To whom it may concern:

From: Dr Karen Weiss, Clinical Psychologist in private practice, Melbourne Victoria

Re: Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

5th August 2011

I would like to address the following Terms of Reference:

1. The impact of changes to the number of allied mental health treatment services for patients under the Medicare Benefits Schedule and

2. The two-tiered Medicare rebate system for Psychologists

I have been practicing as a Clinical Psychologist for 25 years. I have a Masters and Doctoral degree in Clinical Psychology. I have worked for most of my career in the public health and mental health system and in the non government sector. I am now in private practice.

1. In my client work, I see people with complex histories, often traumatic, leading them to dysfunctional relationships and chaotic lives. I also see a large number of people suffering depression and anxiety as a result of work stress and family breakdown. Most of my clients attend from 12 to 40 sessions (over 2 years) depending on the severity of the problems. The longer term work has made a huge impact on the lives of many severely unwell individuals.

Medicare rebates for Psychologists have offered people with debilitating mental health problems a viable opportunity to change their lives and recover. Since mental health problems in the workplace account for billions of dollars of lost revenue, it is fitting that this should be approached as a public health concern. The drop to 10 sessions is a retrograde step which will mean having to turn away severely unwell patients who cannot afford to pay privately. It also sends a message to the public which is in contradiction to the evidence on the treatment of mental illness. That is, that a cure is possible in a very short amount of time – a lifelong mental health problem gone in 10 weeks! For a long time, the Australian community suffered from the 'you'll be right' mentality to emotional problems. The Better Access system has helped to debunk negative myths about depression and anxiety and has normalised help seeking. It is important not to make the provision of psychological services under medicare a token gesture, rather it needs to be a policy that is accountable in it's funding base. The option of ATAPS is not satisfactory to many as it is not easily accessible and patients will not have as much right to choose their treating Psychologist. Via the Better Access system people can be treated by a Psychologist of their choice usually recommended for their speciality in a particular disorder. With the ATAPS program being

governed by medicare locals, patients will be sent to an 'ATAPS assigned' practitioner who is potentially inadequately trained to treat their specific condition. This will lead to a revolving door effect of client's who receive inadequate treatment and continue to re-present or just remain unwell – again leading to impacts on productivity and the well being of families. The fact is that Better Access was working well not only for the clients but for society as a whole.

2. In my practice I have supervised at least 20 Psychologists a year for the last 10 years, all with a range of qualifications and from differing pathways – counselling, clinical and health psychology. In this respect I have an overview of our profession and the differing training that exists. In regard to the two-tier system, I believe I can knowledgably argue that not all Psychologists have the same training and that all pathways lead to a different skill set. Non-clinical Psychologists will come to me for supervision to assist them in assessment, diagnosis and formulation of evidence based treatment. They recognise that their own skill set is deficient in these important areas as they were not always trained in this way. This skill set is essential for medicare funded work under item number 80010. Many non-clinical psychologists recognise this which is why 100's of Psychologists Australia-wide have chosen to take up a comprehensive and time consuming (1 to 2 year) bridging program to become clinically trained.

We are all competent to provide basic focussed psychological strategies and this is reflected well in the 2 tier system. It is plausible however, that the Better Access system would benefit from the recognition of several areas of endorsed psychological practice as specialities on tier two, and with their own item number. For example, neuropsychology, which is currently not medicare rebated, could offer an important contribution and must be recognised as a distinct specialisation. Also health psychology could be deemed a specialist treatment for chronic high prevalence health problems, such as diabetes and obesity, and receive a separate item number to mark this type of intervention.

In summary, areas of practice endorsement under AHPRA need to be recognised as specialities within medicare in order to maintain high standards of practice. Training in clinical psychology does not make someone a superior practitioner all the time just as a GP may be as fundamentally helpful as a Psychiatrist in some instances. Medicare services have always been accredited high quality services, based on the qualification of the practitioner. In keeping with this ethos, it is important to structurally affirm specialisations within Psychology, as they are within medicine, and to give these specialisations the accrued value they deserve. This will enable the appropriate provision of much needed specialist treatments for the vast array of mental health problems prevalent in our society.

Yours sincerely

Karen Weiss

D.Psych (clin), M.Psych (clin), Dip Ed Psych, BA