

Submission to the Government's 2011-12 Budget changes relating to mental health services in Australia

I am writing to express my concern regarding the decision to cut the “better access” funding for psychological services and the removal of the two-tier medicare classification system. This decision will likely adversely affect the *access to* and *efficacy of* the treatment provided to those individuals that may need it the most (e.g., are unable to privately fund treatment).

Specifically, Hansen, Lambert and Forman's (2002) review published in *Clinical Psychology: Science and Practice*, examined the number of sessions (“doses”) required for clinically significant change to occur in psychological treatment. Their results revealed that “greater than 10 but fewer than 20 is typically required before 50% of patients meet criteria for recovery” (p. 333) and that ***“a realistic summary of the literature suggests that between 13 and 18 sessions of therapy are needed for psychiatric symptoms alleviation, across various types of treatment and patient diagnosis” (p. 333).*** So, my question is...if the treatment interventions provided to our clients are guided by an evidence-base, should not the “dosage” of treatment also be guided by empirical evidence?

The two-tiered Medicare rebate system for psychologists was established in the correct recognition that Clinical Psychologists receive the years of their postgraduate training specifically and wholly in the area of mental health. As such, Clinical Psychologists are trained as specialists in mental health. This differentiates Clinical Psychologists from psychologists with basic three to four year undergraduate degrees or psychologists who specialized in different areas such as educational, developmental or organizational psychology in their postgraduate training. This same distinction of qualification and specialization runs across salary scales for mental health services in Australia. It is absurd in any profession to suggest that the level of qualification and specialization makes no difference in expertise and professional delivery. Imagine if this were to happen in the medical field. Should this absurd assertion be upheld, then all higher university degrees should be abandoned and abolished as irrelevant and useless.

The two-tiered Medicare rebate system must be maintained. To do otherwise would imply that professional qualifications and specializations have no value and relevance. The psychologists who are not happy with the two-tiered Medicare rebate system are free to put their effort, time and resources into gaining further qualifications. Here lies the equality they seek. Undeniably, practitioners across all professions become experts in their fields through pursuing higher specialized qualifications hand in hand with their years of practice.

In summary, research indicates that the capping of rebates to only 10 sessions is far below that required for evidence-based practice to be effective for most people. Thus, individuals who are the most disadvantaged or experiencing the greatest psychosocial difficulties will be unable to afford to complete a course of psychological treatment sufficient to experience clinically significant change. There would also be a great impact on training and standard of psychology in Australia should the two-tiered Medicare Rebate system be changed.

Regards,

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