

Tim McLauchlan
Clinical Psychologist

Committee Secretary
Senate Standing Committees on Community Affairs
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12 July 2011

Dear Secretary,

Re: Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

I write with reference to the recently proposed changes to Primary Mental Health Care in the 2011 Federal Budget. The changes to be introduced will reduce the number of Medicare subsidised sessions for MBS Allied Health Services to six, with a possible extension to 10 (from a current maximum of 18 sessions under extenuating circumstances). I also understand there is discussion of removing the higher Medicare rebate for clients who access services from a Clinical Psychologist.

As a Clinical Psychologist in private practice (consulting for headspace ACT), I am greatly concerned about the impact of the Budget changes on patients with more severe mental health issues who are not eligible for psychological treatment provided by community clinics.

I feel the proposed changes will have a detrimental impact on both the field of clinical psychology and those accessing psychological services. Specifically, I feel the removal of the two-tier system which currently recognises the specialist training and knowledge of those endorsed as 'clinical' psychologists, as well as proposed cuts to the number of sessions that can be claimed under the Better Access Scheme per year underestimate the complexity of mental health issues, and the resources, skill, time and knowledge it takes to address them.

Clinical psychology is a specialist field. Preparation for the speciality begins at the post-graduate level, with undergraduate courses providing the basis and grounding for further training and development. I stress that undergraduate courses, while necessary, cannot possibly cover the fundamental skills and knowledge necessary to practice clinically in an evidence-based and ethical manner. Clinical psychology has a special focus on the areas of personality and its development and course, and psychopathology and its prevention and remediation. This

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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 (American Psychological Association, 2011).

I therefore submit to the committee that removal of the two-tier system would result in poor and inappropriate delivery of assessments and interventions by psychologists who lack the knowledge and skill to give effective, evidence-based treatment; and this in turn would result in poorer mental health care, and even exacerbation of some conditions which require specialist treatment.

It would also serve as a disincentive to those undertaking post-graduate qualifications who sacrifice the ability to work full time for several years in order to develop their expertise in a given field. This would significantly tarnish Australia's reputation as a world leader in research and education.

In summary, the proposed changes will severely impact the mental health of Australians, access to appropriate and expert mental health treatment, and the study and practice of clinical psychology.

Yours sincerely,

Tim McLauchlan
Clinical Psychologist