3/8/11

To whom it may concern,

Re: Submission to Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

I have been a clinical psychologist for the past seven years working primarily with children, teenagers and their families in the Southern region. The majority of my work is in the Public Sector working in Health, Education and Child Protection but for the past 3 years I have also worked on a part time basis employed within a private practise (also primarily with children and teenagers).

I wish to put forward my views regarding the impact for the public of reducing the number of available Medicare covered sessions from 18 (maximum) to 10 (maximum) per calendar year and comment on the importance of maintaining a two-tiered system of Medicare rebates.

Firstly, **I am strongly opposed to the suggested reduction of 18 (maximum) sessions to 10 (maximum) sessions as I believe that this will only serve to increase social inequity for the most vulnerable clients.** In other words, this change to Medicare will force the most vulnerable clients back onto the very long waiting lists of public mental health services, or worse, discourage them from seeking help with their mental health at all. The majority of clients I see only require only 6 – 12 sessions of psychological therapy within a calendar year and only a very small proportion of my clients have been seen for 18 sessions. However, my clinical judgement urges me to emphasise that the clients who have accessed 11 – 18 sessions with me are the clients who *need* these sessions as they have more severe mental health needs. These clients do not access services lightly - they do not come for trivial concerns, they are the clients who are at greatest risk in our society and we have a responsibility to support them to access the help they need.

As a case example. I am currently working with a 15 year old who is at risk of homelessness, has experienced significant clinical anxiety and depression, has engaged in self harm and recent suicide attempts and is currently engaging in other risk taking behaviours such as abusing alcohol and frequent unprotected sexual relations. She has experienced significant trauma during her life and has great difficulty trusting adults. She has often felt judged by adults and initially only came to see me very reluctantly. Considering this history, it took several sessions to develop a trusting relationship with this vulnerable young woman. However, in recent months she has begun demonstrating some positive behaviour changes, reports less negative affect and has sought contact with me at times of crisis, such as when she was at risk of self harm and homelessness. I have hopes that given another 8 sessions she will have enough strategies to keep herself safe in the challenging times ahead as she searches for more permanent accommodation. Unfortunately, we are about to reach the end of our first 10 sessions and due to her financial situation, under the changes to Medicare she will no longer be able to access my services come October. I am glad to be working with her now as I honestly would fear for her safety if our sessions were forced to end now.

This is one example of the level of vulnerability that some clients face and it would be extremely destructive for these few individuals with complex mental health needs to reduce the number of sessions they can access “under special circumstances”.

A few additional points I would like to make on this issue:

- I currently have a waiting list of approximately 2 months and have had for the past 6 months at least. In other words, I have more work than I can manage at the moment and so it makes ***no difference to me financially*** that more sessions be available. Thus, I do not believe I am arguing for 12 -18 sessions to improve the financial viability of my work, but because I believe the few individuals who do access 18 sessions would otherwise be left with enormous unmet mental health needs.

- Many of the evidence based approaches recommended for working with clients with severe anxiety, depression, personality disorders and significant complex trauma require 12 – 18 sessions of treatment. In my work in the public sector I provide many brief therapy interventions for families (6-10 sessions) but I am also able to provide the most evidence based treatment protocols for children and families with the most complex trauma (18 – 20 week treatment programs). It seems unethical that I would need to offer a less evidence based and less effective service to my most vulnerable, complex clients who access my services privately if fewer sessions were available through Medicare. Unfortunately this would probably mean never getting to the sessions designed to maintain mental health and prevent relapse and it is foreseeable that a reduction in available sessions would only lead to these clients re-presenting more often to Emergency Departments or other mental health providers in the future.

Secondly, **I believe it is very important to maintain a two-tiered system of Medicare rebates to maintain the quality and integrity of Mental Health Service Provision in Australia.**

I believe the Australian public are entitled to the best Mental Health Services available. While I believe the public are entitled to choice about the type of services they can access I think it is crucial that the public can be confident that should they choose to access the services of a registered Clinical Psychologist that this person will be adequately trained to an Internationally approved standard (In the UK and the US, psychologists have a minimum of 6 years and up to 10 years of full time training, followed by post graduate supervision) and is up to date with current research and practise in Mental Health through ongoing supervision and professional development.

Thus, I believe we should be aiming for all new psychologists to be required to obtain a Clinical Masters degree (6 years) in psychology (which includes extensive supervision of clinical skills) *and* extensive ongoing professional development requirements, *and* post degree (2 years) supervision requirements.

I understand that there will be *some* registered psychologists without Clinical Masters degrees who have many years of experience, have regularly attended professional development and remained up to date with research and who are likely to be providing a high quality Mental Health Service to the Australian public. I believe these Psychologists should be given opportunities to present evidence on an individual basis to argue their competency to be allowed to provide services under the Psychological Therapy Items rather than Focussed Psychological Strategies Items.

However, if we remove the two-tiered system of Medicare rebates and allow all non-clinical psychologists who have completed only a four year undergraduate degree (most of which

have little or no focus on clinical skills) plus a highly variable supervision quality/amount we run the risk that:

1. The public may be exposed to a psychologist with insufficient training and ongoing skills development to provide the same quality of service as a Clinical Psychologist. This is more likely to be the case for newer less experienced non-clinical psychologists but could equally apply to more experienced non-clinical psychologists who have not remained up to date with current evidence based practises and accessed ongoing supervision and professional development. In other words, vulnerable Australians with significant complex needs will be at risk of poorer quality services which for some people can mean the difference between life and death and for most will certainly impact on their ability to access the better quality of life they deserve.

2. There will be no incentive for new aspiring psychologists to access a higher level of training and ongoing professional development and supervision. A two tier system with higher Medicare rebate for clinical psychologists, encourages a higher level of training and supervision and protects the future of high quality trained psychologists in Australia and therefore the Australian public. Without a two-tiered system of Medicare rebates we may be reducing the quality of Australian Psychologists in the future.

Thank you for considering my opinion on these matters.

Penny Sih
Clinical Psychologist