupytrens repair fails, which is a known complication, then there is no limit stating it can only be performed once.

Why is it that the same Medicare rebate applies for a patient whose surgeon is very experienced and takes much less time as it does for a newly qualified, less experienced surgeon who takes a very long time to complete the procedure. The time issue is not present at all. So why is it specified for psychology sessions?

This is even more relevant given successful psychological treatment is predicated on building rapport and engaging with the patient/client. As a psychologist, engaging with, and facilitating a successful outcome for troubled patients/clients suffering from mental illness, **varies** with the individual patient/client's circumstances, history of chronicity, family support, commitment to recovery and willingness to adopt change. **It goes without saying that this all takes time**, more time for some and less time for others. The biggest dis-service we can do to these patients/clients is contain them to arbitrary time constraints and limited sessions supported by Medicare. Some patients find an hour too long but need more than 30 minutes. Others need regular brief "top-ups" of 15 minutes or so.

My final point is where can the patients/clients referred to above get help if they cannot pay for a private psychologist due to limitations on Medicare rebates? My understanding is that most of the mental health services existing prior to the introduction of Medicare item numbers for psychological services in July 2006 have been dismantled. Private psychologists were enlisted to take up the load. We did. We are now being relegated to the bottom of the food chain. Do more earn less. Or are we saying that psychologists taking up the mental health load from July 2006 have not been effective. If this is being postulated then we need some analysis done to look closely at measures for effectiveness, and measures which we are all aware of.

The very essence of the therapist/patient relationship is being threatened and undermined as we are now expected to skip through fewer sessions at a faster rate, regardless of the patient/client's therapeutic requirements, regardless of the patient/client's capabilities to process, absorb and apply information and techniques , and regardless of the patient/client's financial capacity to pay beyond the initial few sessions.

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