

Dear Sir/Madam,

I am writing to express my concern about the proposed changes to the Medicare funded mental health sessions, specifically:

1. the change in the number of Psychology sessions to be rebated under Medicare and,
2. the reduction in the rebate for clients accessing Clinical Psychology services.

Firstly, to address the number of sessions allowed under Better Outcomes in Mental Health. I have been working as a Clinical Psychologist in Private Practice in Hobart for 4 ½ years. I work with clients across the spectrum of mental health disorders and across all levels of severity. Currently my clients are able to access 12 sessions per year, increasing to 18 under exceptional circumstances. The current proposal is to cut this to a maximum of 10 sessions per year.

While the majority of clients use less than 12 sessions, and for me the average is 6-8 sessions, there is a small group for whom more than 12 sessions is vital. These are the clients who have a high level of need, often with long standing mental health issues. These are clients who are generally referred to Clinical Psychologists as they have complex therapeutic issues. In my case some examples include:

- a young girl with developing psychotic symptoms who has had longstanding difficulties connecting with mental health services
- a woman with complex Post Traumatic Stress Disorder who has been able to remain in the workforce by accessing regular sessions to stabilise her symptoms
- a young man with depression and suicidal ideation who took six sessions to establish rapport and another three to become ready to begin therapeutic tasks such as changing his sleeping patterns, starting exercise and talking to his GP about anti-depressant medication. This client is now able to attend education and is looking at part-time work.

These three clients would have suffered significantly if they were able to access only 10 sessions. The young male client described above would have made no progress at all.

It has been suggested that clients with serious mental health conditions should access assistance through public mental health services, Psychiatrists or through the ATAPS system. My attempts at accessing these systems in Tasmania has often been frustrating as the Public Mental Health system is overwhelmed, with my requests for support being met with encouragement to manage the client myself. Psychiatrists who bulk bill their patients often have long waiting lists and clients with complex mental health needs often can not afford to pay gaps for their health care. ATAPS tends to be provided by generalist psychologists with little experience in working with complex cases.

It is frustrating to think that a small number of clients will be missing out on vital services, especially when some of these are the clients that are the most at need. In my experience, clients do not abuse the number of sessions available, and will only attend while there is a need to do so. As for psychologists, we are bound by a code of ethics that requires us to pay close attention to providing appropriate care. We are not professionally able to see clients if there is no clinical advantage. From a personal perspective, seeing clients for more sessions than are necessary would be a complete waste of my time, especially when I have new clients waiting to be seen. Putting a reduced cap on the number of sessions will have little effect on those who have responded quickly to interventions but will significantly disadvantage those in the most need.

Secondly, to address the reduction in the rebate for Clinical Psychologists to the Generalist rate. Before completing my Masters in Clinical Psychology approximately six years ago I worked for a number of years as a four year trained Psychologist. I have watched with interest the debate about the significance of Clinical Psychologists receiving a higher level of rebate.

Whilst working as a Psychologist with four years training I know that I did good work helping clients with a variety of issues but I did not fully appreciate the difference in skill level between Generalist and Clinically trained Psychologists. Having since learnt and applied specific skills in treatment of clinical disorders, through my Clinical Masters training and subsequent supervision, I feel quite strongly about the importance of having specialist skills when working with clients with complex needs.

I am the first to validate the good work done by Generalist Psychologists. However, there are some clients who need more than Focussed Psychological Strategies. This is witnessed by a number of clients I have seen who have been referred to me after first seeing a generalist psychologist. When they failed to make progress, their GPs referred them on for more specific therapy. Again, I would point out that these clients have had more complex presentations. An example is a young man with Post Traumatic Stress Disorder who had been encouraged to talk about his trauma memories without being given strategies for stabilising his symptoms. Another example is a woman with severe depression who came to me feeling hopeless and guilty that she had not been able to achieve the homework tasks set by her previous psychologist. These are the kind of client presentations that Clinical Psychologists are trained to consider.

I have worked long and hard to become clinically trained and find it mystifying that as a specialist psychologist my extra training might be disregarded. I have heard other Clinical Psychologists liken this to a Psychiatrist being eligible for the same payment as a GP because they are both able to prescribe Anti-depressant medication.

This issue is troubling to me on a number of levels but especially in relation to the value of the study that I have completed. If the Clinical Psychologist is to be treated in the same way as the Generalist then what incentive is there for new students to study at the Clinical level.

Please consider the mental health of Australians and if you are in a position to do so, reconsider these changes. If you are not in a position to do so, please put pressure on those who are able to stop the changes.

Yours sincerely

Janet Freestun
Clinical Psychologist