

**Senate Community Affairs Reference Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services.**

Dear Senate Standing Committee,

My submission will address two areas of concern: 1) the Government's plan to reduce the number of Medicare-funded sessions under the *Better Access Initiative* 2) the Government's plan to discard the two-tier system of Clinical Psychologists as mental health experts.

**Proposed reduction of Medicare-funded sessions under the *Better Access Initiative***

Whilst it is the case that individuals with mild mental health difficulties may not require 12-18 sessions to regain mental wellbeing it is certainly the case that those presenting with moderate to complex mental health issues do require up to 18 sessions in order to regain mental well-being. By reducing the number of sessions individuals can access it implies that the same treatment outcomes can be achieved with half the amount of sessions. There is no doubt that effective mental health treatment is crucial to getting many patients back into the workforce and leading normal, productive lives. The proposed cuts to the *Better Access Initiative* reflect the Government's lack of understanding of the specific and varied needs of Australians with mental health disorders.

Taking a hard line on mental health consumers is not the answer. It is unrealistic to expect individuals in a vulnerable psychological state to immediately establish rapport with a mental health professional even within the current 12-18 sessions – let alone achieve treatment gains within 10 sessions. Such individuals do not need the added pressure or stigma of needing to recover quickly with the threat of being referred to a community team or psychiatrist and therefore having to start again with new practitioners. Since the introduction of the *Better Access Initiative* individuals have been able to access quality mental health care from Clinical Psychologists and achieve effective gains from this psychological treatment without the utilisation of team-based care. In my opinion, it is a backward step to mandate mentally unwell individuals to participate in treatment involving multiple disciplines in order to access psychological treatment. This is a good way to stigmatize the mentally unwell.

Clinical Psychologists undertake postgraduate University training which is entirely devoted to mental health specialisation and includes training in the field of advanced evidence-based and scientifically informed mental health assessment, diagnosis, case formulation, consultation, treatment, evaluation and research. As a mental health specialist, the Clinical Psychologist is frequently referred the most complex and severe cases. Any cut to the maximum of 18 permissible annual Medicare subsidised consultations not only undermines the most unique contribution of Clinical Psychologists to evidence-based and scientifically informed mental health treatment but significantly disadvantages the target population who suffer from more complex issues and will be left high and dry after the touted 10 sessions during which they will have built a therapeutic alliance characterised by trust in the Clinical Psychologist they have been working with. In more complex matters it is not advisable and often not possible to stretch the frequency of consultations out to one per month because more frequent therapeutic contact is what is needed in order to bring about positive change. Funding cuts may serve to reduce appropriate referrals from GPs and some potential consumers may opt to remain untreated rather than begin treatment and have their funding expire before the completion of treatment.

**The Government's proposal to discard the two-tier system of Clinical Psychologists as mental health experts.**

The Government has failed to realise that there is a significant difference between generalist psychologists and Clinical Psychologists. Clinical Psychology in Australia is one of nine equal specialisations within Psychology. It is an internationally recognised specialty, enshrined within Australian legislation and the basis for industrial awards. As part of their post-graduate study, Clinical Psychology trainees undertake placements of 3-4 months in various mental health settings where they can gain, under the supervision of experienced Clinical Psychologists, first-hand experience of

working with psychiatrically disordered patients. Following graduation Clinical Psychologists are required to undertake a rigorous program of supervision in the field of mental health before they can be admitted to the College of Clinical Psychologists. In short, Clinical Psychologists are required to undertake a minimum of eight years training followed by a rigorous program of yearly continuing professional development within the specialty of Clinical Psychology. It is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the fields of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, clinical evaluation and research across the full range of severity and complexity. Clinical Psychologists are well-represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

The role of Clinical Psychologists is to assess, diagnose, predict, prevent and treat psychopathology, mental disorders and other individual or group problems to improve behavioural adjustment, adaptation, personal effectiveness and satisfaction with life. The breadth of problems addressed and the populations served distinguish Clinical Psychology practice from generalist practice. Clinical Psychology is the specialisation of psychology in psychiatric disorders and is different from psychiatry which is the specialisation of medicine in psychiatric disorders. Clinical Psychologists are recognised as **specialists** in the USA and UK.

It is abundantly clear that there is an obvious significant gap in mental health service provision for those in the community presenting within the range of moderate to most complex and severe presentations. The treatment of the moderate to severe range is the unique specialised training of Clinical Psychologists. Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices.

I urge you to reject the Government's proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12 with an additional 6 sessions for exceptional circumstances.

I further urge you to retain the position of Clinical Psychologists as specialist mental health practitioners under the *Better Access to Mental Health Care Initiative* and to restore the number of sessions to 12 per annum with an additional 6 sessions for exceptional circumstances.

Yours sincerely,

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