

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

28-07-11

Dear Committee Secretary,

I would like to address the following terms of reference for the senate inquiry on the Commonwealth Funding and Administration of Mental Health Services

**Term of Reference (b 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.**

A reduction in the number of Specialized Clinical Psychology sessions available to patients from 12 (or 18 under special circumstances) down to 10 is extremely disappointing, my reasons for this opinion:

- I myself needed around 14 sessions of Focused Cognitive Behavioral Therapy with a Doctor of Clinical Psychology in order to make lasting improvements with my mental health disorders; depression and anxiety. Had less than 10 sessions been allocated to me, I can say with absolute certainty that I would not be in as positive mental health today.
- As a teacher, this funding is crucial to ensure that young people are provided a course of sessions that provides them with all the behavioral therapy, tools and resources needed to produce positive outcomes. Limiting the number of funded sessions to 10 or less limits the depth in which a Clinical Psychologist can work with their client, hence ultimately reducing the quality, depth and ultimate outcomes of therapy.

**Term of Reference (e i): The two-tiered Medicare rebate system for psychologists.**

I strongly disagree with any move to reduce the rebate available for clinical psychology services. My reasons are:

- As a previous patient of a Clinical Psychologist myself, I would not have been able to afford to attend sessions as frequently, hence reducing the quality and impact that the sessions would have had on improving my mental health outcomes.
- From my perspective if budget cuts need to be made, please make them to those allied health professionals (such as Occupational Therapists) and those without the required Doctoral level training needed to gain status as Doctors of Clinical Psychology. Personally I have sought treatment from a non-doctorally trained psychologist previously, and after seeing a Doctorally trained Clinical Psychologist and consequently positive mental health outcomes from, the difference in psychological outcomes is very significant. Their approach is far more scientific, proven and links very closely with General Practitioners. If you cut funding anywhere, it should not be cut from Clinical Psychologists.
- From a member of the community, cutting the rebate to \$80 will mean that the majority of Clinical Psychologists will be unable to Bulk Bill any clients (as their rent costs would barely cover the \$80 allocated). Hence, reducing the possible client market by omitting any Bulk Billing patients, will surely have a detrimental impact on the already exhausted Public Mental Health System, perhaps being inundated with clients that could have been treated out of hospital, that may then take resources away from another critical case.

I trust that you will read all above points and take these into consideration when making your decision. At worst, I plead with you to make the reductions in Rebates/Session Numbers to Allied Health and General Psychologists only. Keep the funding for the Doctorally/Masters trained Clinical Psychologists as is.

Kind Regards,