

Committee Secretary

Senate Standing Committees on Community Affairs

P. O. Box 6100

Parliament House

Canberra ACT 2600

Australia

2.8.11

Dear Committee,

Re: Commonwealth Funding and Administration of Mental Health Services.

I am a psychologist in private practice: rural Bangalow, Northern NSW and Robina, Gold Coast. I am a member of the Counselling College and am currently completing studies for eligibility to the Clinical College. Thank you for the opportunity to submit comments to the Senate Committee.

### **Better Access**

*Impact of number of allied health treatment services.*

There are pertinent issues for rural patients living with Mental Health issues, namely social isolation, travelling distance to access mental health services, lower income levels and often estrangement from family or distance from the family hub which research indicates is an important aspect of patient recovery. This creates an important need for a responsive service from the limited number of health services; there are not many counselling or clinical college members in the rural and regional areas. As a psychologist I work collaboratively with local general practitioners and psychiatrists to provide a supportive network of evidence based services to prevent hospitalisation. This is a process that reflects research, evidence based interventions and respect and integrity when dealing with the clinical needs of patients.

The proposed reduction in the number of services available for better Access patients seems to reflect economic priorities and not the published research indicated for depression and anxiety in order to achieve clinically significant outcomes for 85% of patients (Australian Psychological Society, 2010). The proposed reduction in the number of sessions disadvantages patients and especially rural /regional patients who do not have a range of other health services found in metropolitan areas.

### **Mental Health Workforce Issues**

*The Two Tiered Medicare Rebate System*

Counselling Psychologists are extensively trained to provide assessment, diagnosis and evidence based psychological therapies. As all psychologists, we have ongoing mandatory professional development/training that is required to be documented and reflect in our evidence based, relevant

practice. Colleagues in clinical and counselling colleges form an important referral base for Mental Health clients.

I consider the psychological therapies MBS item needs to reflect the specialist areas for therapeutic psychological practice endorsed under the Psychology Board of Australia.

**The adequacy of MH funding and services for disadvantaged groups including the following client groups: CALD, indigenous and disability.**

Clients from disadvantaged groups need to access psychological services that are available on an ongoing basis, local and professional. From a rural perspective services are limited and it is disappointing that a reduction in current service delivery is being considered. Choice is important for patients and there is limited choice in the regional/rural areas and they do not have the resources to travel to regional centres. Access to psychological services is an equity and access issue. This needs to be addressed by enabling and recognising the skills and professional competence of clinical and counselling psychologists, thereby providing greater access to psychological services for disadvantaged patient groups.

Jude Robb

Psychologist