

4th August 2011

Submission to the Senate Community Affairs Reference Committee enquiry into Commonwealth Funding and Administration of Mental Health Services

Terms of Reference:

Changes to the Better Access Initiative

The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare benefits schedule

I believe that the proposed reduction of sessions from a maximum of 18 sessions to 10 sessions per year will have a negative impact on many clients. While most of my clients respond to treatment within the 12-session limit, the more complex clients, who often have personality issues interacting with their severe mental illness, need the extra 6 sessions to work toward completion of their therapy. In these cases a reduction in the number of allowed sessions would be detrimental to their mental health.

Mental Health Workforce Issues

The two tiered Medicare rebate system for psychologists

The current two-tiered system recognizes the difference in training between the general and clinical psychologists and as such I believe that it should remain. The Psychology Board of Australia, which is part of the Australian Health Practitioner Regulation Agency has recognized the difference between specialties of psychologists and the levels of training that accompany these specialties and has endorsed these specialist areas of practice.

I am a Clinical Psychologist. In order to gain that qualification after completing a four-year undergraduate degree, I was required to undertake two years of postgraduate training in a Masters of Clinical Psychology degree. The entire focus of this training is on mental health. Gaining a place in the Clinical Masters programme is very competitive and I was selected not only because I had attained a First Class Honours degree, but also because I passed a rather rigorous interview. Part of the clinical training included supervised placements in mental health wards, community assessment teams and other clinical situations where I was able to observe, assess and therapeutically treat people with various severe mental illnesses. Following completion of the Masters degree I was required to undertake a further two years of supervision to consolidate and further develop the assessment, diagnostic, research and therapeutic skills that I had gained in my degree. Since I graduated, I have undertaken professional development every year in order to maintain my membership in the College of Clinical Psychologists. In doing so, I have been able to keep informed about current evidence-based approaches, research findings, assessment and diagnostic tools. If I had chosen not to join the Clinical College, I would not have been required to undertake any professional development until last year, when professional development became

a mandatory requirement for maintenance of psychologist registration in Australia.

By contrast, Generalist Psychologists have been able to practice after gaining a four year degree and undertaking two years of supervision for registration. The training is not as rigorous and there is no clinical exposure until they begin to practice professionally. There is also no focus on critical clinical evaluation skills or training in dealing with severe mental health presentations.

In my private practice I bulk bill approximately 90% of my clients. My referrals come from both GPs and psychiatrists and most are for severe or complex cases. Most of these clients do not have the resources to pay for treatment. Many are unemployed, sole parents, low wage earners or on disability or other pensions. Many have previously accessed the public health system but had been unable to continue to use the services due to extended waiting lists or the need for immediate treatment to alleviate their distress. I would find it extremely difficult to continue to bulk bill if the current two-tiered system was to be abolished. Therefore I strongly recommend that the current system remain intact.

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Clinical Psychologist