

The Government's funding and administration of mental health services in Australia,  
with particular reference to:

- (a) the Government's 2011-12 Budget changes relating to mental health;
- (b) changes to the Better Access Initiative, including:
  - (i) the rationalisation of general practitioner (GP) mental health services,
  - (ii) the rationalisation of allied health treatment sessions,
  - (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure
    - for clinical assessment and preparation of a care plan by GPs, and
  - (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;
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;
- (e) mental health workforce issues, including:
  - (i) the two-tiered Medicare rebate system for psychologists,
  - (ii) workforce qualifications and training of psychologists, and
  - (iii) workforce shortages;
- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
  - (i) culturally and linguistically diverse communities,
  - (ii) Indigenous communities, and
  - (iii) people with disabilities;
- (g) the delivery of a national mental health commission; and
- (h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
- (j) any other related matter.

26.07.11

Private Document

Dear Senators,

For the past seven years I have been immersed in my work, learning about neuroscience, learning with the best the world has to offer, providing for training our staff and setting up a wonderful practice based on neuroscientific best practice. I have studied Quantitative Electroencephalographs (QEEG) and computer Brain interface biofeedback (neurofeedback). We have set up a state of the art facility as a result. It has been both financially taxing and a vertical learning curve and continues to be as advances in neuroscience based psychology and technology evolve daily. My business partner and I have done this on our own without any government support.

I am past president of the Applied Neuroscience Society of Australasia. For the past nineteen years I have owned and run a clinical practice, now with six Psychologists and a Psychiatrist practicing. Our business set up the first private memory clinic in Australia with Professor Philip Morris.

I have worked extremely hard over the years and I can confidently say that my practice has offered professional support to the Tweed and Gold Coast region for years. I consult internationally and people fly to the Tweed from international and national destinations to engage our services. These include not just the neuroscientific aspects of our work, but also support for veterans, families, the disabled and their carers, the learning disabled, traumatised adults and children, the anxious and depressed, and the aged.

I am part way through my PhD looking at different forms of neuroplasticity training and combinations of different systems and the changes in the QEEG readings, social emotional scales and cognitively both pre and post intervention with the mildly cognitively impaired population. This is the way of the future.

Recently though our QEEG measures we discovered that a severely autistic five year old child was actually having seizures in the speech centres of his brain. Our recommendations resulted in his being medically stabilised and then having neurofeedback training through our centre. This previously non verbal boy spoke his first sentence in my office. "Have we finished yet?" he asked as I was removing the sensors. The change in this little boy is nothing short of profound and everyday his vocabulary is increasing and his parents are staring in disbelief as the child that was condemned to a life of total dependency is now opening up like a flower. We have since found out that new research from Harvard is showing that possibly 60% of children with autism are suffering from benign seizures that are really not so benign. So much can be done for him and for others. We do this work everyday.

So after years of devoted work to my profession, supporting my colleagues, registered as a supervisor of psychology interns, and learning neuroscience in my own time and at my own cost, and running a private practice, I lift up my head and there to my amazement I find that I am now regarded as a second rate psychologist. That while I have been so totally engrossed in my work the whole of Psychology has been quietly and insidiously divided and conquered by self appointed 'elite' of academics who, I imagine in tax payers time, have railroaded a profession that of once I was extremely proud.

Now my clients are disadvantaged because they get back from Medicare \$40 less per hour than those that are seeing 'clinical' psychologists. Doctors, insurance companies, government departments are all asking "but are you 'clinical'?" and are referring elsewhere. Even Beyond Blue recently advertised a training program and stated that 'clinical' psychologists only can attend. Am I 'clinical'? I'll say I am clinical. I have run a successful practice that operated well long before Medicare came in and cushioned the process for the new 'clinicals' that have set up on every street corner in the cities. Years ago I went to meetings for the Australian Psychological Society in my region and found them competitive and unsupportive places. I decided to join a different association as a result, called the Australian College of Clinical Psychologists. This association had an inclusive and supportive policy and practiced peer reviews and demonstrated a wonderful encouragement of young students coming through. I was very happy with this choice and became the Gold Coast president eventually.

My story is one of thousands of talented people whose skills are being devalued and wasted. The stress and fear in our profession now with all the changes and demands are one thing, but the devaluation of our skills and the dividing of the profession has been nothing short of criminal and as a result of a brilliant coup set up by the private association that says it represents all Psychologists. I believe their claims about the superiority of 'clinical' psychologists have been based on fiction. Medicare's own research supports my belief.

I ask how did a private business (the APS) end up with so much control of and input into government decisions around Medicare? Was there a tendering process that they won when I was busy working? Why were other associations – all not for profit – not consulted? Why were there not proper grandfathering clauses that allowed talented and experienced Psychologists automatic entry into this 'clinical' psychology group? Does the government not realise that the 'clinical master's two year program was not even around when a lot of psychologists did their training, and that most Psychologists have at least six years of training in tertiary institutions, but also and far more importantly, experience at the cold face with clients? Does the government realise that young academics in 'clinical' masters programs are being told that they are the only ones who can solve the problems of the clients and that they are finishing their courses and setting up private practices with no clinical experience whatsoever and their clients are able to claim 30plus% higher rebate than seasoned and experienced psychologists? Does the government realise that there are not enough 'clinical' psychologists to meet the needs of the Australian population and there are not enough places in universities to train them? Does the government realise that government funding is being approved on the basis of a decision from a private organisation? Please note the requirements for the autism funding for one.

This is an outrage and total insult to our whole profession. I strongly request that we are given answers and that this intolerable situation is resolved. I recommend that anyone who has been in private clinical practice for more than five years be automatically granted clinical status. I also strongly recommend that the two tiered level for Medicare become one level only for all psychologists so that the public are no longer discriminated against and so that the field of psychology can reunite and get on with our job of providing professional service to the public of Australia.

I wish also to comment on the reduction of Medicare rebateable services for Psychology. For real change you require at least 20 sessions. 10 sessions (six plus four) will suite some people but will not be enough for most and will make Psychology look like it is not working. It does work but it needs time particularly for the population most needing it. Recent reports from the New York Times (24.07.11) raises alarming concerns about Psychotropic medications and both the long and short term effects on the American population. This issue really needs to be carefully considered.

I am grateful for the chance to express my concerns. I implore you to consider them carefully.

Yours faithfully,

Nerida Saunders BCN, FAAPi, FANSA , FACP