

Submission to the Government's 2011-12 Budget changes relating to mental health services in Australia

I am writing to express my concern regarding the decision to reduce “better access” funding for psychological services. I believe this decision will adversely affect *access to and efficacy of* treatment provided to those individuals who need it the most (those unable to privately fund specialist mental health treatment).

Hansen, Lambert and Forman's (2002) review published in *Clinical Psychology: Science and Practice*, examined the number of sessions (“doses”) required for clinically significant change to occur in psychological treatment. They concluded that “greater than 10 but fewer than 20 is typically required before 50% of patients meet criteria for recovery” (p. 333) and that ***“a realistic summary of the literature suggests that between 13 and 18 sessions of therapy are needed for psychiatric symptoms alleviation, across various types of treatment and patient diagnosis” (p. 333).*** If psychologists are to follow an evidence-based approach, then this must extend not only to the use of empirically supported therapies, but also to the length of treatment (rather like a course of antibiotics where one must complete the full course in order to benefit fully and prevent risk of relapse). Reducing “better access” funding to 10 sessions is essentially like prescribing half a course of antibiotics – just enough for people to start to feel a little better, but not enough to return them to full health thereby placing them at high risk of relapse.

Psychologists providing services through Medicare do an excellent job of supporting people in the community, assisting people to maintain a level of functioning that may allow them to continue working and meeting family responsibilities while they receive treatment and support for difficult issues. This is a real cost saving, albeit one that is difficult to quantify. Reducing access to Medicare funded psychological services may therefore place a greater strain on other more costly mental health services (e.g. inpatient mental health services).

Finally, as a current PhD student in Clinical Psychology, I object to the proposed removal of the two-tiered rebate system. I have chosen an 8-year path of combined undergraduate and postgraduate training in psychology. In addition, I will complete an additional year of supervised practice in order to gain membership to the APS College of Clinical Psychologists. I have chosen this difficult and intensive path out of a personal commitment to providing the highest quality mental health treatment I can provide. The two-tiered system provides appropriate acknowledgement and remuneration to those who have invested in a higher level of education and training in order to provide specialist mental health services. To remove this system would be insulting to all those who have taken this path.

In summary, research indicates that the capping of rebates to 10 sessions is far below that required for evidence-based practice to be effective for most people. Thus, individuals who are the most disadvantaged or experiencing the greatest psychosocial difficulties will be unable to afford a course of psychological treatment of sufficient length for them to experience clinically significant change. In addition, I believe it is right and fair for those psychologists who have invested in a higher level of education and training in their discipline to be paid accordingly.

Kind regards,

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