

**Submission to:
Senate Community Inquiry**

Commonwealth Funding and Administration of Mental Health Services

Submission from:

**Ms Jocelyn Wake
Clinical Psychologist/ Sex Therapist
BA (Psych) (Hons) MClInPsych
MHSc (Sexual Health) MAPS CCLIN**

To whom it may concern, I wish to address the following issues:

(b) 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

There is a group of clients whose problems are either entrenched or of sufficient severity that:

- they require in-depth assessment of their presenting issues
- they need the flexibility of an increased availability in the number of sessions in which to address their problems, initiate treatment, and reinforce gains made
- reducing the number of sessions available may require the client to be transferred partway through treatment to another agency such as Community Health, thus disrupting the therapeutic alliance and impeding therapeutic progress

I already routinely refer clients to Community Health if in my initial assessment it seems likely that they will exceed the current limit of sessions available. Under the suggested changes, I foresee that this number of referrals will increase dramatically, thereby putting stress upon an already pressured system.

**(e) i) the two-tiered Medicare rebate system for psychologists
ii) workforce qualifications and training of psychologists**

The prospect of reducing the rebate for Clinical Psychologists to that of Registered Psychologists is a profoundly backward step because:

- it actively discourages further training
- it fails to recognise the considerable commitment made by Clinical Psychologists to
 - increase their knowledge base for the benefit of their clients
 - obtain further supervised clinical experience
 - engage in research to improve clinical outcomes

All of this

- takes time
- costs money in fees
- costs money in terms of reduced earning power during the additional years of training.
- will impact seriously upon the education system and the university based research programmes, as clinicians forgo the cost and efforts of further training

Additionally, this will impact upon my willingness to bulk bill

- I already bulk bill a significant proportion of my clients
- If the rebate is reduced I will be less likely to assume part of these clients' treatment costs, which is what I do when I agree to bulk bill

Personally I have invested significant resources and energy in acquiring a specific skill set, which is not shared by another clinician locally, to the best of my knowledge.

- I obtained a BA (Hons)
- followed this with a Master of Clinical Psychology
- obtained a Master of Health Science (Sexual Health) which included
- self-funded time at the Porterbrook Clinic in Sheffield England.

This has enabled me to practise as a sex therapist as well as a Clinical Psychologist. To have my effort and commitment disregarded by the Senate Committee's prospective recommendations regarding the rebate is offensive. In addition, it discourages other clinicians from acquiring expertise in the field of sexual dysfunction, thus depriving the public of access to assistance that is in short supply.

Thank you for your attention.

Sincerely

Jocelyn Wake