

## Submission to Senate Inquiry into Mental Health Services

To whom it may concern,

I wish to express my deepest concern regarding the proposed changes to Mental Health Services.

Clinical Psychologists have extensive training (minimum of 8yrs) targeted specifically to the use of evidence-based therapies to the moderate to severe client mental health population. The proposed session cuts of the Better Access Program aim to target services “more appropriately” by having ATAPS/Medicare Locals take on more severe presentations, leaving only clients with mild presentations under the Better Access Program. This program has evidently been the most successful program implemented in mental health. My points are twofold:

1. Why are moderate to severe clients re-directed to the ATAPS service that a. is not yet fully operational under Medicare Locals and b. employs psychologists that are not adequately trained at their point in career due to cost saving measures. Yet, clinical psychologists whose sole purpose is to treat severe mental health conditions have funding re-directed, despite evidence of significant successful treatment outcomes? An adequate number of sessions are essential in the treatment of moderate to severe mental health conditions and clients will be left to fend for themselves at this point in time. This will not only affect the individual, but also their family, the next generation and society as a whole. In the long run, no money is saved and short term, money is saved at the cost of individuals.
2. I also question the consideration of reducing Medicare rebates for clinical psychologists. Given the extensive training we receive (50% more than generalist psychologists) and the complexity of studies we undergo, a higher rebate is justified. If lengths and quality of studies would have no impact on service provision, why study at all? General counselors or just anyone could be employed. Yet, we know adequate training in dealing with severe mental health concerns is a must. This is evident in all areas of medicine. Specialists receive higher rebates due to their specialization in a particular field and their extensive studies and expertise.

Thus, I forward the following recommendations:

1. Maintain current Medicare Rebate for Clinical Psychologists in order to acknowledge and encourage specialization in clinical psychology and therewith higher quality of training and service for more complex cases.
2. Maintain current session numbers 6 + 6 + 6 on exceptional circumstances for Clinical Psychologists in order to allow for adequate treatment of more severe presentations.

I kindly ask you to take all submissions entered and consider the impact these cost saving measures have on each individual, their spouses and children and society as a whole. These measures are in the long run anything but cost saving!!!!

Kind Regards

Clinical Psychologist