

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.

With the formation of AHPRA in 2010 and the introduction of Specialist Registration for Psychologists in Australia, Clinical Psychologists need significant tertiary study in addition to clinical experience in the area of clinical psychology. This is consistent with other countries, such as the UK and US.

Clinical psychologists have an awareness of the scientific literature on the effectiveness of current and emerging interventions. They have extensive training in assessing a range of serious mental disorders and determining the most appropriate form of help, as well as being trained in providing more than one type of therapy. Generalist Psychologists, on the other hand, often usually specialise in providing one particular type of therapy, like psychodynamic psychotherapy, or counselling, or cognitive behaviour therapy.

Clinical psychologists assess, diagnose, predict, prevent, and treat complex mental disorders and other individual or group problems to improve behaviour, adjustment, adaptation, personal effectiveness and satisfaction. Clinical Psychologists utilise specialised clinical judgement to consider what scientific research says about the cause of a disorder and what is likely to be effective. This emphasis includes the full span of psychopathological disorders and conditions, etiologies, environments, degrees of severity, developmental levels, and the appropriate assessments and interventions that are associated with these conditions. Understanding of ethical principles, of diversity and of cultural context across the lifespan are integral components of the knowledge base of all aspects of Clinical Psychology.

What distinguishes Clinical Psychology as a specialty is the breadth of problems addressed and of the populations served. Clinical Psychologists must have both theoretical and scientific knowledge of the

biological, social, cognitive and affective bases of behaviour and individual differences. In addition to psychopathology, Clinical Psychology has a special focus on the areas of personality and its development and course. Although this may result in individuals being given a 'diagnosis', a Clinical Psychologist would have the specialist knowledge and experience to utilise this information to help improve the client's life, rather than them being stigmatised and discriminated against. For example, diagnoses of Borderline Personality Disorder and Schizophrenia have significant negative stigma attached to them, however a Clinical Psychologist would have the skill and knowledge to accurately assess the person's specific difficulties and symptoms, and together with the client/consumer and their carer(s), work out a specific treatment plan to reduce these symptoms, improve their behaviour, help the person adjust to their difficulties and live a positive, satisfying life.

I am endorsed as a Clinical and Forensic Psychologist by AHPRA. I believe that for my Better Access to Mental Health Medicare work (for which I bulk bill), I should be paid at a higher rate than a generalist psychologist as I have specialist skills and experience in assessing and treating complex mental disorders. Similarly, I believe that I should be paid a higher rate than a generalist psychologist when writing a forensic risk assessment on an offender, as I have specialist skills in that particular area. However, if I wanted to complete work in the area of Sports or Exercise Psychology, I would not expect to gain employment in a government position as I do not have post-graduate training in that area, and thus I lack specialist skills and experience to successfully undertake such a position. Similarly, if I wanted to engage in private work in the area of Sport or Exercise Psychology, I would need to complete substantial training and gain significant experience prior to expecting to be able to establish this as an area of expertise.

The SA public mental health system (similar to other states) is over-burdened, has long waiting lists, has difficulties in retaining skilled staff and as a result a significant portion of their workforce consists of new, inexperienced graduates. This results in many individuals with severe mental disorders - including my two brothers who have schizophrenia - not being able to access scientifically proven assessment and intervention services from a skilled and consistent mental health worker. Many of these individuals have limited finances but have been able to access a Clinical Psychologist through the Medicare program.

I advocate for the continuation of the two-tiered Medicare rebate for Psychologists for myself, other Clinical Psychologists, those working towards Clinical Endorsement, and also for those with serious mental illnesses. If the two-tiered system were removed, then I believe that this would result in many Clinical Psychologists ceasing Medicare-funded work and engaging solely in private practice clinical work which can attract a much higher rate of pay. After all, how else are they going to pay off their substantial HECS debts created from the many years of post-graduate tertiary study that they have completed?

Thank you

Sarah Sutton