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**Committee Secretary**  
**Senate Standing Committees on Community Affairs**  
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**Canberra ACT 2600**  
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18<sup>th</sup> July 2011

Dear Committee Secretary,

**RE: Inquiry into Commonwealth Funding and Administration of Mental Health  
Services**

I would like to offer an opinion on two matters relevant to the above Inquiry. First of all the proposed changes to the Better Access Initiative limiting the available sessions per calendar year to 10, instead of 12 to 18 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 therapies alone are effective without pharmacological treatment, which is an obvious cost saving to the Government. However, in severe cases, pharmacological and psychological therapies combine to provide effective treatment.

There is also a well established body of research which shows that psychological therapies play a preventative role in minimising symptoms or preventing relapse in individuals experiencing severe mental health disorders such as those in the psychotic spectrum, bipolar affective disorder, major depression, psychosomatic disorders and substance misuse. Again, 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.

**SUBMISSION TO SENATE COMMITTEE: INQUIRY INTO COMMONWEALTH FUNDING  
AND ADMINISTRATION OF MENTAL HEALTH SERVICES**

**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, 18 sessions are not adequate when something like severe Post Traumatic Stress Disorder, Personality Disorders and multiple diagnoses are present. 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 patients, 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. In my opinion if the proposed changes to proceed, this would place some patients at risk of receiving inadequate treatment. In my own practice I have found that on occasion, 18 sessions have been inadequate to treat some patients with severe mental health issues, despite using all the community resources available to support them.

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 patients will be those who cannot afford to fully pay for their remaining mental health treatment. I find it very disappointing 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.

**SUBMISSION TO SENATE COMMITTEE: INQUIRY INTO COMMONWEALTH FUNDING  
AND ADMINISTRATION OF MENTAL HEALTH SERVICES**

***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, quite simply, is not the case for all Generalist Psychologists. It is for these reasons that I am opposed to one level of funding for Generalist and Clinical Psychology providers. In my opinion, Clinical Psychology providers are, and should be recognized as, specialist providers.

**Summary**

In summary, I am upset 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.

Yours Sincerely

**Cheryl Quinn**

**Clinical Psychologist**