

Date: 3 August 2011

**A submission to the Senate enquiry into Commonwealth funding and administration of Mental Health Services**

As a clinical psychologist I wish to make comments in relation to several of the terms of reference identified in your current enquiry, particularly in relation to the proposed changes to the Better Access initiative.

*(b) (i) The rationalisation of general practitioner (GP) mental health services*

From the perspective of a clinical psychologist I agree with the need for changes in the procedures by which Mental Health Care Treatment Plans are employed. A simple referral from a general practitioner, without the completion of a Mental Health Care Plan, would be sufficient and cost-effective.

*(b) (ii) The rationalisation of allied health treatment sessions*

The proposal to reduce the number of rebatable sessions from the current 12 + 6, to 10 + 4 with no allowance for special circumstances will have a substantial impact on clinical outcome for a high proportion of patients having serious and co-morbid psychopathology. These are not the seriously mentally ill, for whom ongoing maintenance care is required, but individuals who will achieve substantially improved functioning with a comprehensive evidence-based psychological intervention. Without access to psychological care for these individuals the burden will fall back onto general practitioners and the use of pharmacotherapy.

Since effective evidence-based therapy is derived from trials in which more than 10 sessions are provided, it is unrealistic to expect worthwhile results in all cases without access to an adequate number of treatment sessions. I urge you to reconsider the proposal to reduce the number of rebatable sessions per year; especially for patients with moderate to severe conditions.

*(b) (iv) The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule*

The change in number of allied mental health treatment services for patients with mild or moderate mental illness would likely be minimal. Under the existing structure such patients would typically have good results in up to 10 sessions.

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

The two-tiered rebate system is recognition of the advanced level of training of specialist psychologists. The specialist training ensures a high level of ability in diagnosis, case-formulation and treatment of psychopathology. Most of the patients presenting with moderate to severe symptoms have comorbid concerns which all need to be recognised, diagnosed, and targeted in therapy. The advanced training completed by specialist clinical psychologists facilitates this.

The higher rebate for specialist clinical psychologists also enables many more psychologists to bulk-bill a large number of high-need and seriously troubled patients who would otherwise be unable to access effective treatment.

Yours faithfully,



Dr Laurel Morris