

28 July 2011

To Whom It May Concern,

**Re: Inquiry: Commonwealth Funding and Administration of Mental Health Services.**

I am writing to urge the committee to oppose the proposed budget cuts for the provision of Medicare rebates for mental health consumers of psychological services. I urge the committee to recommend that the number of sessions claimable under the Medicare Better Access scheme *not* be cut from the current (maximum) 18 sessions per calendar year to the proposed maximum of 10 sessions.

Before putting forward my arguments, I would like to commend the Australian Government for the recognition of increased funding for mental health services, and whilst the Better Access scheme is not without its shortcomings, the introduction of the scheme has resulted in enormous impacts on the mental health functioning of our community.

Since the introduction of Better Access funding for Medicare rebates in 2006, many Australians have had access to qualified psychological services to address their mental health issues. Through the implementation of evidence based practice interventions psychologists have made a difference in the lives of many GP referred clients. This initiative has provided mental health consumers with choices in relation to who provides their mental health care and access to quality services.

Standard psychological assessments and interventions can have long lasting and life changing effects, however adequate time is required to allow this intervention to take place in an effective manner. With the introduction of the 6 + 6 (plus 6 special consideration) funded system many psychologists were required to modify their practice in order to provide a thorough treatment intervention within time limits that were not within recommended guidelines (which suggest the optimal number of sessions being over 20 to maximise and maintain benefits), and further restriction of the number of sessions is likely to further compromise the ability to provide therapy within the standards of best practice. While some clients will be willing and able to continue to self-fund psychological therapy, many will not, unfortunately limiting the access those that are more vulnerable to mental health problems (such as those from lower socio-economic brackets). Reducing access to quality psychological care for all that require this is ultimately creating a greater burden on society, with the impacts on individuals, families and the greater community being felt through impacts on social, occupational and health functioning. The success of the Better Access scheme should be taken as a strong indication of the necessity of such a program and should result in consideration of increased funding, rather than being cut.

In regard to the issue of removing the specialist rebates attracted by clinical psychologists, I also urge the committee to find against this proposal. Clinical psychologists are highly trained mental health specialists undergoing a minimum of 6 years tertiary education followed by two years of post graduate supervised practice to earn the specialist endorsement of clinical psychologist. As such clinical

psychologists are able to provide specialist, evidence based interventions to a range of clients with a range of presenting issues. Many clients treated by clinical psychologists within the community would not be deemed 'unwell enough' to access public services, but without the services provided through the Better Access initiative would have significantly compromised functioning. Whilst many recipients of Medicare rebates are suitable clientele for generalist psychologists, many of the disorders identified as eligible for referral under a GP Mental Health Care Plan require specialised clinical psychological intervention, and the specialist providers of this service should (as within the medical profession) attract a higher rebate for this.

I urge you to reconsider the cuts to funding of the Medicare Better Access scheme and reconsider the proposal to fund the program as a one tiered system which will impact on Australians' ability to access quality specialised mental health services. Surely, in an equitable, fair, and democratic developed nation we should all have access to mental health care.

I appreciate your consideration of my submission and I hope to hear of an outcome from the inquiry which is in the best interests of the Australian community.

Yours sincerely,

Clinical Psychologist.