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To: The Senate Community Affairs Reference Committee inquiry into Commonwealth funding and Administration of Mental Health Services

As a Clinical Psychologist with over 16 years of post-graduate experience working in the private sector, I am writing to express by gravest concerns regarding two important matters:

1. **Investigation into the two-tier Medicare rebate system for psychology services**

   There is a good reason for the two tiered approach in that clinical psychologists have had extensive training in the field involving a minimum of 6 years of university training which includes a Masters Degree in Clinical Psychology and a further 2 years of supervision adhering to the strict guidelines set down by the Australian Psychological Society College of Clinical Psychologists. This essentially means 8 years of training.

   In contrast, those in tier 1, whose clients currently receive a lower rebate for their services have completed 4 years in total at university which includes a basic 3 year university degree with an additional one year of either an honours degree or diploma. They then complete a further 2 years working under supervision. The quality of these 2 years of work experience can vary in quality given that supervision standards also vary.

   Nowhere in the medical fraternity does one have a situation of one size fits all: medical practitioners who have spent the extra time and effort to specialize are remunerated as such. One does not expect a recently graduated medical doctor to receive the same pay as a qualified orthopaedic surgeon who has had many years of additional training and supervision. This analogy can definitely be applied to the discipline of psychology in which those clinical psychologists in tier 2 have taken the extra time and effort to further their education and training in order to attain higher qualifications deemed necessary to provide a higher, more specialised service of care to patients.

2. **Reduction in number of Medicare rebatable sessions from 18 to 10**

   The overwhelming majority of my case load is patients referred by General practitioners, psychiatrists and the local hospitals who often have severe, complex and co-morbid mental health issues. These patients actually require an increase in intensive therapy rather than a reduction and are also often ineligible to access an already overburdened public mental health sector.

   When one takes into account what hospitalization for mental health issues costs on a daily basis and compares this to weekly, intensive therapy, surely it is obvious as to which the most cost effective option is. We have clients with severe and complex issues who we are able to keep out of hospital and further assist with stabilisation. As previously mentioned, 18 sessions for these patients is in itself inadequate, without decreasing the amount of sessions to 10.

   Additionally, a recent research study by Harnett, O'Donovan and Lambert (2010) indicates that for 85% of people, clinically significant change in symptoms severity only occurs following approximately 20 sessions of treatment. This research also demonstrates that with 10 sessions of treatment, approximately 50% of people will need more psychological care to improve. Limiting the maximum length of treatment to 10 sessions will clearly disadvantage many patients who might only be starting to experience alleviation in some of their symptoms.

Essentially, cutting down on treatment sessions is highly likely to contribute towards relapse in many people which will have a flow on effect in terms of capacity to work as well as health care, which will ultimately cost the government more.

I therefore strongly urge you to reconsider these new proposals regarding abolishing the two tier system as well as decreasing the Medicare rebatable sessions from 18 to 10.

Yours sincerely

Gaby Hill
Clinical Psychologist