

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

05.08.11

To Whom It May Concern,

Re: (a) Government Proposal to cut the "Better Access To Mental Health Initiative" to 10 sessions.

(b) Government Proposal to abolish Two-Tiered Medicare Rebate System for Psychologists as per Terms of Reference 1.2 attached to bottom of this letter.

My name is Rubina Khan, I am currently working for myself as a Clinical Psychologist in private practice and have been doing so for 2 years on a full time basis. I was previously employed at the Children's Hospital at Westmead, where I worked for a period of 10 years. In total I have worked as a Clinical Psychologist for 15 years and prior to that as a 4 year Psychologist within the Public Health Care sector for approximately 10 years. I therefore believe that I am qualified to comment on the different work completed by a Clinical Psychologist as opposed to a 4-year Trained Psychologist.

In regard to point (a) above, I have serious concerns about the Government's proposal to cut the Bette Access To Health Initiative to 10 sessions form the current 12 sessions (with the possibility of extending to 18 under "Exceptional Circumstances". As part of my private practice, I mostly see children, adolescents and families but also see adults and couples. Over the last 2 years I have needed to on many occasions request that GP's provide a further 6 sessions as part of the "Exceptional Circumstances" given that I have had clients with more debilitating conditions such as Obsessive Compulsive Disorder (O.C.D.) or chronic depression including suicidal ideations (and or plans). I have been very grateful that I have been able to access this service for certain clients with more serious and chronic conditions. Whilst most of my clients can mainly be successfully treated within 12 sessions (within a calendar year) and often needing to continue treatment in the following calendar year, there are certain clients who are in desperate need for psychological treatment and warrant extended sessions (18 sessions per calendar year). As I mentioned these clients have more chronic and serious conditions and often more debilitating mental health conditions.

I would therefore be very grateful if the Government could continue with the existing allocated 12 sessions per calendar year with the opportunity to extend these to 18 under exceptional circumstances. Given the public health system is choking with referrals and therefore stretched beyond capacity, these clients (patients) have nowhere else to go and if untreated can (depending on their condition), pose serious threat to themselves or potentially others.

In regard to point (b) above, namely, the Government's proposal to abolish the current two-tiered Medicare rebate system, again this would be a real shame. As a Clinical Psychologist who has worked in the area of child, adolescent and family therapy both within the private and public sector, I would like to reassure you that the work we do is very specialized and requires specialized training.

I have worked in a tertiary setting (the Children's Hospital at Westmead) which only employs 6-year trained psychologists (Clinical Psychologists). As part of my work, I came to specialize in working with children presenting with childhood anxiety and psychosomatic illness (no medical reason for psychical symptoms found to be more emotionally based) amongst treatment other conditions such as childhood depression, needle phobia and childhood pain. I have worked as part of a multi-disciplinary teams (working with doctors, psychiatrists, nurses, occupational therapists, speech therapists and physiotherapists) and have used treatments which are based on scientist-practitioner (evidenced-based approaches). The treatment is very specialized and complex. I have needed to do post-graduate training in family therapy in order to successfully treat these very complex presenting problems. Certainly if I only had 4 years of training, I could not do this very specialized work with such complexity and with serious medical and psychological implications.

I have continued to treat complex cases within my private practice, again requiring specialized post graduate (6 year training) and ongoing regular (fortnightly 2 hour) supervision and ongoing professional development, consistent with requirements of the Australian Psychological Society. Again, I treat children who are mostly referred from Paediatricians and who have chronic anxiety or depression, school related issues (eg learning difficulties, bullying and teasing etc) and also teenagers, adults and couples as mentioned previously. Given my medical background, I tend to have referrals from Paediatricians mainly and therefore continue to work in a "tertiary" setting (providing treatment equivalent to that what I provided in the hospital setting). In order for my patients/clients to continue to be able to afford my fees, I need the Government to continue to provide the current rebates which Clinical Psychologists are receiving. If these rebates were to be reduced to the rate of a Psychologist, my clients could not afford to see me and ultimately would no longer have access to services of an experienced and medically-trained Clinical Psychologist. I too would need to reconsider my employment options and most likely return to working within the Public Sector. Finally, given that I work in the Western suburbs of Sydney, I do not charge my clients the recommended APS rate but a fee more reasonable. Most clients living within this demographic area are only able to afford my services as my fees are reasonably priced (affordable) and because of the generous Medicare Rebate for Clinical Psychology services. Should the rebate be reduced, the bulk of my clients, as I mentioned could not afford to come to see me.

In conclusion, I appreciate the Government's intention in cutting back on Rebates (abandoning the Two-Tier system) and reducing the number of sessions etc, as part of cost-cutting measure, which is understandable. However, in the longer term, I feel that this is likely to "back fire" as, as a Child and Adolescent Psychologist, early intervention and prevention is imperative and likely to save the Government more money in the long term by addressing issues presenting in childhood and adolescence and therefore reducing or eliminating adult mental illness (childhood psychological problems which untreated developing into adult psychological conditions).

Thank you very much for taking the time to consider my proposal/submission. Please feel free to contact me on [redacted] should you wish to discuss some of these points in more detail. I hope sharing my personal work experience and story has helped you to gain a more personal insight into the plight of a Clinical Psychologist working in Private Practice and helped you gain a greater appreciation about the difference between the work of a Clinical Psychologist and that of a Psychologist (4 year trained), whose work, in their own right, is off course very valuable but less specialized I believe. Thanks again for appreciating the serious implications of proposed Government

changes to both the number of sessions and also abolishment of the Two-Tiered Medicare Rebate system.

Yours Sincerely,

Rubina Khan

Clinical Psychologist.

1.2 Terms of Reference

Senator Fierravanti-Wells, also on behalf of Senator Siewert, amended business of the Senate notice of motion no. 1 by leave and, pursuant to notice of motion not objected to as a formal motion, moved- That the following matter be referred to the Community Affairs References Committee for inquiry and report by 16 August 2011: The Government's funding and administration of mental health services in Australia, with particular reference to:

- (a) the Government's 2011-12 Budget changes relating to mental health;
- (b) changes to the Better Access Initiative, including:**
 - (i) the rationalisation of general practitioner (GP) mental health services,
 - (ii) the rationalisation of allied health treatment sessions,**
 - (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
 - (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;**
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;**
- (e) mental health workforce issues, including:**
 - (i) the two-tiered Medicare rebate system for psychologists,**
 - (ii) workforce qualifications and training of psychologists, and
 - (iii) workforce shortages;
- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
 - (i) culturally and linguistically diverse communities,
 - (ii) Indigenous communities, and
 - (iii) people with disabilities;
- (g) the delivery of a national mental health commission; and
- (h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
- (j) any other related matter.