

Submission to the Inquiry into Commonwealth Funding and Administration of Mental Health Services

With regard to the Government's 2011-12 Budget changes relating to mental health, I wish to comment on several changes which, if implemented, will affect my work as a psychologist and cause flow-on effects to my clients.

With reference to the terms of the Senate Inquiry -

- I have salary paid 3 days per week work for a Mental Health NGO and see clients individually in my private practice.
- Most of my clients present with moderate to severe and chronic mental illness
- None of my work is with indigenous communities but a majority of my clients have a psychiatric disability.
- I do not yet provide online services for people living in rural and remote locations and other hard to reach groups.

I am a registered "unendorsed" generalist Psychologist, working for the past 23 years with an NGO providing rehabilitation for clients with psychiatric disabilities. Approximately 80% of my clients within this NGO have schizophrenia, 10% are bipolar or suffer major depression, and 10% have other conditions.

I completed my "non-clinical" Masters degree in Psychology at Sydney University in 1995. When the Medicare rebate was introduced in 2006 I changed my employment to part time (3 days per week) with my NGO and began taking private clients. The majority of my new Medicare bulk billed clients (approximately 80%) are clients referred to me by the Downing Street Court facing criminal charges, and Stream 3 and 4 Centrelink clients. These are vulnerable clients with multiple issues, a majority with moderate to severe mental health issues and significant barriers to employment. Approximately 70% of these private clients have a chronic mental illness including schizophrenia, psychotic disorders, bipolar disorder, major depression, anxiety disorders, drug abuse, alcoholism, domestic violence abuse and PTSD. The remaining 30% of my private clients are referred by GP's and have a range of problems and disorders, but mostly have much lesser needs than my bulk billing clients. I charge these clients up to \$40 above the Medicare rebate (ie \$120 per hour).

I draw on my wide range of training, which includes Cognitive Therapy, Brief intervention, Mindfulness CT, Psychodynamic, ACT, Narrative and Hypnotherapy. In 2006 I considered studying for a clinical masters degree in psychology. However my research revealed that, at that time, I would be given no advanced standing for my 17 years of mental health experience and that the majority of clinical masters degrees focused only on Cognitive Behavior Therapy (CBT). I believe, along with most other psychologists, including the majority of "endorsed Clinical" Psychologists I have met, that the teaching of only one modality ie cognitive therapy in a psychology clinical masters degree is irresponsible and arguably unethical.

I use CBT extensively in my practice and recognize it is a very useful and efficacious tool. It is such a practical and logical treatment modality that even psychologists and counselors without formal training in CBT are using it without knowing they are doing so. However it cannot be applied as a 'one size fits all' to every client in every situation for every issue and disorder. By teaching CBT exclusively, clinical masters degrees are doing a major disservice to clients who need practitioners with a much wider range of experience with modalities.

A significant number of my full fee paying clients complain about the limited approaches they have previously experienced with the endorsed clinical psychologists they have seen in dealing with their disorders and issues. Clients have observed that these endorsed psychologists simply do not appear to have a wide enough range of tools to draw on.

The wider acceptance of psychological interventions in the broader community is still relatively in its infancy, reflected by only 5 years of Medicare rebates. Research on the comparative efficacy of differing modalities is inconclusive at best. The current debate raging that endorsed clinical psychologists are better equipped at interventions than unendorsed generalist psychologists is spurious. I am 53 years old with 23 years continuous mental health experience. I sit on a number of Mental Health Sector boards and committees, have made major contributions to capacity building in the sector, have supervised placements for over 30 students and interns over 23 years and was a major contributor to the curriculum development for the Certificate 4 and the Diploma in Mental Health developed by the Mental Health Coordinating Council. The current claim by inference that a 24 year old "endorsed clinical" masters student is better equipped and should therefore be paid at a significantly higher Medicare rebate than me is insulting.

Unlike other approaches to health, psychotherapeutic interventions are primarily about relationships. Psychology is only 100 years old. Its clinical application is not exacting, yet to its detriment I have observed over my career, academic institutions and elite professional bodies exacting increasing power and control over its dissemination, while suppressing broader or dissenting dialogue amongst the majority of its practitioners. Psychotherapeutic intervention is my passion. I have a dream that in the future its most efficacious application will be recognized as being dependent on attributes broader than whether or not you have solely studied cognitive therapy for 2 years at university level for all of your intervention skills.

The introduction of the Medicare rebate for allied health professions was a significant step towards addressing a major mental health deficit in the community. There are a majority of unendorsed generalist psychologists like me who bulk bill those clients with greatest need. The majority of these clients are on Centrelink benefits and simply cannot afford payment beyond the Medicare rebate.

Most endorsed clinical psychologists do not bulk bill clients. If you pay the Medicare rebate only to these endorsed psychologists then those clients of greatest need will lose any access to treatment, as they will have no competition from the unendorsed psychologist, so they won't even bother with the poorer clients. The Medicare rebate will then become the sole privilege for the worried well wealthier middle class.

I have given this considerable thought and suggest ;

- the immediate removal by AHPRA of the distinction between “endorsed” clinical masters psychologists and “non endorsed” generalist psychologist
- increasing the Medicare rebate to the average psychologist rate of \$120 and that it be available only on a bulk-billing basis, at an equal rate for all psychologists, so the clients of greatest need will continue to receive the best possible treatment from psychologists with the broadest possible skills base.

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