



Gillian Marcoolyn

27.07.11

Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra

Dear Sir,

Re: Commonwealth Funding and Administration of Mental Health Services

I am a clinical psychologist with over 25 years of experience working both in Australia as well as overseas. I would like to address a number of the Terms of Reference below:

(b) iv the impact of the changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule

The proposed reduction in the number of rebated sessions available, does little to address the issue of preventative care. Reducing the number of rebated sessions per calendar year means that a number of individuals who present with mild or moderate rather than severe mental illnesses may well in fact go on to develop more severe illnesses due to the reduced care provided to them. Many will be forced to seek support from voluntary and not-for-profit agencies providing “counseling” by unqualified or inadequately qualified individuals and for some this may not provide them with the level of assessment and treatment that they require.

(d) services available for people with severe mental illness and the coordination of those services

It is clear to most practitioners that those most in need of mental health services are those individuals presenting with the most complex and severe presentations. This is the unique specialized training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, more than the suggested 10 sessions per annum, are required.

(e)i the two-tiered Medicare rebate system for psychologists

Clinical Psychology is one of nine equal specializations within Psychology. Each area of specialization truly deserves a specialist rebate for that which is the specialist domain of that area of psychology (e.g. neuropsychology, health, forensic, family and relationship counselling, community, exercise and sport, education and developmental, and organizational). Clinical psychologists assess, diagnose, predict, prevent, and treat psychopathology, mental disorders and other individual or group problems to improve behavior adjustment, adaptation, personal effectiveness and satisfaction. However, what distinguishes Clinical Psychology as a general practice from other specialties is the breadth of problems addressed and of populations served. Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions. Thus, to contemplate eliminating the two tiered Medicare rebate system is to deny the important difference between a four year trained psychologist with a six year trained clinical psychologist. The undergraduate four year psychology degree is a very broad training programme that does not prepare the clinician with the required knowledge for diagnosis and treatment of clinical problems, particularly the more complex cases.

Currently many of the disadvantaged individuals with severe mental illness, seek out a clinical psychologist who bulk bills. Although there are limited numbers of practitioners who bulk bill, if the two tier system is eliminated and Clinical Psychologists attract the same rebate as psychologists it is unlikely that those professionals with a six year qualification will be prepared to bulk bill. Moreover, given that many clinical psychologists do not bulk bill, many clients with more severe mental illnesses seeking a professional with higher qualifications who specialize in an area relevant to their presenting problem, will be unable to afford the greater gap between the lower tiered rebate and the practitioner's rate. Therefore the financially disadvantaged groups who have the most severe presentations may be forced to consult the less qualified practitioners or none at all.

I hope that the above, albeit brief responses, will be examined when making the important decision about the provision of mental health services to Australians.

Sincerely,

Clinical Psychologist
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