

Re: Impact of budget cuts on people with a serious mental illness

I am a clinical psychologist working primarily in public mental health and I am concerned about the changes to the Better Access to Mental Health Scheme outlined in the 2011-2012 Federal Budget. I am member of the Australian Psychological Society's (APS) Clinical College. As a clinical college member I have over twenty years of specialised training and experience in the assessment and treatment of mental health disorders, across the spectrum of mild, moderate and severe presentations. Historically I have believed that the public sector rather than 'private' services have been the most appropriate vehicle for treating serious mental health problems however the results of the Better Access evaluation have persuaded me that there is an important role for federal support. If it were possible, I would prefer to see Commonwealth monies directed towards public mental health services as operated through the states however I do not believe that is a realistic option at this time. I would also support any changes that made it easier to provide effective treatment for young people (eg supporting the provision of treatment through parents). However, in the present climate, I am concerned that the budget changes to Better Access will reduce patient access to treatment by clinical psychologists, reduce the overall quality of service provision, and bias service access to more costly or less trained professions.

**Capping of rebates provided by psychologists to only 10 visits per calendar year**

Under the changes proposed in the federal budget, the number of clinical psychology treatment sessions a person with a mental health disorder can receive each year will be reduced from a maximum of 18 down to 10. The Government has argued that the changes to the Better Access Scheme will not affect large numbers of consumers, and that the ATAPS program will be able to respond to the needs of the most severe presentations. It is unclear that there is sufficient funding and clinical psychology services within ATAPS to provide effective treatment.

Operating within the public sector, I am not a provider under either Better Access or ATAPS. However, Better Access has complemented our work well and allowed children and adolescents access to a broader range of clinical psychology treatment. As Director of Research in my organisation, I have reservations about the number of sessions required for effective treatment and am unconvinced that 10 sessions is empirically supported. There is little point having broad access to ineffective treatment. I would ask that you act to ensure that treatment for individuals with moderate to severe mental illness is not compromised by the proposed budget cuts to the Better Access Scheme.

**Loss of two-tiered Medicare rebate system for psychologists**

I am also writing in regards to The Senate Community Affairs Committee's conclusion that there are no grounds for the two-tiered Medicare rebate system for psychologists recommending the single lower rate for all psychologists including clinical psychologists. Clinical psychologists are the only psychologists given specialist postgraduate training in the assessment, diagnosis and treatment of moderate to severe mental illness. Clinical psychologists are required to undergo a minimum of 6 years university training plus two years of supervised practice once completed. This compares to generalist psychologists who are required to complete only four years of university training and two years of supervised practice, without a focus on the assessment, diagnosis and treatment of moderate to severe mental illness. What distinguishes Clinical Psychology as a specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice, focuses on individual differences, abnormal behaviour, and mental disorders and their prevention, and lifestyle enhancement. In the UK and the US clinical psychologists are recognised for their superior training and ability to work with patients who present with moderate to severe mental illness. This is not to deny that there are some talented general psychologists but this is not a function of their training.

While all psychologists can help patients with moderate to severe mental illness, clinical psychologists bring additional training and expertise and should, therefore, be recognised for this as per the current 2-tiered

Medicare rebate system for psychologists. For Better Access to deliver the best level of care to society, surely the most highly trained members of the profession of psychology need to be remunerated appropriately. While there are other specialist areas of psychology that receive high levels of training, clinical psychologists receive high level training in the exact area that the Better Access initiative is targeting i.e., the assessment, diagnosis and treatment of moderate to severe mental illness.

I am pleased that a Senate Inquiry has been announced into the Commonwealth Funding and Administration of Mental Health Services which will examine these issues in full, and hope that this will lead to the government increasing access to Clinical Psychologists in preferably the public but also in the private sector.

Yours sincerely,

**Clinical Psychologist**