

Dr Laura Hedayati
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To: Committee Secretary
Senate Standing Committees on Community Affairs
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Parliament House
Canberra ACT 2600
Australia

Re: Government proposal to eliminate the two tiered rebate system and to cut the 'Better Access to Mental Health Initiative' to 10 sessions.

I am a Clinical Psychologist with nearly 15 years experience in a number of settings. I graduated from the Otago University (New Zealand) school of Clinical Psychology in 1996, after completing ten years of tertiary education that included a Bachelor of Arts (Education), a Bachelor of Science (Psychology), a Diploma in Clinical Psychology and a clinically based and focused research Doctorate.

As you will be aware, other than psychiatry, Clinical Psychology is the only mental health profession whose entire accredited post-graduate training is in the area of mental health, 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. Clinical Psychologists are represented in high proportion amongst the innovators of evidence-based therapies, other mental health research bodies and within mental health clinical leadership positions. Clinical Psychologists are trained using the scientist-practitioner model. As professionals their scientific training in mental health is underpinned by empiricism, with psychological therapies based on techniques with proven scientific effectiveness.

As a Clinical Psychologist I have worked in a University setting providing assessments and psychological interventions for university students. I have worked in a tertiary level child adolescent and family service as part of a multi-disciplinary team providing psychological assessments and interventions for children with serious and chronic mental health disorders. As a senior Clinical Psychologist I contributed to the teaching and training of other health professionals, which included psychiatric registrars on rotation, psychiatric

nurses, social workers and occupational therapists. I provided supervision to other Clinical Psychologists. I provided training in mental health disorders such as anxiety and depression and child development and behaviour management for social workers, school guidance counsellors, teachers and nurses. I was also involved in the training and supervision of clinical psychology students on field placement from the Auckland School of Clinical Psychology.

It was in recognition of the unique skills set that Clinical Psychologists offer in the areas of programme development and evaluation, ability to consult with cross sectoral stakeholders, their understanding of public policy and its impact on political values, interests and resources that underpin decisions and actions to solve public issues that lead to my being asked to contribute to the preparation of a submission for the Ministries of Education and Health and the Department of Child, Youth and Family Services (New Zealand) on the establishment and maintenance of a specialised Joint Support Service for Children and Young People of Refugees and Migrants. It was my task to outline and explicate the mental health problems and associated needs of this target group.

Clinical Psychologists have extensive training and distinctive skills in the areas of personality and its development and course, and psychopathology and its prevention and remediation. This emphasis includes the full span of psychopathological disorders and conditions, etiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. It is in recognition of the specialist training that Clinical Psychologists undertake that I was asked to write the mental health section for an edited booklet to be published New Zealand wide that was intended to be an educational resource for parents of school aged children.

Currently I work in a private setting in Nowra, rural New South Wales with other psychologists and clinical psychologists seeing clients who have presented with a mental health care plan. In Nowra there is a dearth of public multi-disciplinary mental health facilities available, and what is available is inadequate to meet the need, seeming only able to triage and provide acute mental health assessments. I have had clients present with mental health care plan that have just been released from a mental health facility. These patients often present with entrenched, complex and severe mental health problems, problems that are often difficult to adequately address and modify under the limits placed by the current

rebated sessions. While the current rebated sessions are appropriate for many clients, for this particular group it is woefully inadequate for clients that can be hugely debilitated by mental illness and require treatment from individuals who have undergone very high levels of expert training in psychopathology and serious and chronic mental health disorders.

Anecdotally it has been my experience that individuals experiencing severe mental health disorders such as the psychotic spectrum, bipolar affective disorder, major depression, psychosomatic disorders and substance misuse often with an overlay of personality issues are assigned to the clinical psychologists; often at the request of the psychologists I might add. This is recognition of the point of distinction between the two in that clinical psychologists have specialist competence and extensive training and experience in the theoretical and conceptual understanding of mental health problems. Clinical psychologists have expert skills in clinical diagnosis and evaluation, piecing together the complex relationships between biological, social and psychological systems and transforming this functional analysis into effective treatments regimens that recognised the importance of co-morbidity in the exacerbation and persistence of mental health deficits. Individuals who present with such co morbidities and complexities take more time and need clinicians who have a thorough understanding of varied and complex psychological theories, with the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base. Given that the Australian Psychological Society (APS) recommended fee for 2011 for a standard psychological consultation is \$218, the current rebated amount of \$119.80 represents excellent value for service. I would suggest that this current rebated amount should be lifted so that Clinical Psychologists, who are trained in clinical psychology, the specialisation of psychology in psychiatric disorder and are specialists in the assessment and provision of psychological therapies, receive remuneration that acknowledges the valuable contribution they make to the service delivery of mental health. It is stated by the World Health Organisation that "Human resources are the most valuable asset of a mental health service. A mental health service relies on the competence and motivation of its personnel to promote mental health, prevent disorders and provide care for people with mental health disorders." Clinical Psychologists are acknowledged experts who work at the forefront of this service provision to provide specialist psychological interventions which speed recovery and reduce re-admissions in patients with severe mental health disorders.

While I appreciate that the DoHa has to follow a government imperative to demonstrate cost savings, to reduce the yearly maximum allowance of sessions of psychological treatment available from the current 18 to **10** available to people with a recognised mental health disorder is a false economy, especially inappropriate and short sighted for clients that have severe and chronic mental health disorders. To leave individuals with moderate to severe mental health disorders unable to access specialist mental health services for more than **10** sessions is to ensure that this vulnerable population will remain a significant, indefinite and intensive user of multiple health services, especially in a rural community such as Nowra where their ability to access public mental health services is limited.

I trust that the information I have provided will assist you in understanding the very real points of difference that exist between psychologists and clinical psychologists in clinical training, clinical experiences and clinical service delivery. It was in recognition of these points of difference that the two tier rebated system was established in the first place. I also urge you to maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances', to ensure that clients with severe mental health disorders have the opportunity to access the mental health care they so desperately need.

I trust that my feedback will be given due consideration.

Kind regards

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