

Please receive my submission for the Senate Inquiry into:

### **Commonwealth Funding and Administration of Mental Health Services**

In particular I wish to comment on the following points of the inquiry:

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

The government overtly claims that it is investing heavily across the mental health sector. It is not acceptable then to at the same time covertly cut mental health funding and make it more difficult and more expensive for people with mental health illness to access quality psychological therapy which is an empirically proven and cost-effective treatment for mental health disorders. The Government must reverse this decision so that affordable access to psychology mental health services in the community can be maintained.

(b) changes to the Better Access Initiative,

(ii) the rationalisation of allied health treatment sessions,

The results of world standard psychological treatment effectiveness studies are typically evaluated based on twelve, twenty or more treatment sessions. There is **no** scientific and evidence based reasoning leading to the conclusion that Australian psychologists should deliver effective psychological treatment in six to ten sessions in a calendar year. Cutting the number of psychology sessions under Better Access program will inevitably compromise the effectiveness of treatment, overall community mental health improvements achieved and their maintenance and thus overall cost-effectiveness. The government must reverse this Budget decision and at least re-instate the access to up to twelve and in complex cases up to eighteen sessions of psychological therapy.

(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:

Patients with mild mental illness can reasonably be expected to be treated within the newly proposed six to ten sessions.

However, patients with moderate to severe and chronic mental health illness will be significantly disadvantaged under the proposed cuts to the number of psychological

treatment services. Patients with more severe, complex and chronic presentations typically require at least twelve sessions of psychological therapy or more. Unfortunately it is often these patients who do not possess the financial resources to continue their therapy without access to Medicare rebate. The most vulnerable patients stand to be disadvantaged the most by the proposed cuts.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;

The Access to Allied Psychological Services program has been a great success so far. The high uptake by the community is a testimony to the highly significant need for psychological services. I strongly suggest that this program must not be cut, it needs to be maintained and expanded to increase its contribution to mental health care in Australia. To achieve best long term mental health results, patients with chronic moderate to severe mental health presentations often require more than twelve sessions. The number of sessions in a calendar year under Medicare that patients can access with their Clinical Psychologists needs to be increased.

(e) mental health workforce issues, including:

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

The two-tiered Medicare rebate system for psychologists was established in the correct recognition that Clinical Psychologists receive the years of their postgraduate training specifically and wholly in the area of mental health. As such, Clinical Psychologists are trained as specialists in mental health. This differentiates Clinical Psychologists from psychologists with basic three to four year undergraduate degrees or psychologists who specialized in different areas such as educational, developmental or organizational psychology in their postgraduate training. This same distinction of qualification and specialization runs across salary scales for mental health services in Australia. It is absurd in any profession to suggest that the level of qualification and specialization makes no difference in expertise and professional delivery. Should this absurd assertion be upheld, then all higher university degrees should be abandoned and abolished as irrelevant and useless.

The two-tiered Medicare rebate system must be maintained. To do otherwise would imply that professional qualifications and specializations have no value and relevance. The psychologists who are not happy with the two-tiered Medicare rebate system are free to put their effort, time and resources into gaining further qualifications. Here lies the equality they seek. Undeniably, practitioners across all professions become experts in their fields through pursuing higher specialized qualifications hand in hand with their years of practice.

I completed my undergraduate degree in 1989 and practised as a psychologist in Australia for many years. I then completed my doctorate in Clinical Psychology in 2006. I always received great feedback about my work before my further studies. My growing experience over the years played a part for sure. There is, however, no doubt in my mind whatsoever, that after completing the doctoral program in Clinical Psychology, my clients now benefit significantly further – not only through my many years of professional experience but through my expert knowledge of mental health, psychopathology, assessment, diagnostic considerations, and treatment modalities and their delivery.

(ii) workforce qualifications and training of psychologists

There would be a great impact on training and standard of psychology in Australia should the two-tiered Medicare Rebate system be changed. Should that be the case, all higher degrees in Clinical Psychology should be immediately abolished as useless and not recognized. This absurd situation would over time lead to lowering of standard of mental health care in Australia.

Yours sincerely,

The Committee is seeking written submissions from interested individuals and organisations **preferably in electronic form submitted [online](#)** or sent by email to [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au) as an attached Adobe PDF or MS Word format document. The email must include full postal address and contact details.