

TO THE MEMBERS OF THE SENATE ENQUIRY INTO MENTAL HEALTH;

This submission makes comment about the following terms of reference;

- (b) (ii) the rationalisation of allied health treatment sessions,
- (iv) 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;
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;
- (e) mental health workforce issues, including:
 - (i) the two-tiered Medicare rebate system for psychologists,

I am a 'Generalist' Psychologist with twenty six years experience. I am a member of the College of Counselling Psychologists of the Australian Psychological Society (APS) I have been in private practice for over fourteen years. Since the introduction of Medicare rebates for Psychologists in 2006, this has enabled me to treat a wider and more diverse section of the community. As I see a proportion of my clientele on a 'bulk bill only' service. This has enabled psychological treatment to be available to people who could not afford it previously. I have treated people who could be described as socially and economically disadvantaged. Most colleagues I know engage in a similar practice, i.e. a proportion of clients are consulted on a bulk bill basis only. As a group the 'bulk bill only' can often be burdened by complex psychological issues. In practice they present with many co occurring problems; alcohol or drug dependence, anxiety, mood disorders and histories of abuse, whether it be emotional, physical or sexual abuse. For these people typically more than one diagnosis applies. I am uncertain whether these people would fall into your categories of mild, moderate or severe mental illness. I have assumed this is more of a clinical distinction, perhaps between different diagnostic groups, say anxiety disorders compared to psychotic disorders. For the individual suffering from a psychological disorder, the distinctions between mild, moderate and severe mental illness may appear arbitrary or meaningless. Similarly one may ask does a person have a mild cancer? Certainly the cancer sufferer wouldn't. There are also clients who present who are not the bulk bill only, whose problems warrant more

than ten consultations and who do derive genuine benefit from psychological treatment of more than ten consultations.

The current Medicare program of twelve consultations, with another six consultations in extraordinary circumstances in a year enabled the possibility of providing genuine benefit to people with complex problems. This was more the case if the person engaged in treatment over a longer period of time, say two years. This opportunity will be lost with the rationalisation to a maximum of ten consultations per calendar year. It is an insufficient number of consultations to provide this. In the case of the client who needs to be seen on a bulk bill only, due to their circumstances, this change then reduces services provided to a needy and disadvantaged group. Please reconsider this proposed rationalisation of psychological treatment services.

With regard to the two tiered Medicare rebate system I would like to make the following comments; Clinical Psychologists complete two years of specialised training at a Masters or Doctorate level, and this needs to be acknowledged. Only a small proportion of psychologists are clinical psychologists. I am aware of some colleagues who believe that only Clinical Psychologists be given access to treat individuals with mental health issues. In my view this perspective is overly divisive and fragmenting to the profession of psychology. It unnecessarily limits the services available to the community. From the client's or consumer perspective this view would significantly reduce the availability of practitioners to consult. This is an unnecessary restriction. As I am a member of the College of Counselling Psychologists, taking the approach of the Clinical Psychologist only providing treating does seem very restrictive. The role and skills of the Counselling Psychologist are seen as very similar to the Clinical Psychologist.

In my practice I have had people present who have previously consulted Clinical Psychologists and found them not to be helpful for a range of reasons. Equally I know that people have consulted me and not found my service beneficial for whatever reasons. They then may have consulted another Psychologist or Clinical Psychologist and found them more helpful. This is perhaps expressive of the differences between individuals, and people presenting at different points in time, differences in expertise, experience or rapport between people. I wish to say that there is a role for both the Clinical Psychologist and Generalist Psychologist in the provision of Mental Health care. Unfortunately in the current Medicare system no recognition is given to practitioner's experience, or the ongoing professional development he or she has undertaken during their career, and I am not sure how this

would be addressed. I would also like to emphasise the ongoing professional development required for our profession as psychologists, and the ongoing requirements for continuing professional development requirements for retaining the status of Medicare Providers.

Thank you for considering my submission.

Yours truly,

Malcolm Desland