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August 3, 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Secretary

RE: AUSTRALIAN MENTAL HEALTH SERVICES

I am a community-based psychologist in independent private practice on the Gold Coast. I am making this submission to the Federal Senate with the following qualifications and awards:

- Registered Psychologist (PBA Reg. No. PSY0000946584)
- Bachelor of Psychology (Honours I) (Griffith University)
- The Griffith University Medal, 1999
- Psychology Medal for Achievement in the Bachelor's Degree, Griffith University, 1999
- Australian Psychological Society Prize in Psychology, Griffith University, 1999
- Pearson Education Australia Award for Academic Excellence, 1999
- Griffith University Award for Academic Excellence - B. Psych with Honours, 1999

I am writing to express my concern regarding the following three areas of mental health services in Australia:

- The reduction of Better Access sessions from a maximum of 12-18 to a maximum of 10
- The issue of 'endorsement' for psychologists
- Differential (2-tiered) Better Access rebates for 'clinical' psychologists

1. Reduction in Better Access Medicare Rebate Availability

As a mental health professional, it was extremely disturbing and disappointing that in this year's Federal Budget the number of sessions available to clients under the Better Access program was reduced from 12-18 sessions to a maximum of 10 sessions.

Although this will not affect the large majority of clients, those that *are* affected are the clients *most in need of ongoing support*.

I understand that it is the Government's view that such clients be seen through the ATAPS scheme, but this option is not available to everyone. Many clients require ongoing support that may not fit the criteria for ATAPS funding (e.g., they may work in paid employment but have a family to support). Furthermore, it is not beneficial for clients to develop a therapeutic relationship with a mental health professional only to be told that for more than 10 sessions they will have to see a different (ATAPS) provider. In addition, I understand that the designation of a psychologist as an ATAPS provider depends on a range of criteria such as the number of other ATAPS providers in that geographic location, and the areas of practice of the provider. In short, many psychologists are unable to become ATAPS providers, thus limiting the provision of this service.

Hence it is of concern that many of the clients with the most severe presentations or complex needs will no longer be able to access adequate psychological services from November 2011. It is even more perplexing that this should occur given that the Federal Government's recent *independent evaluation of the current Better Access program found that it is a cost-effective mechanism for the delivery of quality mental health services that produces good outcomes for service consumers.*

Accordingly I respectfully **request that the decision to cut the number of Better Access sessions be reviewed and that provision for 12-18 sessions be reinstated.**

2. 'Endorsement' for psychologists

When I completed my university studies in 1999, the option of obtaining registration through 2 years of supervised practice was viewed as a perfectly valid pathway (i.e., the '4+2' option). With the changes following the commencement of national registration from July 2010, and the subsequent introduction of 'endorsement' for psychologists who elected to complete a Masters degree rather than obtain on-the-job supervised experience, I now find that I am relegated to second-class status. This demotion has negative implications for the perceived skills of, and subsequent referrals to (e.g., from GPs and third party providers such as WorkCover and insurance companies), non-endorsed practitioners *without any evidence to support this potential erosion of practice areas, reputation and income.*

Although I understand the argument that states that having a higher degree equates to increased skills – and thus eligibility for the now coveted 'endorsed' status – it appears that there is little hard evidence to support this view. (The findings of the afore-mentioned recent independent Better Access review being one case in point whereby no significant differences in treatment outcomes were observed for clients of 'clinical'/'endorsed' vs registered ('generalist'/'4+2') psychologists.)

If I may use a sporting metaphor, it appears that *the game rules have been changed after the teams have already run onto the field*, and changed to benefit a

small minority of players with vested interests in pursuing an elitist divide that previously did not exist.

Some might argue that the solution to this situation is simple – study a clinical psychology Masters degree. However my current circumstances make this scenario completely unsustainable. This also assumes that there is a Masters degree place available as I understand there is not enough places offered to meet demand. Moreover, I have already completed an additional two years beyond my Honours degree (not including ongoing Professional Development activities) which *prior the retrospective imposition of the 'endorsed' structure was considered perfectly acceptable by those who now seek to change the rules*. If the rules are to be changed, it would appear that the most reasonable approach is to draw a line and advise those *entering* the profession of the new requirements so that they may make their professional choices accordingly.

Thus I respectfully request that serious and urgent consideration be given to the following options:

- (if the Government is committed to continuing the 'endorsed'/'non-endorsed' divide) **instating a 'grandfather' clause that provides endorsement to all psychologists registered as at 1 July 2010, or**
- **abolishing the 'endorsed' status altogether.**

3. Differential (2-tiered) Better Access rebates for 'clinical' psychologists

A similar argument is pertinent to the Better Access rebates for 'clinical'/'endorsed' vs registered ('generalist'/'non-endorsed') psychologists. *Without any hard evidence* to support the significantly higher Better Access rebate to 'clinical' psychologists (as compared with registered psychologists), a considerable amount of Federal funding has been spent supporting this two-tiered system. Arguably if the two-tiered system was terminated and replaced with a single rebate structure, any savings made by creating a single rebate amount could be returned to the Better Access program to provide funding to assist in the retention of the 12-18 session limit (per point #1 above).

Hence I respectfully request that consideration be given to the creation of a **single rebate for the provision of psychological services under the Better Access program and that the savings from this measure provide additional funding for the Better Access program.**

Thank you for giving me the opportunity to participate in our robust democratic process and share my views.

Yours sincerely