

19 July 2011

Dear Sir/Madam

I am writing to express my astonishment and severe disappointment at the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services conclusion that *“there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists”*.

You may not be aware that other than Psychiatry, **CLINICAL PSYCHOLOGY** is the only other mental health profession whose complete post-graduate training is in the area of mental health, with a minimum of six years full time university training. **CLINICAL PSYCHOLOGISTS** have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and in effective management and treatment. The emphasis of **CLINICAL PSYCHOLOGY** is on severe mental health problems.

Substantial body of evidence now documents the high prevalence of mental health problems in the community, which places enormous pressure on treatment facilities to provide appropriate interventions. Epidemiological studies have quantified the prevalence of severe mental health problems in the community. Examination of the data clearly shows the large numbers of people within society struggling with hugely debilitating mental illness that requires treatment from individuals who have undergone very high levels of expert training in psychopathology and the delivery of psychotherapy in mental health settings. Additionally, less than 2% of children and adolescents identified as requiring professional assistance are seen in Child and Adolescent Mental Health Services, highlighting the need for population based strategies as well as specialist services. **CLINICAL PSYCHOLOGISTS** have the required high levels of skills needed to provide the service.

The current economic and political climate demands increased accountability and cost effectiveness from mental health services. Many outcome studies show cost effectiveness of psychological therapies. Psychological treatments (cognitive behaviour therapy, interpersonal psychotherapy, family systems interventions, and brief and longer term psychodynamic interventions have proven efficacy in clinically severe anxiety disorders (including obsessive-compulsive disorder and post-traumatic stress disorder), depressive illness, chronic pain syndromes, eating disorders, chronic personality disorders, substance misuse, as well as the management of symptoms associated with schizophrenia. A substantial body of evidence also

acknowledges that psychological therapies are the treatment of choice for a wide range of psychiatric, psychological and emotional disorders. Many of the psychological therapies developed for such clinical problems have been adapted for elderly populations. Experience in behavioural interventions for challenging behaviour, dementia i.e. wandering, incontinence, verbal and physical aggression, sexual disinhibition with special reference to applied behaviour analysis and cued recall, have also been shown to be effective. Effective specialised therapies for the elderly including reality orientation, reminiscence, validation therapy - both individual and group formats have also been reported.

The recognition of the need for **CLINICAL PSYCHOLOGY** services is seen in the high value attributed to this profession by the mental health system and the community of consumers and their families and carers. The support for this comes from the multitude of successful psychological evidence-supported treatments reported in the scientific literature for many severe mental health disorders, the cost effectiveness of psychological treatments and positive consumer evaluations of **CLINICAL PSYCHOLOGY** services. Furthermore, 58% of General Practitioners indicate a preference for **CLINICAL PSYCHOLOGY** services for patients. The feedback from consumer groups is also hugely supportive of the services provided by **CLINICAL PSYCHOLOGISTS**.

The work value case for **CLINICAL PSYCHOLOGY** is based on the effectiveness of treatment of mental health disorders by **CLINICAL PSYCHOLOGISTS**, the implications for **CLINICAL PSYCHOLOGY** of the increase in multi-morbidity problems of the patients seen in the public sector, the extension of the role of **CLINICAL PSYCHOLOGY**, i.e. into community based treatments, advances in the treatment of mental health disorders by **CLINICAL PSYCHOLOGISTS**, innovative new areas in which **CLINICAL PSYCHOLOGISTS** are now applying their skills, and the additional scope of responsibility undertaken by **CLINICAL PSYCHOLOGISTS**.

I urge you to retain the two tier-system for psychology services and to ensure that the most disabled members of our community are able to receive appropriate specialist **CLINICAL PSYCHOLOGY SERVICES**.

Yours sincerely

Dr. Sue Stefanovic  
**CLINICAL PSYCHOLOGIST**