

17<sup>th</sup> July, 2011

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

I am writing to address the proposed changes to the government funding of psychological services outlined in the 2011 budget and subsequently. I am a clinical psychologist specialising in the treatment of severe mental disorder (psychotic disorders, personality disorders, severe mood disorders). I work in the Eastern Suburbs of Sydney in an inpatient psychiatric facility and in private practice. The population that I work with are mostly of low socioeconomic background and are highly complex, requiring intensive psychological intervention. They are often pensioners living in government subsidised housing.

Prior to 2006, mental health consumers in the area that I work had great difficulty accessing evidence based psychological intervention. Access to these services in inpatient facilities, such as the one in which I work, were limited due to reduced staffing and escalating admissions. With the implementation of the Better Outcomes scheme large numbers of these consumers were able to access high quality services outside hospital. I consider it a great success in improving the quality of life for those who struggle with mental illness and know that it is highly valued by consumers and their families.

It is my understanding that the 2011 budget proposes reducing the number of sessions that are possible for a consumer per calendar year from 18 to 10 sessions. For the majority of cases I consider that this change would be acceptable. The vast majority of consumers within my private practice complete therapy within 10 to 12 sessions. I do have concerns however, for the more complex, high risk cases such as those suffering from a bipolar disorder, a severe depression, a personality disorder or a psychotic disorder. These conditions are life threatening and highly changeable. There is good evidence that psychological interventions can be highly effective in the management of these conditions. I fear that the limit of 10 sessions per calendar year will not be sufficient to allow significant improvement. It is possible that clinician's may refuse such referrals as they consider it unethical to commence treatment that cannot be completed. I urge the committee to consider options that may allow services to be delivered to this group, for whom psychological treatments are critical yet who have historically been unable to access them.

I have been made aware that there has been a discussion to remove the difference in the rebate for psychological and clinical psychological services. I have concerns about this for a number of reasons. As you would be aware, clinical psychology is a specialisation within the profession of psychology. The Health Department recently reinforced the distinction between psychologists and clinical psychologists when making changes to the industrial award that covers psychologists working in health. Health services now are only able to advertise for clinical psychologists if there is a strong argument that the service requires the specific skills of a clinical psychologist, suggesting these are advanced, specialised skills that are required when there is increased complexity.

In my experience, GP's and psychiatrists refer more complex and challenging cases to clinical psychologists. These cases often require more work liaising with the treating team, managing crises and risk (increased phone calls when in crisis, phone calls to emergency departments etc) and working with consumer's families. Further, given the intensity of distress experienced by the consumers, they are often unable to work, leaving them in financial hardship and therefore needing to be bulk billed. I fear that the removal of the distinction between clinical and non-clinical psychologist rebates will provide a disincentive for those with unique, specialised training to treat these challenging cases. The unique contribution that the clinical specialisation brings is well recognised within the public mental health system. I urge the committee to maintain this distinction when considering the rebate structure for psychological services.

Yours Sincerely,

Peter Walker

Senior Clinical Psychologist