4th August 2011

Dear Committee members,

I wish to make a submission for the consideration of the Committee regarding the Government's Funding and Administration of Mental Health Services in Australia. I wish to address the following terms of reference:

(a) the Government's 2011-12 budget changes
(b) (iii) GP care plans
(e) (i) the two tiered Medicare rebate system for psychologists.

(a) the Government's 2011-12 Budget changes relating to mental health;

I am concerned at the reduction of the maximum number of Medicare rebates available to individuals in one year to only 10 sessions. I encourage the committee to increase the number of sessions individuals can access to at least 18 sessions.

Based on my clinical experience and the training I have undertaken in Clinical Psychology, I strongly believe that 10 sessions is inadequate to address many mental health issues, particularly complex clinical cases. Many psychological interventions with a strong evidence base have been shown to be effective following a course of treatment of 12 sessions, with some requiring fewer sessions and frequently others requiring more than 12. I believe that by significantly reducing the number of sessions available in the private sector, the public mental health system will be further stretched, clients will risk incomplete treatments and ultimately this is a step backwards in addressing the issue of undertreated mental illness in the community.

(b) (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,

I understand that a GP is provided an allocation of funding to prepare a care plan. Psychologists are expected to liaise with and write reports to GPs, yet there are no Medicare items available to psychologists for this work and this is completed as unpaid work in private settings. I believe that just as GPs are compensated for their time, psychologists should also be compensated for the time they spend on mandatory report writing.

I have seen care plans from GPs which require GPs to specify a "diagnosis" on the plan. This concerns me because not all GPs have specialist training to make such diagnoses, yet this is required on the plan. Surely the psychologist receiving the referral is the specialist who should be making the diagnosis? It seems more logical that the care plan should be treated as a referral tool, and not require the GP to make a diagnosis prior to engaging the services of a mental health professional who does have specialist training in this area.

(e) mental health workforce issues, including:
(i) the two-tiered Medicare rebate system for psychologists,

It is my opinion that all specialist psychologists should have their area of specialisation formally recognised and valued. We have specialist titles to represent our unique area of expertise. Clinical

Psychologists have the unique expertise to assess, diagnose and treat the spectrum of mental health problems present in the community and in acute settings, and the skills to approach complex clinical problems with effective and efficient evidence-based techniques. Just like training in psychiatry, the entire accredited and integrated postgraduate training in Clinical Psychology is specifically in the field of advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity of mental illness.

Within my doctoral training in Clinical Psychology, I am training as a scientist-practitioner. Through three years of coursework, research and a minimum of 1500 face-to-face client contact hours and 230 hours of supervision, I am learning to assess and treat the range of mental illness problems using evidence-based procedures. These placements are completed over a 2.5 year period. To maintain my skills in the specialist area of mental health, I will need to continue receiving supervision and participate in ongoing education.

My fear is that eliminating the two-tier system could have the effect of essentially de-legitimising the specialisation of Clinical Psychology and ignoring the unique contribution it makes to addressing treatment of mental illness. Clinical Psychology is included as a specialisation in both the United Kingdom and United States systems and they are valued as experts in the field of assessment and treatment of mental illness within these countries. I believe it should be the same within Australia. At worst, I fear that the abolishment of a two-tier system would erode the recognition of Clinical Psychologists as mental health experts. This could then reduce the likelihood that future students will commit to such specialist training, and we will start to lose a workforce of specialised practitioners I aspire to belong to.

Thank you for your time and consideration.

Regards,

A Clinical Psychologist – in – Training