26th July, 2011
Committee Secretary
Senate Standing Committees on Community Affairs
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Parliament House
Canberra ACT 2600
Australia

Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Thankyou for the opportunity to comment on the following terms 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;

I am extremely concerned about the proposed dramatic cut to Specialist Clinical Psychology Services delivered under the Medicare Better Access Scheme as outlined in the recent Budget. That is reducing the maximum number of sessions that a client can receive from 18 to 10. **This marked reduction in session number will have a significant and devastating impact upon some of the most vulnerable in our community** (that is those with mental illness, often related to past trauma and abuse, who cannot afford to pay for service).

As a Clinical Psychologist who has worked in both the public and private sectors I am acutely aware that many of the clients that I see privately in my bulk billing practice will be significantly adversely affected by this change. Many of these clients come to me with significant and complex psychological issues often related to past trauma and abuse. Whilst they may generally present well on the surface and be classified as having a moderate degree of mental illness they are often experiencing significant psychological anguish which impacts upon every area in their lives. As such, adequate assessment, treatment, relapse prevention and follow up often requires more than 10 sessions. These clients would be severely disadvantaged by the proposed cuts as they would not be able to access appropriate therapy. There are many barriers which mean that these clients often do not present to public mental health facilities which are over -stretched and often do not have adequate representation of Clinical Psychologists, whom are the professionals best trained and positioned to deal with complex mental health issues. Further, these clients would not be able to afford to pay out of pocket for further sessions to complete adequate treatment. This would lead to client's either not bothering to access therapy in the first place, or increased feelings of frustration and hopelessness having got so far and being unable to continue due to financial disadvantage.

I do suggest that changes need to be made to the number of Specialist Clinical Psychology Services delivered under the Medicare Better Access Scheme with the number of Services increased to that available for Psychiatrists. This would enable clients who require more intensive services greater choice and balance between psychotherapy (delivered by those best trained to do this, i.e., Clinical Psychologists rather than Psychiatrists) and pharmacotherapy.

(e) mental health workforce issues,

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

I contend that the current two-tier system should remain as it delineates and recognises the general psychology support from the more specialized clinical psychology intervention and treatments.

Clinical Psychologists have received significant additional training in the application of advanced, evidence based practice to the assessment and treatment of the full range of mental health issues including the most complex and severe presentations. This specialist knowledge and skill base enables Clinical Psychologists to readily engage in the most complex and sophisticated activities which require specialist psychological intervention. Including, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on a multiple theoretical base, to devise an individually tailored strategy for a complex presenting problem. Clinical Psychologists have the flexibility to adapt and combine approaches which stems from a broad, thorough and sophisticated understanding of the various psychological theories.

Unfortunately it appears that there are many generalist psychologists, whom not having undergone the additional training, lack the insight and understanding of the advanced skills and knowledge that are acquired during this process. I have personally known of several now Clinical Psychologists whom were very surprised by the advanced skills and knowledge that they obtained (above and beyond that obtained during their two years supervision) by going back and completing a Masters degree in Psychology.

Medical practitioners whom have engaged in further training (e.g., Psychiatrists) are recognised as specialists in their fields and treated accordingly, the same premise should be applied to the discipline of psychology.

Further, not only should the two-tiered system remain but Clinical Psychologists should be elevated to at least the level of that of Psychiatrists under the Medicare system in terms of number of services available and the scheduled fee. Both Psychiatrists and Clinical Psychologists independently diagnose and treat client cohorts with complex and severe mental health issues within the core business of their professional practices. 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. Hence the Medicare rebate system needs to further recognise Clinical Psychologists advanced specialised psychology training and skill level and associated enhanced clinical efficiency and effectiveness.

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