

Submission to the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services.

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.

I strongly disagree with the proposed reduction to the number of sessions eligible for a Medicare rebate. The proposed reduction to the number of sessions eligible for a Medicare rebate to a maximum of 10 per year will have most impact upon those with chronic and complicated mental health issues who require ongoing treatment and psychological intervention. Many of the referrals received by Clinical Psychologists are for those with complex and severe problems. Many of these people have been unable to wait for Government funded services due to extremely long waiting periods or have been deemed not severe or urgent enough to be seen through these agencies.

Thus, limiting the number of sessions that are rebated runs the genuine risk of restricting therapy to all but the very affluent. Those unable to afford taking over the full cost of therapy themselves will have little alternative but to terminate treatment prematurely. This will also undoubtedly place additional pressure on already overwhelmed government mental health services when those unable to continue with private Clinical Psychology services seek treatment in government funded clinics. This will ultimately not lead to a financial saving for the government, but rather place government services under increased pressure to meet this increased demand. Meanwhile those patients who are “lucky enough” to be eligible for government funded clinics, will have to wait on long wait lists whilst their symptoms and distress worsen (potentially undoing any progress made during their 10 sessions with a clinical psychologist).

e) Mental health workforce issues including

i) the two tiered Medicare rebate system for psychologists

I also strongly disagree with the proposed changing of the rebate for clinical psychologists, to the same level as that for general psychologists. No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, **Clinical Psychology** is the only mental health profession whose complete post-graduate training is in the area of mental health. We are required to complete a minimum of six years of university training and a further two years of clinical practice under supervision, **eight years in total**, which equips us with the necessary skills applicable to the main areas of health service practice: i.e., specialist knowledge in psychopathology and mental health, and advanced evidence-based assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity of presentations. Arguing that psychologists without this specialised training are in an equal position to provide the same services to severe and complex presentations is akin to arguing that there should be no

distinction between General Practitioners and Medical Specialists in the medical arena.

There are also international precedents, with Clinical Psychology being recognised as a distinct specialisation of psychology in Britain and the United States of America. Removing the higher medicare rebate for Clinical Psychologists in Australia would be a backward step in my opinion.