
11 July 2011

Senate Enquiry
Commonwealth Funding and
Administration of Mental Health Services

Dear Senate Members,

RE: Changes to Medicare Session numbers and Two-Tiered System under Better Access to Mental Health Initiative.

I would like to join other psychologists in my concern about the proposed limitation of 12 to 18 sessions per calendar year to a maximum of 10 under the Better Access Initiative.

I work as a Clinical Psychologist in a low socio-economic area with three other Clinical Psychologists (two with doctoral degrees). We work with general practitioners and almost exclusively bulk-bill (my rate of bulk billing is over 95%). I work with severe mental illness (co-morbid drug and alcohol dependency, psychotic disorders, bipolar affective disorder and severe forms of clinical depression). The specialist rebate currently at \$119.80 per hour session enables the most severely ill to access specialist Clinical Psychologists with no out-of-pocket costs (as few in this population have secure forms of employment). This is aligned with the purpose of "Better Access" as clinical psychology is too costly for most living with severe mental illness and no Medicare support.

The other issue is that these with severe mental illness can not be treated effectively with 6 to 10 sessions. The uppermost limit of 18 seems barely adequate for these populations. The empirically supported interventions of cognitive-behavioral therapy and interpersonal psychotherapy have not been validated over only 6 to 10 sessions. There is no evidence that it works over such a short number of sessions. Again, it is the most severely ill that need more sessions, so cutting the limit only impacts on those that need it.

A major issue has been having different Medicare rebates for different levels of training. It is well known that the specialized area of Clinical Psychology is the only one of the nine specialist areas defined by the Australian Psychological Society that can competently assess, diagnose and treat mental illness. No other area is specialized in this area, and it has been this way for many decades in Australia, United Kingdom and the United States. The inclusion of Generalist Psychologists in the better access initiative was a surprise for many, as the university training required for registering as a Generalist Psychologist does not contain much mental health training. This is the same nation wide where registered psychologists are essentially trained in research methods and academic aspects of the field with very little practical training and certainly no advanced instruction on the treatment of complex and severe mental illness. This level of training requires competitive entry into a Masters or Doctoral program and years of supervised application of advanced skills. As soon as generalists were included in Medicare, there have been persistent efforts for these groups to claim that they are as effective in treating mental illness as Clinical Psychologists. Some have used research of questionable validity to back up their claim, however no research to this date has adequately taken into account the severity of the illness being treated, nor the complexities of treating such conditions. The easiest way to assess this is to ask the thousands of Clinical Psychologists who were once Registered Psychologists (i.e., Generalists) on whether the years of focused study and practical training had any impact on their competence. These individuals are the only ones that have been both registered and Clinical Psychologists and therefore are in the best position to be able to assess any

differences. States such as Western Australia traditionally only employed Clinical Psychologists to work in the Health Department in roles treating mental illness. This is further supported by the fact that Clinical Psychologists are often the only psychologists working in psychiatric hospitals and outpatient government services across Australia and have experience with working with this population.

An ideal way of improving access to services is to encourage bulk-billing in areas of high need. This can be done by extending the bulk-billing session numbers beyond a discipline recognized minimum number of sessions (18 or more). This way, those with severe mental illness who often can not afford private fees can be seen for more sessions than their more functional and wealthier counterparts. One thing that must be emphasized is the Clinical Psychologists should, as a discipline, be able to claim a higher rebate reflective of their advanced clinical skills, and to assist those with more severe forms of mental illness for which they are specifically trained.

Yours sincerely,

Specialist Clinical Psychologist