

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

3 August 2011

Re: Commonwealth Funding and Administration of Mental Health Services

Dear Madam or Sir,

I am writing to express concerns regarding the proposed changes to the Better Access Initiative for eligible people with a diagnosed mental illness. I would also like to comment on the two-tiered Medicare rebate system for psychologists.

### **Proposed changes to the Better Access Initiative**

I am a psychologist who has worked in the public mental health (MH) system for approximately 10 years mostly with young people. I am supportive of additional funding being directed to the public MH system especially where services for young people are supplemented. The public MH system struggles to meet the needs of young people with the most acute presentations that are the focus of their inclusion criteria, so additional funding is welcome.

As I now work in part time private practice I am able to observe the impact of recent Federal Budget cuts to the Better Access Initiative. I predominantly see people with the high prevalence disorders of depression and anxiety many of who have complicating personality issues and or drug use problems who can be assessed as experiencing mostly moderate but occasionally severe problems. These clients are definitely not the 'worried well', a phrase so often used to minimize the MH needs of this client group. In this instance moderate does not mean "not too bad". They experience high levels of distress, and disruption to their daily lives as a result of their illness. But none of my clients would meet public MH system inclusion criteria.

Public MH services only see clients with extremely severe MH problems: those clients with psychotic illness, or acute or high suicidal risk, or who are risk of harm to others. These patients are seriously impaired and predominantly unable to function without MH care. The public system is barely able to provide care for this group. Psychologists who are private MH providers commonly see clients with severe MH problems struggling to function in their day to day lives while dealing with MH issues.

That these clients are not included in the public MH system criteria does not mean that they are not significantly impacted by their illnesses or do not need professional help. Many of my private practice clients struggle to deal with their mental health issues while continuing to work and care for their families. Providing adequate funding for private psychology services offers an excellent means of improving their mental and physical health, their quality of life,

reducing the impact of their problems on those around them, and keeping them out of GP surgeries. Without assistance from Medicare many would go without psychological treatment. The existing provision of 2 or 3 blocks of 6 sessions allows, at least, a workable (although not ideal) number of sessions to provide a professional psychological intervention. To reduce available sessions to 10 mocks the high level of these clients' need, and the ability of psychologists to deliver professional evidence based treatments for them.

I therefore advocate for the retention of the current arrangement of a maximum of 18 sessions per calendar year under the Better Access Initiative.

### **Two-tiered Medicare rebate system for psychologists (and other allied health providers)**

Part of the thinking behind the comments I have made already is that I observe an enormous need in the community for mental health care, and that a diversity of providers is needed. I recognize and appreciate the contribution of social workers, counsellors, occupational therapists and other allied health professionals, many of whom I have worked with in multi-disciplinary teams in the public health system.

I would like, however, to offer comments on the 2 tiered Medicare rebate system system for psychologists. I have made a mid life career change into counselling and psychology. I first completed a graduate degree in counselling and worked as a counsellor in a community centre as I then began my 4 year psychology qualification in order to register as a general psychologist. I am currently in the very final stages of a Masters in Clinical Psychology. This training has taken over 10 years during which I have studied whilst working in the public MH system. After I complete my Masters program I have yet to complete a period of supervised practice before I have finally completed my training and can call myself a Clinical Psychologist. I believe that I am in a position to offer some comments on the differences between these qualifications in relation to the rebate system.

Reflection on the development of my skills, knowledge, clinical judgement and decision making over the duration of the training just described leaves me clear that there is a place for both general psychologists and clinical psychologists in providing mental health care but that they are crucially different. I agree with others who have made submissions who have acknowledged the depth of skill and knowledge in experienced general psychologists, particularly those who are committed to their professional development. As a general psychologist it was apparent to me, however, that I did not possess a fully comprehensive theoretical framework, or a high level of sophistication of clinical judgment and decision making. Furthermore that if I wanted to develop my professional knowledge and skills in order to practice independently then I needed to complete further study. Completion of a post-graduate psychology program such as the Masters of Clinical Psychology has enabled me to achieve that specialist level of clinical skill, knowledge and judgment. I have not observed the same specificity of MH training in other specialties in psychology or in other allied health professions. That is not to

say that they do not offer valuable and specialist services in their own right.

As a result of my experience I endorse the statement by the Clinical College of the Australian Psychological Society that clinical psychology is the only health profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity.

Consequently, I consider that the Clinical Psychology level of specialisation within the psychology profession is worthy of greater recognition in the Medicare system in terms of remuneration and clinical decision making authority.

I have also spoken to a number of colleagues who strongly endorse the above views but who have been unable to contribute a submission individually due to time constraints.

Thank you for the opportunity to comment on these topics.

Yours sincerely,

Bronwen Bailey  
Psychologist