

4th August 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra 2600

Dear Sir/Madam,

I am a member of the Australian Psychological Society and a member of the College of Clinical Psychologists and Clinical Neuropsychologists. I am deeply concerned about the government's potential 2011-12 Budget changes relating to the Better Access to Mental Health Initiative and its related repercussions. I am also wanting to bring to your attention the value in the public having access to neuropsychological assessments supported by a Medicare rebate and the importance of Specialist Title endorsement.

My concerns regarding the former relate to:

- . Lowering the Medicare rebate for clinical psychologists.
- . Reducing the number of sessions for psychologists per calendar year.

In relation to clinical psychology services, I have addressed these concerns in the following sections.

1. Lowering the Medicare Rebate

The higher medicare rebate reflects the use of and management of complex cases that clinical psychologists treat. Additionally for some years there have been concerns about the inadequacy of the four year university degree plus two years of apprenticeship training (4 + 2) received by the unendorsed psychologist for treating mental health concerns while clinical psychologists total 8 years of training. The Australian Psychological Society has I believe been contemplating abandoning the system altogether as a 4 + 2 systems is insufficient training to provide adequate care for the mentally ill.

2. Reduction of Sessions

Those people who have mild mental illness are likely to require only 6 sessions, however those who have moderate to severe mental illness cannot be expected to make the mental and emotional leaps required to achieve wellness in such a short time. It should be noted that trusted support is something that is significant for healing. To have this removed prematurely can only place the patient at increased risk. There is also the potential for greater cost to the psychiatric system as the client may deteriorate through not having been able to complete an appropriate course of treatment.

3. Clinical Psychologists save Medicare Money

Clinical psychologists and psychiatrists are the only health professionals who have had specific training in treating mental health issues. The advantage of involving clinical psychologists rather than the psychiatric system is that clinical psychologists are less costly than psychiatrists. Utilising clinical psychologists to treat the mentally ill instead of consistently relying on the more expensive psychiatric system reduces financial strain on the Medicare system.

4. Clinical Psychologists are Specialists

In order to practice as a clinical psychologist, one is required to undertake a three year undergraduate degree plus an honours year, two years Masters degree (which includes academic and practical placement work) and a further two years of supervised clinical practice in a registrar post. Thus an eight year education program is undertaken. During the registration period, extensive supervision and attendance at clinically related workshops is a requirement. The application for membership into the Clinical College is then assessed by the Clinical College to ensure the candidate meets the high standards required by the college before acceptance into the college can occur.

In relation to the availability of neuropsychological assessments under the Medicare rebate scheme, I submit the following:

1. The specialist area of neuropsychology involves assessment of brain related conditions, as well as support and guidance to the individuals, their family and relevant carers.
2. The purpose of neuropsychological assessment is to establish a profile of an individual's strengths and weaknesses and to estimate the consequences and the implications of their brain impairment.
3. People with neuropsychological disorders often have disabilities that are life long, sometimes progressive, with major ramifications to their psychosocial adjustment, education, careers and families. Their needs to date are not being met by the focus on only providing psychological services to people with mental health disorders.
4. People with neuropsychological disorders are not able to access Medicare unless they have a mental health disorder, but treatment in such cases is best formed by a neuropsychological assessment. Without correct diagnosis, care and management, the costs to the community will be higher.
5. The World Health Organisation has said that neurological disorders and disease account for the largest proportion of medical disability in the developed world, yet Australians with this condition have been neglected by the Mental Health funding initiatives thus in the end costing the community more through reduced and/or incorrect diagnosis, treatment and/or management.
6. In relation to Specialist Title endorsement, the training of neuropsychologists is different to other areas of psychology such as clinical and forensic psychology. For instance, the post graduate degree focuses on neuroanatomy, neuropsychological

disorders/assessment/rehabilitation and supervised placements. A neuropsychologist therefore has a unique set of skills as a result of their additional and substantive training.

Future Directions

For the above reasons, I believe the Senate Standing Committee should:

- . Retain the system of having 12 sessions (18 in exceptional circumstances) within the calendar year.
- . Retain the two tiered system where by clinical psychologists retain the higher rebate as well as endorsement of Specialist Title for neuropsychologists.
- . Provide a Medicare rebate to individuals requiring neuropsychological assessment/treatment/rehabilitation.

I submit this letter in the hope the Senate Standing Committee considers these issues in their decision to provide cost effective and adequate high standard care to individuals with mental health problems as well as individuals suffering from brain related disorders.

Yours sincerely,

Clinical & Neuropsychologist