

**Submission to the Senate Community Affairs Reference Committee inquiry into  
COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH  
SERVICES**

18<sup>th</sup> July 2011

*Term of reference (b) Changes to the Better Access Initiative:*

*(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;*

Under the changes proposed in the federal budget, the number of Clinical Psychology treatment sessions a person with a mental health disorder can receive each year will be reduced from a maximum of 18, for exceptional circumstances, down to 10. This reduction will have a major impact on patients with moderate to severe mental disorders, who need more than 10 sessions, and result in an unacceptable service gap for this patient group.

Specifically, the proposed alternatives of patients with moderate to severe mental disorders i) seeking intensive support services in the public sector; ii) seeking treatment under the Government's Access to Allied Psychological Services program; or iii) seeing a private psychiatrist, create, in reality, major and unethical barriers to treatment given the significant access issues to such services.

Moreover, Government data suggest that only around 13% of Better Access patients receive more than 10 sessions. Clinical data suggest that this 13% of patients are more likely to have complex, co-morbid presentations, and are the patients who stand to benefit most from continued engagement with a Clinical Psychologist with whom they have already built critical clinical rapport. Treatment of such patients under the 10 session proposal may have unintended negative consequences as this will likely require that treatment be interrupted or ceased prematurely. Such treatment interference may result in symptom exacerbation or relapse; treatment aversion; and reinforcement of long-standing patterns of unsuccessful outcomes. Further, the proposition that this clinical group could transition seamlessly into another clinical system is utterly flawed. Thus, a more sensible, straight forward, and cost-effective approach would be to reinstate the 18 sessions for exceptional circumstances under Better Access. This approach also better utilises the high level of clinical training possessed by Clinical Psychologists in the management of patients with moderate to severe mental disorders.

*Term of reference (e) Mental health workforce issues:*

*(i) the two-tiered Medicare rebate system for psychologists*

There is no case for changing the two-tiered Medicare rebate system, as such a change would not reflect the work value and training of Clinical Psychologists relative to non-clinical

psychologists, and could lead to the de-skilling of the workforce as prospective students choose to pursue lower levels of training.

Clinical psychology is the specialisation of psychology in psychiatric disorder: It is recognised as such by the Australian Health Practitioner Regulation Agency, and in comparable countries such as the UK and USA. Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity. In contrast, non Clinical-Psychologists may not have completed any post-graduate qualifications.

Clinical Psychologists therefore have the training and skills required independently to assess and diagnose conditions when longer term treatment is required, select which treatment modalities are appropriate, provide sophisticated and evidence-based Clinical Psychology treatments, and know how best to integrate this care with treatment provided by other health professionals (such as Psychiatrists, GPs, and other allied health providers). In complex cases, the flexibility to adapt and combine approaches is the key to competence and this comes from a broad and thorough understanding of the various psychological theories achieved through post-graduate training and supervision.

Focused Psychological Strategies provided by non-Clinical Psychologists and other allied health providers are more appropriate for patients presenting with milder mental health conditions and no comorbid issues, where treatment is more straight forward and where the total number of treatment sessions would be expected to be lower.