

2.8.11

Submissions to the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services

Reduction in the number of sessions for psychological services from 18 to 10 per annum

I am writing to express my deepest concerns about the cuts in the number of sessions allowed for psychological services in the Federal Budget 2011. As a Clinical Psychologist working both in the public and private sector for now over 25 years, I would like to say that these cuts will gravely affect the severe and complex cases of people with mental health issues. Since Better Access came in a few years ago, referrals to me and other experienced clinical psychologists I know in private practice, have escalated. In my practice alone, clients with complex trauma, depression, suicidality, panic disorder and even psychosis, make up the majority of my clientele.

Clinical psychologists are one of the main mental health professionals who use evidence based, effective non-drug treatments for psychological disorders. The research evidence for severe cases of mood and anxiety disorders is an average of 20 sessions. Many clients have co morbidities and dual diagnosis with personality and substance abuse. Such individuals will be seriously disadvantaged with the 10 session limit. Which service can they access following cessation of treatment with us after 10 sessions? Continuity of treatment with one therapist is crucial to such cases due to the therapeutic relationship they form with us. Such people are likely to either cease treatment completely making presentation to Emergency Departments in hospitals very likely in times of crisis, placing greater burden on the already stretched public health system. The same scenario is likely to exist with local mental health teams. Such teams only employ half or one full time equivalent clinical psychologist, such as the one I work for in Sydney. It is impossible to cope with the demand.

Hence, in my view, although on the surface, decreasing the number of sessions may appear a sensible cost cutting measure, in reality I believe it will just shift the burden elsewhere such as to the public system, greater presentations to the GP and drug treatment.

Hence, I would like to request that the Senate rescind the decision re the session cuts.

The two-tiered Medicare rebate system for psychologists

Many senators may not understand the unique contribution clinical psychologists make to the effective outcomes in mental health status of the public from the very mild behaviour problems in children to severe psychotic disorders in adults.

Regarding our specialisation, I wish to state that Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated

postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity. Clinical psychologists are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

Given the advent of the Psychology Board of Australia, areas of Endorsement are now enshrined within national legislation acknowledging specialisation in nine areas of practice of psychology, including clinical psychology and will become the platform for all future industrial awards. It extended the W.A. Specialist Title Registration that had been awarded by the Industrial Relations Commission in W.A. in the mid 1960s. Moreover, there is a movement towards Specialist Title which we strongly support when a PBA review takes place in 2013. This gives Clinical Psychology a long overdue recognition of its specialised area of knowledge and training. Hence, downgrading clinical psychology specialist rebate will be akin to downgrading its specialisation. A 4+2 system that psychologists go through is simply not the same as the post graduate training in clinical psychology. Abolishing the two tiered medicare rebate system is likely to mislead the public in thinking that they are getting an equal service from a psychologist or clinical psychologist, thereby placing them at risk.

I would therefore like to support keeping the existing two tiered medicare rebate system for psychologists.

Finally I would like to add that those presenting with only mild psychological issues are unlikely to be affected by the cuts to session numbers or choosing to access the services of a general psychologist. However, the treatment of the moderate to severe range psychopathology is the unique specialised training of the Clinical Psychologists and would require around 20 sessions per year.

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