

3 August 2011

Dear Senate Committee

**RE: THE SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE
INQUIRY INTO COMMONWEALTH FUNDING AND ADMINISTRATION OF
MENTAL HEALTH SERVICES**

I have been a Member of the Clinical College of the Australian Psychological Society since 1 July 1990. Since 1989 I have developed a private practice as a Clinical Psychologist. I treat people with a range of degree of mental health severity. As a very experienced clinician I tend to be referred patients with quite severe and complex conditions. It is my experience that mental health issues that present to private practitioner clinical psychologists are frequently complex and require competent assessment and intervention.

It is of great concern that the government is proposing to abolish the two-tier Medicare rebate scheme for psychological services. I believe that this proposal signifies the government's poor understanding of the training a clinical psychologist receives and the mental health issues they treat as compared to a general psychologist.

A general psychologist undertakes four years of tertiary study (Bachelors Degree) followed by two years of supervised work experience. The standard of such supervision varies both in content and scope. A clinical psychologist requires a minimum of six years study (Masters Degree), seven years study (Doctorate) or eight years study (PhD). In addition to these years of study, a further two years of supervised practice is required. The clinical psychology training programs offered in Australia expose students to a variety of subjects to enable them to develop expertise in assessment, diagnosis, and evidence-based treatment across a broad range of mental health conditions. Additionally students are required to undertake a minimum of four clinical placements with qualified supervisors and conduct research in a clinical area.

The government's proposal to abolish the two-tier rebate system fails to recognise the levels of training undertaken by clinical psychologists as compared to general psychologists and appears to mistakenly assume that clinical psychologists treat predominantly mild to moderately severe cases. This is not correct. Clinical psychologists are providing an essential service to the community through their expertise to assess and treat persistent, complex and severe mental health cases. There is a significant need for mental health services to be directed to those cases. Psychiatrists are not reaching the demands of this group as their waiting lists are long and their fees preclude many Australians accessing their services. Psychiatrists can barely meet the

high demand for their services in the metropolitan areas of Australia, let alone the regional and remote areas. On what basis then can the government justify the reduction of rebated sessions from 18 to 10 per annum? For example, for a severe case of PTSD where the evidence based treatment of choice is imaginable exposure, it is unrealistic to expect that adequate assessment, treatment formulation, implementation and review can be done in 10 sessions. To suggest otherwise, is to poorly understand the therapeutic process.

Since the Medicare rebate system was introduced in 2006 by the then liberal government, more Australians have had the opportunity to access mental health services. It is incumbent on the government to ensure that funds for the treatment of moderate to severe mental health problems are directed to highly trained practitioners. Mild cases can be appropriately treated under the focused psychological strategies option provided by general psychologists, who are four year trained. Severe mental health cases, such as schizophrenia or psychoses require the treatment of Psychiatrists. There are, however, numerous potential psychosocial consequences for individuals, families, workplaces and the community, when mental health problems are inappropriately diagnosed or treated. Australians have a reasonable expectation that they can access the services of **highly trained medical practitioners** e.g. a surgeon or a dermatologist, as distinct from a general medical practitioner when required. Why then should they not be similarly able to access the services of highly **trained mental health practitioners** who have undertaken a minimum of eight years training. There are numerous potential psychosocial consequences for individuals, families, workplaces and the community when mental health problems are inappropriately diagnosed or treated. In my opinion it is reprehensible of the government to promote the notion that the competency and training of a general psychologist is equivalent to that of a clinical psychologist.

I urge the Senate Committee to overturn their proposals to: a) reduce the rebated sessions from 18 to 10; and b) abolish the two-tier Medicare rebate system.

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