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28th July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Emailed to: community.affairs.sen@aph.gov.au

Dear Sir/Madam

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

I hereby submit the following submission in relation to the Commonwealth Funding and Administration of Mental Health Services.

I also acknowledge the Senate in its duty of care and due diligence to investigate the proposed changes to the current provision of Mental Health Services.

I am a registered psychologist and work as private practitioner located in the central business district of Brisbane.

My submission is regards to two areas of concern:

1. ***Reduction of Available Sessions from 18 to 10 Sessions.***
2. ***Implications of Medicare Rebates and the Two Tier Rebate Structure***

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1. Reduction of Available Sessions from 18 to 10 sessions.

My main concern is the reduction of sessions made available to Australians, namely those struggling with Mental Health challenges and those whose loved ones are suffering from Mental Health challenges.

My psychological practice consists of functioning individuals who have suffered from Mental Health namely, depression, anxiety and adjustment disorders. My practice consists of a 50:50 ratio of male and female clients from a wide demographic that includes single, married, partnered, separated, divorced individuals, parents, employees of private and public sector, entrepreneurs, employers, small business owners, professionals and students.

As a city based practice, most of my clients (90% plus) are intelligent, competent and capable individuals functioning in our society providing a meaningful and relevant contribution while presenting with symptoms of long term, chronic depression and anxiety ranging from moderate to severe. Their journey to my office is under the supervision of their General Practitioner and one that has been triggered by the proverbial 'straw that broke the camel's back' incident/s.

Triggers of individuals, who have been the long term 'silent' sufferers of chronic depression and anxiety, generally include and are not restricted to:

- alcohol and substance abuse
- late onset of incest and sexual abuse
- sexual assault
- physical assault
- abuse of prescriptive medication
- bullying and intimidation in the workplace
- domestic violence and spousal abuse
- marital separation and divorce
- family upheaval
- suicide ideation
- anger outbursts
- anti social behaviour
- excessive emotional affect
- traumatic natural events such as the recent flooding and cyclones in Queensland, motor vehicle accidents etc

The first six (6) sessions generally cover, and not restricted to:

- initiating, developing and maintaining a strong and effective, therapeutic relationship
- explaining what psychology is and debunking perceptions and previous experience and hearsay of other's experiences
- psychological education on what psychological intervention may and may not do
- managing client's expectations of themselves, others and me
- background history
- 'unpacking' the client's story, possible skewed perspective and fixed mindset in regard to their mental health challenge
- interpreting and beginning to resolve the presenting issue
- exploring 'acting out' behaviours and lead up to them
- recognising the trigger may a symptom of a deeper unresolved core issue
- managing natural resistance to restructuring their pervasive, damaging and destructive negative thought processes

The second six (6) sessions generally cover, and not restricted to:

- managing natural resistance to positive change
- uncovering secondary gains
- continuing to managing the presenting issue/s
- training, practicing and revising self management skills
- exploring 'best fit' cognitive and behaviour practices
- developing more effective and appropriate coping mechanisms
- recognising poor and dangerous additions such as self medication
- uncovering the core issue
- working to resolving the core issue
- developing and sustaining effective and helpful boundaries
- prevention strategies to reduce the possibility of a relapse

Only a small percentage (less than 5%) of my clients has required the third set of six (6) sessions. These clients have improved with psychological intervention and generally these clients have included medication as prescribed by their doctor in the overall treatment plan.

These clients include only those clients who may be vulnerable to a relapse, have suicidal ideation, have little or no emotional support other than that of the psychologist, insist on reducing or stopping their medication and require ongoing guardianship to ensure reasonable outcome for sustainable well being.

I believe it is irresponsible not to make up to eighteen (18) sessions available to this demographic which may not immediately present with psychotic symptoms.

Scientific, sociological and psychological research and literature provides strong evidence of the direct and indirect ramifications of leaving these sufferers of depression and anxiety untreated.

Thereby exasperating society's limited and over stretched resources required as a consequence of untreated long term illness while minimising their contribution to our society and Australia's Gross National Sustainable Well Being.

2. Implications of Medicare Rebates and the Two Tier Rebate Structure

In relation to the two tier discrepancy of registered psychologists, I fail to see how there is any distinction in that I provide my clients with a strong background as a six (6) year trained fully registered psychologist.

As a generalist, I am diligent in my Professional Development. The service I provide my clients includes a charter of continuously improvement and focus on keeping current with expertise in psychological interventions that have proven to be highly effective and, at times, life changing with the significant reduction is symptoms and frequency of episodes if not the resolution of causes, symptoms and episodes in the disorders of adjustment, depression and anxiety.

In the two tier structure I am considered a generalist not a clinical psychologist. As such, my 'worth' and the professional value of my contribution under the legislation are considered, as the figures indicate, some 30% of less value.

It is my opinion, there is a little distinction of what a registered generalist and a clinical psychologist may have to offer. Placing a monetary value suggests an inferior service by a generalist and a superior service by a clinically registered practitioner, this is not the case.

In fact, it may suggest to the community that the clinical practitioner is a specialist, with a perception that they may be a legitimate 'replacement' for the diminishing number of psychiatrists currently available, which is not the case.

In conclusion, I ask the Standing Committee to:

1. Reinstate the number of sessions available to the community to the maximum of eighteen (18) sessions with the final six (6) for special circumstances, and

2. Remove the two tiered structure of registered psychologists ensuring the rebate is the same for each service.

Yours faithfully

Annie Barkl MAPS
Registered Psychologist