

Dear Senators,

I wish to address the Government's proposed 2011-12 Budget changes relating to mental health and changes to the Better Access Initiative, particularly the impact of changes to the Medicare rebates and the two-tiered rebate structure for psychological services.

I am a clinical psychologist with over 16 years experience, first as a general psychologist and then as a clinical psychologist. I completed a four year Bachelor of Arts (Honours) in 1993 and then was provisionally registered as a psychologist in 1994. I then completed two years of supervision to become fully registered as a psychologist in Queensland. Despite being able to work as a psychologist in all settings, I considered the training I received to be completely inadequate to do formal clinical assessments and to provide treatment to patients with moderate to severe mental health disorders so I enrolled in a Clinical Masters course at the University of Queensland which I completed in 1999. The training I received gave me specialist skills in clinical psychology and provided me with a better understanding of the treatment needs of my clients. I believe this was reflected in the treatment outcomes I was able to achieve.

Since that time I have worked in independent private practice, hospitals, clinics and other agencies and have supervised post-graduate students and provisionally registered psychologists. I currently work as a contractor to the Department of Defence and in independent private practice as a clinical psychologist. I supervise general psychologists and psychology interns in my role as the Clinical Psychologist for the Regional Mental Health Team South Queensland.

I believe that my training has made me a more skilled psychologist and would consider that clinical psychology is a specialist field and should be rebated from Medicare at a higher rate. From my experience with supervision, general psychologists do not have the clinical skills to provide more than basic counselling. In my experience, the majority of mental health problems of patients referred by General Practitioners require more than basic counselling and focussed psychological strategies. The treatment of the most common mental health disorders, such as depression, anxiety and substance abuse disorders, require clinical treatments, which are only able to be provided by psychologists with formal clinical training.

This fact is recognised in other countries, such as the United Kingdom, where clinical psychologists are considered to be specialists in the treatment of psychological disorders.

I also would like to point out that a lot of clinical psychologists bulk-bill their clients, because of the higher rebate. This means those who are disadvantaged financially can access quality clinical treatment for mental health disorders. If this rebate is reduced, these clients will be forced to pay a large gap to access clinical psychology services, which most cannot afford, so most of their problems will go untreated creating a larger mental health problem in the community that we already have.

I also believe that by limiting the number of sessions to 10 will mean that those clients with more complex mental health problems will not be able to receive the treatment they require to deal with their disorders. For example, I have treated clients with Post-Traumatic Stress Disorder (PTSD) for over 15 years. These clients require complex exposure treatment (which the Department of Defence requires to be provided by only clinical psychologists), which can take up to 20-30 sessions, usually weekly, to be treated. By reducing the number of sessions available to clients, this disorder would not be adequately treated.

I would appreciate you considering this submission.

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