

25<sup>th</sup> July 2011

I am writing in response to the terms of reference put forward regarding the two-tiered Medicare rebate system for psychologists, and the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule.

I am a Clinical Psychologist working in public mental health with clients with severe mental health diagnoses. Prior to obtaining my Doctor of Clinical Psychology, I trained as a “4+2” psychologist, with a four-year undergraduate degree and two years of supervised practice. During my “4+2” training I decided to go on to complete a Doctor in Clinical Psychology, as I did not feel I had achieved an appropriate level of skill in mental health diagnosis and treatment.

The American Psychological Association defines Clinical psychologists as health providers who “assess, diagnose, predict, prevent, and treat psychopathology, mental disorders and other individual or group problems to improve behaviour adjustment, adaptation, personal effectiveness and satisfaction.” The minimum training standard to practice as a Clinical psychologist in Australia is now six-years of university training, followed by two years of industry-based supervised practice. Postgraduate degrees in Clinical psychology are the only psychological postgraduate degree that has a requirement for a thorough understanding of psychopathology (diagnosis of mental health conditions), formulation of complex cases using biological, psychological and social research and theory, and formulation-driven intervention. As the Medicare Better Access Initiative requires a mental health diagnosis for referral for psychological intervention, it is clear that Clinical psychologists are the specialist professionals in this area and should maintain a higher rebate to represent their specialised training.

With regard to the proposed reduction in the number of sessions of psychological treatment under the Medicare Better Access Initiative from a maximum of 18 down to 10; this will undoubtedly disadvantage mental health consumers. The Government has stated that people with serious mental health disorders who need more than 10 sessions of treatment should receive services through the specialised public mental health system, private psychiatrists or the expanded Access to Allied Psychological Services (ATAPS) program. The Australian Psychological Society 2010 audit survey of 9,900 clients who required more than 10 sessions of treatment under Better Access showed that the vast majority had moderate to severe or severe mental health disorders involving depression and anxiety disorders, and that they received effective psychological treatment. The vast majority of these people would be denied access to public sector mental health services as they have high prevalence disorders and are not necessarily in need of team-based care. Further, the ATAPS program is not a viable referral option under current arrangements, where frequently more junior psychologists are selected to provide services due to funding constraints, and more experienced psychologists cannot viably undertake the work. The Government’s own evaluation of Better Access demonstrated that it is a more cost-effective way of delivering mental health care than ATAPS, and potentially reduces costs of hospital admissions, allowing many consumers to return to work, with the associated productivity benefits.

Thank you for consideration of my submission.