Committee Secretary

Senate Standing Committees on Community Affairs

PO Box 6100

Parliament House

Canberra ACT 2600

Australia

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Please consider my submission in relation to the Inquiry regarding **Commonwealth Funding and Administration of Mental Health Services.**

a) Changes to the Better Access Initiative
(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 am a clinical psychologist working part-time in private practice. The referrals I receive from general practitioners are largely for complex and often severe cases. These clients have been referred to access timely, specialised, evidence –based interventions. Currently, there are extensive waiting periods for government funded community based services such as that provided by a clinical psychologist in multidisciplinary mental health clinic, prohibiting timely intervention for often vulnerable clients. Limiting the number of sessions that are rebated will place additional pressure on already overwhelmed government mental health services when those who cannot afford to continue with private clinical psychology services seek treatment from government funded clinics. Some of the referrals I receive are for clients who have recently been discharged from in-patient psychiatric units, who are vulnerable and are at risk of relapse or for a minority, self-harm if not linked with adequate, and timely intervention.

For those clients on limited income (e.g. have a healthcare card) I offer them bulk-billed session with no-out of pocket expenses. If rebated sessions are limited, these clients may meet criteria for ATAPS. Many of my waged clients are struggling financially but have opted to direct limited finances to accessing psychological intervention under the Better Access initiative, paying a small gap. These clients would likely be ineligible for ATAPS, and therefore reducing the number of subsidised sessions available to them may place them at

risk of not being able to access optimal intervention, attempting to pay for any additional sessions out of their own pocket, or preclude them from completing treatment.

In relation to the effective treatment of depression with cognitive behavioural therapy, there is evidence to demonstrate that many patients show a remission of symptoms in 8-12 sessions, with a full course of treatment considered to be 14 -16 sessions (Butler & Beck., 1995). However, many of the clients I see in my practice have at least one co-morbid problem including personality disorder symptomatology, trauma or abuse histories or a medical condition, with ten sessions being inadequate to treat the severity of presenting symptoms and level of dysfunction.

The current number of 18 Medicare rebated sessions per annum should be retained and / or increased.

e) Mental health workforce issues including
(i) the two-tired Medicare rebate system for psychologists

Clinical psychologists have specialised training and skills as a result of a minimum of two years post graduate training (advanced training in assessment, diagnosis, formulation and mental health treatment), a two year rigorous supervision period required for specialised title, and substantial continuous professional development required for registration. In addition, clinical psychologists have skills and competency in interpreting and conducting research, with regards evaluating treatment efficacy. The services provided by a clinical psychologist are unique and specialised and an integral part of effective treatment of clients with complex and severe mental health presentations.

I urge you to support the retention of the two-tired rebate system.

References:
Butler, A.C, & Beck, A.T. (1995). Cognitive Therapy for Depression. *The Clinical Psychologist,* 48 (3), 3-5.

Clinical Psychologist