

**Senate Community Affairs Reference Committee inquiry into Commonwealth Funding
and Administration of Mental Health Services**

Re: Terms of Reference

(b) changes to the Better Access Initiative, including:

(ii) the rationalisation of allied health treatment sessions,

(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;

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

(e) mental health workforce issues, including:

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

(ii) workforce qualifications and training of psychologists,

I am writing this submission as an individual Clinical Psychologist and Australian citizen. I am not writing on behalf of any organisation, although I am a member of the College of Clinical Psychologists of the Australian Psychological Society. I work as a sole practitioner and have worked as a Clinical Psychologist in the public mental health system for most of the time since I gained my qualifications.

The possible abolition of the two-tiered Medicare rebate system for psychologists is a concern. My understanding of the current two-tiered system is that it reflects and recognizes the specialised training and competencies of Clinical Psychologists. Clinical Psychology requires a minimum of eight years of training and is the only profession, apart from Psychiatry, whose entire accredited postgraduate training is specifically in the field of mental health, including lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, clinical evaluation and research across the full range of severity and complexity of presentations. Therefore, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in diagnosing mental disorders and providing psychological therapy.

The high level of specialist competence of Clinical Psychologists is acknowledged in Australia and overseas in many ways. Clinical Psychologists are key service providers in mental health service delivery. For example, psychologists hired to work in the Victorian public mental health system are generally required to possess a qualification in Clinical Psychology. In my private practice in private consulting suites shared with psychiatrists, I receive many referrals from psychiatrists and local general practitioners under the Better Access system. These doctors request evidence-based psychological treatment for their patients with complex and often severe mental health problems. I have been frequently told by these doctors that they would like their patient to see a Clinical Psychologist as they are confident of their training and competence in the assessment and treatment of the full range of complexity of clinical presentations, including schizophrenia, bipolar disorder and severe personality disturbances.

The reduction in the number of standard Medicare-rebated sessions in a calendar year from 12 to 10 is a further concern. Many of the clients I see in private practice have complex needs, high levels of distress and impaired functioning. The 12 to 18 Medicare-rebated sessions currently available to these clients in a calendar year are often inadequate. In my

opinion, reducing these sessions further will compromise treatment and have a particularly detrimental effect on those with moderate to severe clinical disorders and complex presentations who fall through the gap in being deemed ineligible for treatment in the public mental health system. It is unfortunate that these clients are also often the most disadvantaged with respect to their socio-demographic circumstances.

The current system rightfully recognises the qualifications and expertise of Clinical Psychologists and should not be altered in a way that undermines this recognition or adversely affects mental health outcomes.

Yours sincerely,

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Clinical Psychologist