Name to be withheld

22nd July, 2011

To Whom it may Concern

I am deeply distressed and disturbed by the recommendations that have emanated from the most recent budget and which impact not only directly on myself as a practitioner of Clinical Psychology but also on the accessibility of my services to my clients in general.

People with serious mental health disorders will be left without appropriate mental health care under Budget cuts to the Better Access to Mental Health Care initiative. The proposed cuts translate to a reduction in effective treatment for more than 260,000 Australians who received psychological services in the first three years of the Better Access initiative. Further information also suggests that much of the new mental health program money will not arrive until years four and five, leaving a serious question as to how the gap in service provision will be filled in the initial years.

Bearing this in mind, and from the Terms of Reference (TOR) presented, I would like to address one in particular, namely the reduction of rebated sessions to 6 (plus 4) in a calendar year, and also another which was not communicated within the TOR, namely the inclusion of possible changes to the two tier system. This was not mentioned within the 2011 budget, and appears to have been targeted by DoHA as a cost cutting imperative. Whilst touting that the government is injecting money in to mental health, this is indeed a rort whereby the Government is taking away from those suffering from mental illness in our community.

In a Budget cost-saving measure – ironically to fund the Government's new commitment to mental health – the number of sessions of psychological treatment a person with a mental health disorder can receive each year will be cut from a maximum of 18 down to 10 (not from 12 to 10 as was widely reported). The proposed cuts to rebated session numbers directly speaks to my work as a Clinical Psychologist and to the most complex and severe community mental health presentations for which I am uniquely trained to treat. There is grave concern for those members of the community with the most complex presentations who for the most part require ongoing support to be able to function optimally, and a reduction to 6 + 4 sessions will be far from sufficient for those who are at the more extreme end of the clientele spectrum, and who previously qualified for the maximum 18 sessions in a calendar year.

Suggested possible changes to the two tier system gravely minimise and deny the additional expertise of the Clinical Psychologist. Whilst it is acknowledged that Clinical Psychology is one of nine equal specialisations within Psychology, we are all equal but we are not the same. I certainly acknowledge that each area of specialisation deserves a specialist rebate for that which is the specialist domain of that area of psychology (e.g. neuropsychology, health, forensic, family

and relationship counselling, community, exercise and sport, education and developmental, and organisational). However, please remain cognisant that Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

It is abundantly clear that there is an obvious significant gap in mental health service provision for those in the community presenting with the most complex and severe presentations. This is the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, more than thirty sessions per annum are sometimes required. In this way, Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices.

Clinical Psychology is a general practice and health service provider specialty in professional psychology. Clinical psychologists assess, diagnose, predict, prevent, and treat psychopathology, mental disorders and other individual or group problems to improve behaviour adjustment, adaptation, personal effectiveness and satisfaction.

What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice, focuses on individual differences, abnormal behaviour, and mental disorders and their prevention, and lifestyle enhancement.

Apart from Psychiatry, no other discipline receives as advanced training across the lifespan and the entire spectrum of complexity, severity and range of mental health disorders as the Clinical Psychologist. Our is the only "Allied Health" discipline whose entire postgraduate training is in the field of advanced evidence-based and scientifically-informed mental health assessment, diagnosis, case formulation, consultation, treatment, evaluation and research. As such, the Clinical Psychologist is frequently referred the most complex and severe mental health presentations. Any cut to the present maximum of 18 permissible annual Medicare subsidised consultations directly undermines the most unique contribution of the Clinical Psychologist to evidence-based and scientifically-informed mental health treatment. The most vulnerable population cohort will be those who cannot afford to fully pay for their remaining mental health treatment, and it is very disappointing that the government is unintentionally introducing inequality into the provision of specialised mental health care in Australia.

In respect of my own clinical practice in which I bulk-bill all of my clients, I am concerned that most will be unable to access my services if the Government

reduces the current Medicare rebate. To sustain my income clients will need to pay a $40 gap, which I see as a major deterrent to them accessing my services. I currently work with low-income earners predominantly, and struggling families on the Gold Coast. As such I strongly oppose any change to the current two-tiered Medicare structure.

Sincerely

A gravely concerned Clinical Psychologist.