

Re: Senate Community Affairs Reference Committee Inquiry into Commonwealth funding and administration of mental health services.

To the senate committee:

I am a Psychologist, currently in the process of completing my registrar clinical training towards becoming a Clinical Psychologist. I have a number of concerns that I wish to have considered in the review of the Government's 2011-12 Budget changes relating to the Better Access to Mental Health Initiative.

(1) Changes to the Better Access Initiative, particularly the reduction of allied health treatment sessions:

The recent budget changes will result in a significant reduction in the number of sessions available to clients with mental health problems per calendar year. The changes will reduce the number from 12 appointments to 6 appointments, and in the event of extenuating circumstance from 6 extra appointments to 4 extra appointments. While 6 sessions may be sufficient for less complex presentations without significant co-morbidity, in reality very few clients have such a presentation. This means that Psychologists will have to intervene with complex cases in fewer sessions, which will have a significant impact on the efficacy and adequacy of services to people with mental illness. It is also more likely to result in a "revolving door" scenario, whereby clients who have not been able to access the appropriate amount of sessions and more likely to relapse and need to seek help again, thereby actually increasing costs in the long run. Consequently, while treatment services of patients with mild mental illness may not be severely compromised under changes to the Medicare Benefits Schedule, patients with moderate and severe mental illness will be severely disadvantaged. These clients have few other mental health alternatives (e.g. psychiatric or public psychological services) available to them and no accommodation has been made for this group under the new changes.

Uptake of Better Access services has been high and it has reached significant numbers of people who would not previously have accessed mental health care. The results of the study into the Better Access in Mental Health made specific reference to the adequacy of the current model to deliver focused psychological strategies by Psychologists and Clinical Psychologists. It also noted that this program was providing significant benefit to people with mental health problems. It seems very surprising that despite the growing evidence-base for effective psychological interventions, there are cuts to the number of sessions provided under the Better Access Initiative.

(2) Proposed changes to the two-tiered Medicare rebate system for psychologists:

In order to earn the right to be titled "Clinical Psychologist", Psychologists undertake 4 years of undergraduate University study, followed by a 2-year Master's program. Upon completion of their Masters degree they are further required to complete a 2 year post-Masters registrar program. This means that in order to be able to use the title Clinical Psychologist, the person has completed 6 years of University education (including both course work and clinical training), followed by 2 years of specialized clinical training. This equals 8 years of training.

Clinical Psychology is one of nine specialisations within Psychology. Each area of specialisation focuses on a different domain of psychology. Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field

of severe mental health problems. In addition, Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific during university training enables the profession of Clinical Psychologist to bring research and empiricism to their provision of services, which increases accountability. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients. Clinical psychologists have a specialist qualification in a similar way to medical specialists. What is being proposed is not unlike asking medical specialists to receive the same remuneration as non- vocationally registered GP's.

In summary, I sincerely hope that the senate reconsiders the new proposals about the *Better Access* initiative and leave the length of treatment intact at 12-18 sessions. I also urge the Senate to retain the position of Clinical Psychologists as specialist mental health practitioners and to maintain the current 2 tiers of rebates.

Yours sincerely,

Concerned Psychologist