

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600.

Re: Commonwealth funding and administration of mental health services.

I have been a registered psychologist since 1985 and I am a member of the Australian Psychological Society College of Counselling Psychologists.

I would like to respond to items (b) changes to the Better Access initiative, and (e) mental health workforce issues.

Changes to the Better Access Initiative

The majority of the clients I see under a Mental Health Care Plan attend for somewhere between 6 and 10 sessions, and will not be affected by the changes as they are currently proposed. A small number attend for 12 sessions, and some of these people make private arrangements beyond that, to complete the therapeutic process. For people who are not in a position to pay for further consultations, a reduction to 10 sessions may have a negative impact on their ability to consolidate improvements in their functioning.

The group who the proposed changes will have the most detrimental effect on, are the very small number who are currently being seen for 18 sessions under the 'exceptional circumstances' provision and who do not have the means to pay for private sessions. The people I have seen under this provision since the scheme was introduced tend to be victims of assault, accidents or natural disasters, or struggling with parenting issues, and have diminished work capacity, commonly as a result of their 'exceptional circumstances'. The additional sessions have been essential for them to deal with the psychological impact of their experiences, and have assisted them to maintain involvement in study or other projects which have improved their longer term capacity to function effectively; or have assisted them in parenting during times of increased stress. They would not be suitable candidates for alternative systems designed to support people with long term psychiatric illness.

One area where I believe there could be a reduction in the cost of psychological services through the Medicare system is in the process of referral and review with General Practitioners. I believe that as mental health specialists, psychologists are better equipped than GPs to assess psychological functioning and to determine treatment plans. GPs' referrals to psychologists could operate as they do for any other specialist, and do not require the development of a mental health care plan. Furthermore, the process of review at the end of 6 sessions, places an unnecessary administrative and cost burden on the system. My experience is that GPs automatically approve a further 6 sessions, based on their patient's request, and the advice of the psychologist. There could be justification for a GP to review the psychologist's recommendation for further sessions under 'exceptional circumstances', if this provision is maintained.

I understand that the GP has a case management responsibility, and communication between the psychologist and GP should be a normal part of this process. Where necessary I communicate with the referring GP immediately after the initial session or at other points during the therapeutic process. This process is oriented to the welfare of the

patient, rather than in response to a requirement for the GP to approve the psychologist's and patient's assessment that further sessions are required.

Mental Health Workforce Issues

I believe that the two-tiered Medicare rebate system for psychologists, as it currently stands, has created a misconception about the qualifications, expertise and services available from different groups within the psychology profession. I am speaking specifically from my own experience as a counselling psychologist.

The current system has created a perception in the public and amongst medical practitioners that clinical psychologists are more highly qualified and better equipped to deal with complex psychological problems. In fact, the standard training for both clinical and counselling psychologists is 6 years (that is, Masters level). Counselling psychologists are specifically trained in psychological therapy, so the fact that clinical psychologists can offer psychological therapy through the Medicare system, whereas counselling psychologists can only offer focused psychological interventions, seems unjustified. My personal situation is that I have a Masters Degree that was awarded in 1987, and I have over 20 years of post-Masters experience in offering psychological therapy to a wide range of clients. I have completed specialised training in group therapy and a PhD. My research has been published in a number of journals, including the international journal *Psychotherapy Research*. My training and experience is more extensive than some clinical psychologists, yet under the current Medicare rebate system I am termed a generalist psychologist and am not able to offer psychological therapy.

I wish the committee well in this review process.