

Submission to the Inquiry into Commonwealth Supported Mental Health Access.

I am writing as a clinical psychologist in response to a proposal to (i) reduce the number of Commonwealth supported sessions from a maximum of 18 to a maximum of 10 per calendar year and (ii) to withdraw specialist Medicare rebates for clinical psychology in favour of providing both generalist and clinical psychologists with equal levels of government rebate. This document outlines my professional opinion and the importance of how these changes could potentially influence family and work structures in the future. I would appreciate your consideration of my argument, and request that my opinion be tabled appropriately.

I am a clinical psychologist and have been practicing as such for the last 30 years, 25 of those were in Sydney, Australia. During this time I have worked as a clinician in private practice, as well as being a part time lecturer teaching undergraduate and postgraduate students at the University of \_\_\_\_\_ within the Faculty of Business and for the last three years at \_\_\_\_\_ University within Psychology. I have three advanced degrees, all of them of a clinical nature, two of them specifically in psychology.

While reducing the number of Commonwealth supported sessions is unlikely to greatly affect individuals living with mild mental illness, individuals living with moderate to severe mental illness, and who may require in-patient treatment, will certainly be compromised by reduced availability of out-patient treatment. It is noteworthy that the cost of in-patient treatment far exceeds the cost of sessions required for effectively maintaining functioning in individuals with complex and chronic illness. Furthermore, those individuals affected by moderate to severe mental illness are more likely to be out of work and therefore unable to afford sessions without the government rebate. While I have treated many people all along the continuum of mental health and illness, and at present half of the clients I see have suffer from severe and chronic mental conditions. Through our sessions together, a portion of them have been able to maintain themselves in the workforce. The remainder of my clients rely on Centrelink for financial assistance. If these sessions were not available these clients would, in my opinion, have sought inpatient hospital stays, which would reduce their overall self-esteem, motivation to return to work, and be of substantive cost to the taxpayer. At the other end of the socioeconomic ladder I also see individuals many of whom are often working parents. Our work together focuses on implementation of strategies which will enable work-life balance, encourage employment practices which endorse ethical behavior and build skills and competencies for negotiating change and help them generally as parents to raise their children in a healthy and robust manner.

Child welfare and mental health has been noted to be a priority for the present government and early intervention with children and adolescents to avert future psychological debilitation has been underlined as very important. As both a psychologist and a parent I fully endorse this initiative. However, in the effort to highlight needs within early childhood centers and educational systems we still need to be mindful of the home to which these children return at the end of the day.

The economy is such that dual income families are more the norm than the exception, and parents are still exposed to the pressures of negotiating employment responsibilities and timeframes as well as children's needs. It is for this reason that I therefore thoroughly believe that the work that I undertake with working parents is an important factor in helping the family unit maintain harmony and equilibrium.

Working with both parents and social systems together helps to reduce the risk of physical and emotional abuse, homelessness and unemployment, all of which deplete Federal resources. In the case of decreased reliance on hospital services, and also in the case of maintaining stable home environments for Australia's next generation, it is evident that economic, societal, and individual benefits are often long reaching, though sometimes difficult to identify in the short term.

I also offer comment on the proposal to place clinical and general psychologists on the same Medicare Item Number, and to offer the same rebate. In order to attain full registration as a clinical psychologist one must complete an additional 2 years of training which facilitates the clinician's understanding of mental disorders with complex presentations as well the more subtle aspects of the therapeutic process, and how to approach those individuals most resistant to treatment. Further, clinical programs offer the opportunity for extensive experience with how to evaluate and employ a particular therapeutic model, or with a particular population, and thus clinical psychology may be called a 'specialisation' in two senses of the word. Clinical psychologists are extensively trained in the application and integration of diverse therapeutic processes, as well as being extensively familiar with a particular therapeutic style or client population. Furthermore, the use of a single Medicare Item Number for both clinical and general psychologists incorrectly communicates to clients that there is no difference between the knowledge, experience, and skills of these two groups. Therefore, the distinction between clinical and general psychologists is evident in the degree of formal training necessary, in the abilities and skills of the practitioner, and in the differing abilities to treat the most profoundly mentally ill. It is only reasonable that the distinction is also evident in the rebates offered through Medicare.

In summation, I observe that the Better Access Initiative has been instrumental in transforming approaches to interpersonal resilience in a variety of systems from family, cross cultural integration, and major industry in all sectors, public and private. While the costs of Commonwealth supported mental healthcare are significant, these are far outweighed by the financial cost and societal consequences of reducing the availability of psychological services, or through failing to support the development of clinical specialisation among therapists.