

## **Inquiry: Commonwealth Funding and Administration of Mental Health Services.**

Thursday 4 August 2011.

Dear Senate Committee,

I would like to make a couple of important points in regards to the funding for mental health under the better access to mental health initiative. I am a clinical psychologist and have had a small private practise in the bayside suburbs of \_\_\_\_\_ for the last 2 ½ years. The medicare funding has been extremely beneficial and is a valuable program and governments should be applauded for maintaining it. However I have two issues that I would like to raise from the Senate inquiry.

1. I fully **bulk bill** and therefore I see many clients who would not otherwise be able to afford to see a psychologist. This has been a great benefit of the better access model that I have seen in my practise. As a result the clients I see are often financially disadvantaged and have many other stressors associated with financial disadvantage (e.g., poor housing) that compound their mental health problems and make treatment more complex. For these clients especially, **reducing the potential number of session** from 18 to 10 would be very difficult. For instance, these clients may require 10 to 12 sessions in order to help to reduce their major depressive symptomatology, but without further follow- up sessions (e.g., 1 session per month for 6 months) or 'booster' sessions much of the progress made during the intensive therapeutic work can come undone when they are faced with ongoing financial stressors etc. Further, it is often during this time, when their depression has reduced, that they are able to look for employment. This is a vulnerable time and the clients require ongoing support and consolidation of the skills learnt to obtain a job and reduce their financial distress.
2. The **two-tiered system** is extremely important as it differentiates to the public those psychologists who have specialist clinical psychological training from those who do not. The client is then able to decide who they would prefer to see. It will provide them with choice and information. An analogy can be made within the medical profession between gp's and specialists. If I was diagnosed as having cancer I would prefer to receive care from an oncologist who has specialist training in cancer treatment than my regular gp. Similarly, someone with major depression should have the choice of seeing a psychologist who has had extensive training in the assessment, diagnosis and treatment of mental disorders (such as an accredited Masters in Clinical Psychology or Doctorate in Clinical Psychology or a PhD in Clinical Psychology) or a psychologist who has not had such additional training.

Once again thank you for the better access to mental services that my clients can access and I do sincerely hope you consider the above comments before either reducing the number of sessions or disbanding the two-tiered system.

Kind Regards,