With Respect; In relation to the Government's funding and administration of mental health services in Australia, I make the following submissions:

a) the Government's 2011-12 Budget changes relating to mental health

I am very concerned about the changes made in this budget, as despite purporting to increase mental health spending, the reality for my clients is that the number of sessions available to them has been reduced ,leaving clients with minor and moderate conditions well catered for and those with severe conditions totally under funded.

b) changes to the Better Access Initiative, including:
(ii) the rationalisation of allied health treatment sessions means that clients with severe and chronic mental health conditions can only have 10 sessions with the psychologist of their choice and then only if they qualify for the targeted groups under ATAPS will further sessions be possible. Previously my clients could have up to 18 sessions under the Better Access programme and then possibly a further 12 sessions under ATAPS. While this was still inadequate it at least allowed sufficient time for stabilisation and some recovery so that therapy could continue in a following year. Clients in this group are more likely to be unemployed, on benefits or working part time and therefore without the means to fund their own recovery. They have been badly let down by this government.

(iii) In my opinion the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, has contributed to the cost blow out. Psychologists are already required to send a letter to the GP after their initial consultation during which clinical assessment of the client also takes place. Follow up reports are sent following the first 6 then 12 sessions and a closure letter on conclusion of sessions at whatever stage this occurs. The average time per client for this reporting is 2 hours for which psychologists are not paid. GP's on the other

hand are required to also assess clients before referral which is time consuming and takes them away from their primary role as a Medical Doctor. This double assessment process is a waste of time and tax payer funds. Psychologists are trained to Psychologically assess and GPs should only need to send a referral letter. Considering the shortage of GP's in Australia, eliminating this would free them up to treat more patients.

iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule will in my opinion have no impact on clients with mild mental health issues as they can be adequately treated within 6-10 sessions. Clients with Moderate mental health issues may also be adequately treated within this time frame also although University of Qld research indicates the average number of sessions required for full resolution is 15. Please note that clients in these groups are more likely to be in employment and may also have access to other means of funding such as private health cover and Employee Assistance programmes.

(c) The Access to Allied Psychological Services (ATAPS) program as stated above has increased the availability of services for certain disadvantaged groups not covered by Better Access under Medicare and as stated above has in some instances helped provide additional sessions above the 18 for severe mental health issues. These are the benefits. The disadvantage is that additional paperwork is required following the completion of 6 sessions and there is a time delay before further sessions are available. When funding runs out that's it until more funds are approved. This disrupts continuity of care and vulnerable clients miss out. The additional issue is that funding specific target groups while consciousness raising for their particular needs, leaves out other equally vulnerable and needy client groups.

(d) The Better Access programme has provided services for people with severe mental illness and a majority of Psychologists I know in private practise work in with GP's and Psychiatrists to provide a team approach to care. The coordination of

those services has been initiated by the professionals involved and in my opinion don't require a further layer of bureaucracy to oversight what is a professional duty of care.

(e) Mental health workforce issues, including:
(i) The two-tiered Medicare rebate system for psychologists has discriminated against a majority of psychologists many with years of experience and successful practise simply because they have not completed a Clinical Masters. The allocation of clinical status has taken no account of other pathways to clinical competence.

(ii) The workforce qualifications and training of psychologists, has been supervised and accredited by the APS who is now saying that the majority of its members are insufficiently qualified to provide those services. Where is the research to back this claim.

(f) Mental health funding is inadequate for all disadvantaged groups, including culturally and linguistically diverse communities, Indigenous communities, and people with disabilities.

(h) Online services for people with a mental illness, particularly those living in rural and remote communities and other hard to reach groups can be helpful however there human relational element needs to be included. I have conducted email and phone therapy with a client in central QLD which was partially successful but inhibited by not being able to read facial expression and familiarise ones self with non verbal responses. The advent of Skype means this media could be utilised even more, provided there was recognition under Medicare for this kind of service delivery.

(j) I would like the Senators to understand that psychological recovery best takes place in a safe relational environment where there are clear boundaries and the client feels a sense of rapport and understanding from their practitioner. Given that

is in place , it can still take considerable time even years for a client to feel safe enough to disclose the real issues and reveal information that has been kept secret for many years. Often the presenting problems are only the tip of a very big iceberg. Clients need confidence, security and continuity of care in order for recovery and healing to take place.

I am a Psychologist in Private Practise. I have independently set up and funded a mental health service which supports 12 other practitioners. My colleagues and I provide a broad range of services to the community utilising a range of therapeutic approaches to suit each individual.

Prior to completing my qualifications as a psychologist I was a registered nurse and midwife with over 10 years experience including time spent in a mental health unit and psycho-geriatric settings. My Intern ship was conducted under an eminent psychiatrist who provided training for other psychiatrists on behalf of the government. I have over 18 years experience as a psychologist and a successful practise, widely recognised in our regional community. I do not qualify for membership of the APS Clinical College because I do not have a Clinical Masters.

My typical case load includes clients with Severe Depression who can be suicidal; Anxiety Disorders; are Self Harming; have Acute or Chronic PTSD which may also be complex; are Severely Abused and who may also have been institutionalised and have Dissociative Identity Disorder.

Coral J. Palmer (MAPS)