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

01.08.11

Re: Reference Committee Inquiry into Commonwealth Administration of Mental Health Services

Dear Secretary,

I wish to raise concerns regarding the possible changes to Mental Health Funding for psychology services under the *Better Access to Mental Health Care Initiative*. These changes, as announced in the 2011 Federal Budget, include:

- (i) the proposal to radically cut the number of funded sessions available to clients with an identified mental health disorder and
- (ii) adjustment to the current two-tier system, which provides specialist rebates for Clinical Psychology

Over all, the new investments in mental health care are important and are to be congratulated. However, they should not be at the detriment of existing mental health initiatives, particularly those addressing the needs of clients presenting with the most severe and chronic mental health disorders. I further understand that the Government has proposed to redirect funding from the '*Better Access Initiative*' to team-based community care (ATAPS), which will restrict choices regarding treatment options for both clients and referring doctors, and ultimately lead to impaired patient care.

A summary of my own background may serve to contextualize my comments. Subsequent to completing four years training in 1976, I practiced as a generalist psychologist for over 20 years, gaining registration in NSW when it was first introduced. During this period I held a number of senior clinical roles and provided a range of complex diagnostic and treatment services. In short, I functioned as a skilled, accountable practitioner, who sought regular professional development opportunities in order to maintain high professional standards. However, I remained aware of distinct gaps in my clinical training, and consequently

completed a Masters in Clinical Psychology in 2000. For the past 10 years I have worked simultaneously in the public sector and in my private practice, and compared to my previous work, I have identified some notable differences in both clinical and professional skills.

Most striking is the capacity to apply an evidence-based approach to assessment, diagnosis, case formulation, psychotherapy and evaluation of clients, throughout the lifespan and across the full range of severity and complexity. Familiarity with psychopharmacology and acute/ crisis management are core units within clinical postgraduate training, and are critical to the safe treatment of clients, particularly those presenting with moderate to severe symptomatology.

Clinical psychologists are uniquely placed to provide these more specialized services – evidence of this is to be found by reviewing the staff lists of several major mental health clinics and research bodies (e.g. Pain Clinic, Royal North Shore Hospital; Eating Disorders Unit, Sydney Children's Hospital, Randwick, Clinical Research Unit for Anxiety and Depression, St Vincents Hospital; Brain and Mind Institute, etc.). In spite of clinical psychologists attracting a higher salary, tertiary services (i.e. those focusing on the treatment of complex, severe mental health problems), generally elect to employ clinical psychologists because of the clear benefits to provision of client services.

I urge you to reject the proposals regarding changes to the number of Medicare funded sessions and the withdrawal of the current two-tier rebate system. Clients must be in a position to seek the most qualified and experienced treating psychologist available, and where this clinician has recognized specialist training, appropriate health rebates should be available.

I trust that my feedback will be given due consideration.

Yours sincerely,

Lydia Senediak
(Clinical Psychologist)