

GREG SORRELL PSYCHOLOGY

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To Whom It May Concern,
Senate Committee.

As a practising psychologist of thirty-four years' experience, twenty-eight years of these as a clinical psychologist, I wish to express my deep concern at the proposed modifications to the Federal Government's current provision of mental health services in Australia.

Firstly, the reduction in the number of sessions from twelve to ten means that individuals with moderate to severe presentations have their therapy terminated before there has been sufficient opportunity for adequate relapse prevention and effective 'tapering off' of therapy. Such individuals often benefit from weekly to fortnightly sessions followed by less frequent visits. After eight to ten sessions they are sometimes ready to finish but feel more secure if they know that at least two sessions are available to them if a 'booster' is required. That cognitive therapy and cognitive-behavioural therapies have outcomes comparable with or superior to those of medication (for depression for example) and that the latter does not offer the added benefit of relapse-prevention is well documented and yet psychiatrists, whose Medicare rebate is much higher are permitted many more sessions.

Secondly, the current two-tiered system recognizes the extra training and experience of clinical psychologists. Clinical Psychology is distinguished from Psychology by the breadth of problems addressed. Clinical psychologists assess, diagnose and treat psychopathology to improve emotional and mental health, adaptation and well-being and the prevention of dysfunction. 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. Clinical psychologists are well represented amongst the innovators of evidence-based therapies, NH&MRC panels, other mental health research bodies and within mental health clinical leadership positions.

My clients, a large percentage of whom are on low incomes and cannot afford private health insurance have been very appreciative of the support that they have received from Medicare. On that note however, I would comment that the vast majority of my clients who do have private health insurance do not use it for psychology, using Medicare instead so in your budgetary considerations perhaps this boon to the private health insurers could be born in mind. Furthermore, do high-income clients really need to use Medicare for their psychological therapy?

Trusting that these comments are helpful to the Inquiry.

Yours sincerely,

Greg Sorrell.