



## Launceston Therapy Clinic

---

Lucy Wise  
Clinical Psychologist

27<sup>th</sup> July 2011

Dear Committee

I am writing with regards to voice my very serious concerns regarding Clinical Psychologists and some of the proposed changes for the governments 2011/2012 budget. My concerns relate to people who have very serious mental health disorder will be potentially left without appropriate mental health care under the proposed budget cuts to Better Access to Mental Health Care Program.

My concerns related to the changes to the Better Access Initiative including the rationalization of allied health treatment sessions from 18 sessions to 10 sessions and the impact of changes to Medicare rebates which essentially result in all psychologists being only able to claim one Medicare rebate.

My initial concern relates to the rationalization of Allied Health Treatment sessions. It has been proposed that clients who have currently been able to claim up to 18 sessions in a year, will only be able to claim 10 sessions per year. I am deeply concerned about the changes to Medicare funding which reduces the funding available to GP's to prepare Mental Health Care Plans and restricts the number of Medicare supported visits to Psychologists and in particular Clinical Psychologists. The people who access these services are typically people who have serious mental health issues. The clients who access the services may range from somebody who has extreme grief to somebody who is suicidal and also somebody who might be experiencing self harm or any other post traumatic stress disorders or any of the other categories under which somebody could be classified as needing mental health assistance.

While I am aware of some statistical evidence to suggest that the majority of patients do not require more than 10 sessions. On the surface this evidence is potentially misleading as there are a number of people who may only require one or two sessions as their problem is considered to be relatively minor or mostly resolved by the time they arrive for their appointments.

Additionally sometimes people's initial concerns appear very big and however they can be solved in quite a straight forward manner. Unfortunately, there are another group of patients that do require more than 10 sessions and the restrictions imposed could potentially seriously impact on the mental health of these people who require more significant and more extended treatment. I am also concerned about the budget cuts to state services such as hospitals which will be reflected in a reduced number of psychologists and case workers for these people. Depending on the

diagnosis there are a variety of evidence based alternatives or treatment programs which will require that people do need more than the 10 sessions proposed by the government and by reducing these sessions across the board you are potentially leaving these people vulnerable as they will not be able to access services and moreover these could impact particularly on the poor and already disadvantaged.

The newly announced changes in funding are designed to shift funding to newly created agencies which will more precisely target those in serious need, however this has been refuted by a series of research studies on the impact of the GP Mental Health Care Plan by Medicare itself by the Australian Psychological and by a number of other concerned organizations. These studies have demonstrated conclusively the benefit of GP Mental Health Plan to a very large number of individuals which has also been reflected by the overwhelming number of people who have accessed this service. The people seen under these GP plans are appropriately matched to the intent of the program and are people with diagnosed serious mental conditions of depression, anxiety and all of the other number of disorders that may be recognized.

The success of this program has reflected in the fact that there are appropriately trained professions and GP's have been trained in preparing these programs therefore people who try and access the service are not always successful. Likewise if somebody is referred under the Better Access to Mental Health they are also assessed and seen by a psychologist who has experience and training in this area. In my experience a psychologist who feels that they have been referred a client out of the realm of their experience will often refer on to a more highly trained professional with experience in this area. The new arrangements also potentially mean a shift in the provision of services from the mentally ill to the more skilled professional to the new graduate. This seriously concerns me as often these people are untrained in dealing with serious mental health issues and are typically in the first years of their career. Clinical Psychology is often quite a confronting profession where people are dealing with a great range of things from somebody who is suffering from mild anxiety and depression through to somebody who is systematically self harming, suffering post traumatic stress disorder and dealing with the effects of sexual abuse.

As I am sure the committee would appreciate having somebody who has had experience in this area is extremely important rather than somebody who has no experience in this area potentially doing more harm than good. I am seriously concerned that the government has stated that the people with serious mental health disorders who need more than 10 sessions should receive services through the specialized public mental health system, private psychiatrists with the expanded access to Allied Psychological Services Program. I have concerns that people with severe depression and anxiety related disorders or who have serious mental health issues will not be able to get into public mental health services or be able to get timely and affordable access to a psychiatrist or into the ATAPS Scheme which we recognize cannot accommodate all of these people.

I am also concerned about the proposed changes to the Medicare Rebate. It is my understanding that people have suggested that the rebate for a Clinical Psychologist who is recognized as a specialist would be the same as a psychologist who has a 4 + 2 qualification. I am very concerned as a Clinical Psychologist we are recognized by our professional bodies as having done further study and having to maintain our

level of expertise and experience through professional development, peer review and other forms of professional development. Through engaging in further study we are therefore more specialized in dealing with more complex cases. To compare it to another field, the medical field a consultant psychiatrist has more experience than a registrar and therefore the consultant's decision carries more weight.

What is concerning is that the profession has recently undergone changes which have indicated that there has been a strenuous review process which psychologists have had to meet to demonstrate their expertise and now it is being proposed to unilaterally remove that specialist qualification. The reason why the specialist qualification or recognition is seen to be so important is not just for the Medicare rebate but because we are recognized by our professional bodies as having more experience in dealing with these more complex cases. As I am sure the committee may understand that when you are dealing with somebody who has complex post traumatic stress disorder or who is presenting with a multitude of issues, further training and experience is absolutely vital in these cases. I am seriously concerned about what will happen if everybody is recognized as equal rather than taking into account the extra experience and expertise of those who have done further study and seek to work hard at maintaining their professional qualifications eg I would urge the committee to rethink how they may qualify who they might send their own child to if there were serious mental health issues involved. Would you want somebody who is a specialist, who is recognized by their peers as being an expert in the area or do you want a generalist.

I also have serious concerns for the welfare of those who do not have further training and study about the assumption that they would be qualified to deal with these more complex cases. As in any specialty I am sure you understand that there are cases which are extremely complex and I would be very concerned about a psychologist who promotes themselves as an expert in the same league as someone who has further training expertise and qualification as recognized by their professional body. It is also concerning that the extra study that is put in to make sure you reach the professional standing of Clinical Psychologists is not rewarded by insuring that we are supporting our professionals as best we can by offering a higher rebate.

I see a number of very complex cases and dealing particularly with girls with eating disorders right through to post traumatic stress disorder and on a personal level I am deeply concerned about some of these clients. I have also worked very hard with this group and would be very concerned about putting them in the care of somebody who did not have the experience or level of qualification in order to appropriately manage these disorders. I am also aware that the cut to the Medicare sessions would seriously impact on their mental health and in some cases could potentially prove to be extremely risky, increasing suicidality and I would have very serious concerns about the ethics of putting clients or professionals into this position. Also, as I am sure you are aware; this would also seriously impact on the financial status of people who are trying to seek these services. At times parents will struggle to find the money to ensure their children receive the best help possible. To remove the rebate would result in many parents and clients being simply unable to seek the help they desperately need.

I would be happy to discuss these matters further as I have real concerns for a large number of patients who would experience an abrupt cessation of care under the

present proposed changes and the group of people who struggle with ongoing suicidal thought and their management requires quite intensive intervention, the added risk of removing treatment and increase of fatality in this group in of paramount concern. Perhaps discussions with professionals who are Clinical Psychologists who are more likely to deal with this population is vitally important prior to changes being made to Better Access which may impact of clients and their well being.

.

Yours sincerely,

***Lucy Wise***

Clinical Psychologist (MAPS)