

The Committee Secretary
Senate Standing Committee on Community Affairs

I am a clinical psychologist working in private practice. I have undergone six years university training and two years of supervision in order to gain my endorsement as a clinical psychologist. My Masters training was specifically aimed at diagnosis, intervention and ongoing management of mental health disorders. I write to express my grave concerns regarding two issues – (1) suggestions that the two- tiered Medicare system should be cut and (2) the planned change to cap sessions under the Better Access initiative at 10 sessions per year beginning November 2011. My concerns are as follows:

- I have been working with clients in private practice, many of which come under the banner of the Better Access initiative. I have been consulting on wide range of complex issues including OCD, Alcohol Dependence and Personality Disorders. I find the current 50 min sessions at a maximum of 12 sessions per calendar year is already restrictive in the treatment of such complex disorders. I believe that the expectation to competently treat individuals in less than this is unrealistic. I also feel that it is unethical to begin treatment with the knowledge that the time available is unlikely to be sufficient. Many of my clients are unable to continue to afford session fees without Medicare rebates and thus proper and effective treatment will become something that is only accessible to individuals who can afford it.
- The increase in numbers of individuals who have accessed psychology services as a result of the Better Access initiative has been substantial. Medicare should support this, not want to change this. The two-tiered better access initiative has ensured that all individuals can access services that reflect the highest standard of training, despite their economic status. I believe that changes to the system will impact on the quality of services available to individuals across all socio-economic groups.
- I believe that the suggestion that the 4 + 2 training undergone to qualify as a generalist psychologist is on par with 6 years of

university training and two years of supervised practice is absurd. The four- year degree does not include comprehensive training in the diagnosis of mental health disorders, nor in the assessment of client risk (e.g., assessment of suicidality). Further, it does not provide clinical training in a range of intervention models.

- The post- graduate clinical psychology degree is the only allied health training that is specifically aimed at the diagnosis, intervention and management of the full spectrum of mental health disorders. I am concerned that the proposal will decrease incentive for students to undergo further study and will therefore impact negatively on the quality of mental health services that are provided across the board.
- I am concerned that abolishing the two-tiered system will result in graduates being under-prepared to work within the area of mental health. When I started working in a counseling role following the completion of my studies it became clear to me that responding effectively to the wide range of mental health concerns is a complex and challenging task. It is evident that an extensive level of training and supervision is absolutely necessary to competently treat individuals with mental health issues that encompass the full range of complexities and severities. I believe that government initiatives should support and encourage such training.

Thank you for taking the time to read my concerns.