

26<sup>th</sup> July, 2011

**Re: Access to, and recognition of, Clinical Psychology and Clinical Neuropsychology Specialist Services.**

Dear Senators

Firstly, I would like to express my concerns about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') as announced in the 2011 Federal Budget. I should add that I am not in, and have no plans to undertake, private practice.

I am disappointed by the proposal that from 1 November, 2011, the yearly maximum allowance of **sessions of psychological treatment** available to people with a recognised mental health disorder will be reduced from 18 to 10 sessions: below the threshold at which remission is likely to occur.

I cannot imagine the Australian Government deciding – or the PBS agreeing - to halve the number of tablets available to patients in a PBS-subsidised prescription, or in a course of chemotherapy.

Yet we all know that mental health problems are as life-threatening and disabling as other health problems. In psychology, as in pharmacy, receiving only half of an evidence-based treatment may be more harmful than receiving none.

I urge you to maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* at 12, with an additional 6 sessions for 'exceptional circumstances'.

Additionally, I would like to request that the Committee consider recommending the Medicare funding of **assessments provided by clinical neuropsychologists** to people with brain illnesses, tumours, brain injury and dementia. Arguably these are among the most vulnerable and disadvantaged citizens, because they are often unable to work, or to advocate for themselves. They need these assessments to guide their medical care, and help them regain employment and independence. Clinical neuropsychologists deal with the cognitive, emotional and behavioural problems related to brain dysfunction. These problems include dysfunction due to head injury, epilepsy, neurological disease and stroke, drug and alcohol disorders, learning disabilities, attention deficit disorders, dementia and psychiatric disorders.

Clinical neuropsychologists are skilled in conducting assessments that determine the presence or nature of brain dysfunction. The assessment is conducted through interview, observation and extensive

psychological testing and generally involves the administration of tests of memory, concentration, other thinking skills and language.

Depending on the reason for referral, the assessment will generally take up to four hours, and may be completed over several sessions. The test results are evaluated with regard given to the client's age, background and reason for referral. The results are sent to the referring specialist. A detailed written report is often provided. The clinical neuropsychologist may also arrange a feedback session with the client tested to discuss the results. Clinical neuropsychologists often work in the public health sector, in larger hospitals or rehabilitation centres. Many also work in private practice. They have completed a minimum of six years full-time university training, including postgraduate study in a recognised clinical neuropsychology training program, plus further supervised experience.

Public sector waiting-lists for these services are in the range of 12-24 months: beyond what anyone would willingly tolerate for themselves or a loved one. Private sector assessments are very costly.

Yet even the Better Access Scheme offers no rebate at all to the recipients of clinical neuropsychology assessments.

Finally, I wish to support **acknowledgment of specialist training and endorsement**.

In psychology, as in medicine, generalists and specialists have equally valuable – but completely different – training and skills. One cannot do the work of the other.

Thanks you for considering my submission.

Yours sincerely,

Clinical Psychologist & Clinical Neuropsychologist.