

15/07/2011

**Re:**

**(i) Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions.**

**(ii) The two-tiered Medicare rebate system for psychologists**

Dear Senators,

As a Clinical Psychologist I am writing to express my objection about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') as announced in the 2011 Federal Budget. Specifically, I am outraged by the proposal that from 1 November 2011, the yearly maximum allowance of sessions of psychological treatment available to people with a recognized mental health disorder will be reduced from 18 to **10** sessions.

Whilst new investments in mental health care are important and are to be applauded, they should not be at the detriment of existing mental health programs. For example, I understand that the Government has proposed to redirect funding from the '*Better Access Initiative*' to team-based community care (ATAPS).

I am deeply concerned as to how much treatment will be adversely impacted if the funding for the '*Better Access Initiative*' is effectively halved (18 sessions to 10 sessions per annum) as it implies that the same treatment outcomes can be achieved with half the amount of sessions. The proposed cuts to the '*Better Access Initiative*' reflects the Federal Government's lack of understanding of the specific and varied needs of the many Australians afflicted with mental health disorders.

Taking a hard line on mental health consumers is not the answer. It is unrealistic to expect individuals in a vulnerable psychological state to immediately establish a rapport with a mental health professional even within the current 12-18 sessions – let alone achieve treatment gains within 10 sessions. I do not believe that I will be able to effectively treat complex clients in 10 sessions.

I urge you to reject these proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances'.

Further, I am writing to express my objection about the Government's proposed changes to the *The two-tiered Medicare rebate system for psychologists* as announced in the 2011 Federal Budget.

With advanced training should come commensurate remuneration. As a general practice specialty, Clinical Psychology focuses on the understanding, assessment, prediction, prevention, and alleviation of problems related to intellectual function; emotional, biological, psychological, social and behavioral maladjustment, disability, distress, and mental disorder and, therefore of necessity, enhancement of psychological functioning and prevention of dysfunction.

Clinical psychologists assess, diagnose, predict, prevent, and treat psychopathology, mental disorders and other individual or group problems to improve behavior adjustment, adaptation, personal effectiveness and satisfaction. What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice, focuses on individual differences, abnormal behavior, and mental disorders and their prevention, and lifestyle enhancement. Substantive areas of basic psychology in which clinical psychologists must have both theoretical and scientific knowledge include the biological, social and cognitive/affective bases of behavior and individual differences. In addition, Clinical Psychology has a special focus on the areas of personality and its development and course, and psychopathology and its prevention and remediation. This emphasis includes the full span of psychopathological disorders and conditions, etiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. Understanding of ethical principles, of diversity and of cultural context are integral components of the knowledge base of all aspects of Clinical Psychology.

The knowledge base of intervention requires mastery of theories of psychotherapy and psychotherapeutic methods and awareness of current literature on effectiveness and emerging interventions. In addition, Clinical Psychology is built on knowledge of principles of behavioral change, clinical decision-making, and the professional and ethical concerns surrounding clinical practice. Clinical Psychology practitioners have a knowledge base relevant to the populations served, such as cultural awareness, and patterns of normal and deviant development across the life span. Consultation utilizes knowledge of consultation models in clinical psychology; the theoretical and empirical bases of assessment, diagnosis and intervention; and knowledge of the roles and functions of other professionals with whom clinical psychologists interact, such as physicians, attorneys, and educators. Supervision requires knowledge of the theoretical, clinical and empirical bases set forth in the rich and extensive literature on clinical supervision as a professional activity.

Research and inquiry in Clinical Psychology utilizes knowledge of methodology, including experimental, correlational and epidemiological methods; knowledge of experimental designs including single-subject, case study, group, quasi-experimental designs; qualitative and quantitative designs; and knowledge of statistics including parametric, nonparametric, and multivariate approaches. Additional expertise that informs research and inquiry is expected in personality, psychopathology, program evaluation, process and outcome research, psychometric principles, validity and reliability of clinical techniques and procedures, sensitivity and specificity of techniques and procedures and ethics of research.

Intervention procedures from a variety of theoretical orientations include individual psychotherapy, group therapy, couples therapy, and family therapy, as well as personal enhancement interventions. Clinical psychologists also develop, administer, supervise and evaluate inpatient intervention programs, community prevention and intervention programs, and skills training programs, among others. Consultation regarding the breadth of problems addressed is provided to other health care professionals, educational personnel, social service agencies, nursing homes, rehabilitation centers, industry, legal systems, public policy makers, and other institutions.

If Australia moves to a system that removes the incentives to pursue graduate education beyond a four year degree, it will place the mental health of the public in jeopardy by requiring those with less training and experience to handle complex cases, and will place Australia on a tier below that of other countries, such as the U.K., Canada, and America in terms of education and delivery of service. In lieu of this, I hope that the committee continues the current pay structure as it is, which will better ensure the delivery of mental health care in this country. I trust that my feedback will be given due consideration.

Yours sincerely,

Justine Collins  
Clinical Psychologist