

Thursday 4th August, 2011

Tamar Karkour

Dear Senate Committee,

Re: 1. Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions.

2. Proposal to remove the Specialist Clinical Psychologist level of the tiered Medicare rebates for consumers under the 'Better Access to Mental Health Initiative'

As a Registered Psychologist and Medicare Provider of Specialist Psychological Services I am writing to express my objection to the Government's proposed changes to the *Better Access to Mental Health Care Initiative* (*Better Access Initiative*) as announced in the 2011 Federal Budget. I have outlined my concerns below.

1. Argument against the Government proposal to cut the 'Better Access to Mental Health Initiative' to 6 + 4 sessions.

I am a Registered Psychologist with over 6 years of experience in both the Public and Private Sectors. I am outraged by the proposal that from 1 November, 2011, the yearly maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder will be reduced from 18 to a maximum of **10** sessions. While there is definitely a minor proportion of my clients who make the improvements they desire within six sessions, there is a greater proportion of clients who are experiencing incredibly long-standing and complex psychological issues.

To give an example of one of my clients, it is simply not realistic to think that a person presenting with a history of childhood sexual abuse, domestic violence, gambling issues, anxiety, depression, and suicidal thoughts can receive the level of mental health care that they require within six sessions. In my experience many G.P.s have been reluctant to approve additional sessions past 12 sessions, so I am concerned that they will be reluctant to approve an additional 4 sessions once a client has reached their six. It is equally unrealistic that these clients will have their needs met by the Public Health system. I worked in the Public Health system for close to five years and we regularly experienced excessive demand for service and carried waiting lists of several months. Additionally, the public health system does not cater for people who are in full-time employment, no services are offered after-hours or on weekends. We have tried to access public health services for our clients when extra treatment is needed and I can tell you that unless they are about to kill themselves or are floridly psychotic, they do not seem eligible to receive treatment through community health or public health.

Whilst new investments in mental health care are important and are to be applauded, they should not be at the detriment of existing mental health programs. The proposal to redirect funding from the *'Better Access Initiative'* to team-based community care (ATAPS) is concerning as allied health professionals do not have the specialist training in mental health treatment that Clinical Psychologists do. My clients have already been able to access and achieve effective gains from psychological treatment in partnership with their G.P.s without the utilisation of team-based care.

2. Argument against Proposal to remove the Specialist level of the 2-tiered Medicare rebates for consumers under the 'Better Access to Mental Health Initiative'

I am currently nearing completion of my Masters of Clinical Psychology degree. Thus, it is of extreme concern to me that there is a proposal to remove the specialist level of rebate offered under the Better Access to Mental Health Initiative. It can only be viewed as an incredibly short-sighted cost saving device.

Clinical Psychology is an internationally industry-recognised specialisation of Psychology in its body of knowledge and integrated practice of assessment, case formulation and diagnosis, evidence-based and scientifically-informed psychological treatments of the full spectrum of mental health disorders across the total lifespan and across the widest range of complexity and severity.

Compared to Registered Psychologists who complete a general psychology degree, Clinical Psychologists have completed a further two years full-time post-graduate study which includes a thesis and 1000 hours of very closely supervised clinical practice in a variety of clinical settings. Following this post-graduate degree a further one year of very closely supervised practice is required to be registered with Medicare as a Specialist Clinical Psychologist. During the minimum of 7 years of full-time training Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. In the four years that it took to complete my generalist psychology degree I did not see a single client. I didn't even role play seeing a client. Training in the practical application of psychology only started when I commenced my Masters degree.

No Generalist Psychologist or other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than Psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate professional training is in the area of mental health. The training of allied health professions, including generalist psychologists, is geared towards general medical, general health or general community problems, with a short elective in mental health. This very high level of specialist competence of Clinical Psychologists is acknowledged by all private insurance companies who recognise Clinical Psychologists, but not generalist Psychologists, as providers of mental health services.

According to the figures that I could find there are approximately 3,500 providers of Medicare Specialist Clinical Psychology items. The number of registered Psychologists in Australia is around 22,000 and, by far, the majority are general (or non-specialist) psychologists. This means that between 10 to 15 percent of Registered Psychologists in Australia currently practice with demonstrated competencies in Clinical Psychology. With a call to remove the higher level of rebates for Specialist Clinical Psychologists you will be discouraging mental health consumers from accessing the most highly trained providers of specialty Mental Health Care.

Removing the second tier of rebate will also dissuade 4 year trained psychologists from completing the difficult, expensive and highly competitive Master of Psychology degree. As a result the psychological workforce in Australia will move further away from the international standard which requires a minimum of a Masters degree in psychology to be registered as a psychologist. I for one would have been reluctant to dedicate so many added years to study if I had known there would be no recognized difference between Psychologists and Clinical Psychologists.

I am certainly not implying that generalist trained Psychologists are not offering a valuable set of skills to the mental health consumer – after all, I am still a generalist trained psychologist until I graduate next year. However, what I am saying is that a Generalist 4 year Psychology degree offers a COMPLETELY DIFFERENT level of training and experience than the minimum 7 years required to be registered with Medicare as a Specialist Clinical Psychologist. If I can compare my skills now to my skills prior to starting my Masters degree, it is not comparable. After 1000 hours of placement, I am so much more skilled and competent, and it is essential that the levels of rebate and bulk-billing payment rates reflect this important difference in expertise.

I trust that my feedback will be given due consideration.

Regards

Tamar Karkour
Psychologist