

Submission to the Senate Regarding Proposed Changes to Mental Health,  
in Particular the Better Access Initiative

4 August 2011

Dear Senators and Interested Parties,

I am a Clinical Psychologist currently working in private practice in South East Queensland. I am writing to express my concerns regarding changes to the better access initiative that involves limiting available sessions per calendar year to 10 sessions as opposed to 12, and in exceptional circumstances 18 sessions. A further concern I wish to address is that of the two-tiered Medicare rebate system for psychologists.

Firstly, psychological therapy both alone and in conjunction with medication is well documented as being best practice treatment for a variety of mental health issues. As the public health system is under resourced to deal with anything more than the chronic and very severe mental health problems, the provision of medicare rebate for psychological services has met a long identified need. Clients who present and utilise this scheme however are a very diverse lot whose treatment needs can vary significantly. It is true that some clients' treatment needs would be well accommodated by 10 sessions; however there are also a substantial number of cases where the 12-18 sessions are inadequate to meet the needs of individuals. In the vast majority of these cases the presentation is complex, often involving a history of developmental trauma making them vulnerable towards developing additional comorbid condition/s. This is evident in many cases where clients have been diagnosed with post traumatic stress disorder, personality disorders and substance abuse issues. In these situations developing trust takes time but is crucial to effective treatment. In addition when working with adolescents, the primary function of the early sessions are often to build rapport so that treatment can then take place. Reducing the number of sessions available means that treatment outcomes may be difficult to maintain over time and can be detrimental the client depending on what stage of recovery they are in when their allocated number of sessions run out. These clients are then disadvantaged as they do not meet criteria for the public health system and cannot afford to pay for treatment privately.

With regards to the second issue regarding changing the current two-tiered Medicare rebate system for Psychologists to one level is not something I agree with. Post-graduate training in Psychology provides Psychologists with an in depth understanding of evidence based assessment and treatments for Psychological disorders. This information is available to postgraduate students from Psychologists who are well respected clinicians and researchers in their given areas. Rigorous supervision is also undertaken throughout the post graduate course by multiple clinicians who supervise all areas of our practice. This supervision involves close scrutiny of our work including having supervisors sit in during sessions or video tape sessions to maintain the standard of the profession of Clinical Psychology. Following the post-graduate training an additional two years of supervised practice is then undertaken to ensure our growth and consistent high standard of practice. A minimum of six years of university training followed by two years supervised practice is thus required to

earn the title of specialist psychologist. The minimum wage for this amount of training is substantially less than other professions with equivalent time spent in training. Within any profession it is expected that additional training and specialist knowledge be recompensed at different rates.

Furthermore, the current two tiered system that recognises the difference in training enables the most disadvantaged group of clients better access to treatment. A large number of our clients who present with financial hardship (e.g. holders of a health care or pension card) are bulk billed and these clients often have multiple and complex problems that they would not be able to afford treatment for if the one level system was employed and it became unfeasible to bulk bill clients.

I hope these points are considered when you review the proposed changes to mental health.