

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

29th July 2011

Re: Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions and removal of the two tiered rebate system.

To the Senate Standing Committee,

As a Senior Clinical Psychologist with the Inner West Primary Mental Health Team at the Royal Melbourne Hospital, Private Practitioner, and as a concerned citizen, I am writing to express my objection to the recent Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') announced in the 2011 Federal Budget. I am specifically upset by the proposal that from 1 November 2011, the yearly allowable number of sessions for psychological treatment to people with a mental health disorder will be reduced from 18 to 10 sessions.

Although new funding in mental health care is important, it should not be at the detriment of existing mental health programs. I also believe that the general public deserves the right to have access to specialists in the field of Clinical Psychology, and there is a lack of these suitably qualified practitioners within the community sector available for private referral, which will simply mean overloading of the public mental health system, which is far less efficient and more costly. I also believe that due to my training, my patients have access to a level of assessment, formulation, treatment planning, and liaison that is simply not as consistent with Generalist Psychologists, Occupational Therapists or Social workers.

The proposed reduction of nearly half the available sessions implies that the extra sessions are unnecessary or the same outcomes can be achieved with nearly half the number of sessions. I feel this reflects the Federal Government's lack of understanding of the specific and varied needs of Australians with mental health conditions. It is also very concerning that the government believes that a complex mental health disorder seen by a Clinical Psychologist can be adequately treated in such a short duration of time. A clinical psychologist is trained to conduct an assessment, obtain collateral information, complete a psychological formulation, and provide written feedback and options for treatment to the consumer. This process is simply not achievable for complex cases, with the reduction of sessions proposed.

Clinical Psychology is one of nine equal specialisations within the broad area of Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme recognition of specialised Areas of Endorsement. All specialisations require a minimum of eight years training including specific professional development and ongoing supervision by suitably qualified practitioners.

Clinical Psychology requires a minimum of eight years' training and 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 and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity.

The proposal to cease the two tiered rebate system, (which I am afraid means a reduction in the rebate for clinical psychologists) would lead to the unfortunate case where clinical psychologists would need to charge large gap fees and hence reduce the availability and accessibility of clinical psychologists for a majority of clients who simply cannot afford the fees due to their unemployment and lack of finances as a result of their mental illness. To have the same reimbursement for all psychologists does not justify or appropriately reflect the substantial differences in training required and would lead to the abandonment of advanced clinical training in the specialization of clinical psychology. Furthermore no specialization of psychology should be referred to in a manner that creates the impression that the same level of skill and knowledge is provided by a basic APAC accredited four-year training of a generalist psychologist. As is the case with Clinical Psychology currently, each area of specialisation deserves a specialist rebate with its own item number relating to that, which is the specialist domain of that area of psychology.

I would like to encourage the Senate Standing Committee, to reject these proposals and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances', with the current level of rebate provided.

I hope that my concerns will be given appropriate consideration.

Yours sincerely,

Mr. Andy Prodromidis B.B.Sc. Grad.Dip.Psych.MAPS
Clinical College Member