
Dear Senator / Minister

Re: Proposals to remove the two tiered system for psychologists under medicare

Clinical Psychology is one of nine equal specialisations within Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme recognition of specialised Areas of Endorsement. All specialisations require a minimum of eight years training including a further ACPAC accredited postgraduate training in the specialisation leading to an advanced body of psychological competency in that field. No specialisation should be referred to in a manner that creates the appearance of the same level of skill and knowledge as the basic APAC accredited four year training of a generalist psychologist. As is the case with Clinical Psychology currently, each area of specialisation deserves a specialist rebate with its own item number relating to that which is the specialist domain of that area of psychology (e.g. for clinical neuropsychology - neuroanatomy, neuropsychological disorders/assessment/rehabilitation, etc; for health - clinical health psychology, and health promotion; forensic - forensic mental health, etc). Specialist items for the other specialisations of psychology may mean that clinical psychologists might not qualify for any those second tier items pertaining to other specialisations; however, we deeply respect specialisations within psychology and believe that our members would seek to undertake further training in those fields should they wish to seek to demonstrate that they have attained those other advanced specialised competencies that are not part of clinical psychology.

Regarding our specialisation, I wish to re-state that Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

It is abundantly clear that there is a significant gap in mental health service provision for those in the community presenting within the range of the moderate to most complex and severe presentations. Those presenting with only mild presentations are unlikely to be affected by the cuts to session numbers. The treatment of the moderate to severe range is the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, more than thirty sessions per annum are sometimes required. In this way, Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices. However, this is unlikely to be granted presently given the government imperative to cut costs so we believe that the decision to cut session numbers for the specialist clinical psychologist Medicare items should be reversed immediately.

Re: Government proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions.

As a psychologist, I would also like to express my objection about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') as announced in the 2011 Federal Budget.

Specifically, I am outraged by the proposal that from 1 November, 2011, the maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder will be reduced from 18 to **10** sessions.

Whilst new investments in mental health care are important and are to be applauded, they should not be at the detriment of existing mental health programs. For example, I understand that the Government has proposed

redirect funding from the '*Better Access Initiative*' to team-based community care (ATAPS). Personally, I do think it fair that consumers be mandated to participate in treatment involving multiple disciplines (i.e., psychologist, registrar, social worker, occupational therapist, mental health nurse) in order to achieve effective psychological treatment. Under the existing '*Better Access Initiative*' I have been able to achieve effective psychological treatment without the utilisation of team-based care.

Therefore, I am deeply concerned as to how much those treatment gains will be adversely impacted if funding for the '*Better Access Initiative*' is effectively halved (18 sessions to 10 sessions per annum) as it implies that the same treatment outcomes can be achieved with half the amount of sessions. The proposed change to the '*Better Access Initiative*' reflects the Federal Government's lack of understanding of the specific and varied needs of Australians with mental health disorders.

Taking a hard line on mental health consumers is not the answer. It is unrealistic to expect individuals in a vulnerable psychological state to immediately establish a rapport with a mental health professional even within the current 12-18

sessions – let alone achieve treatment gains within 10 sessions. Patients do not need the added pressure or stress of needing to recover quickly with the threat of being referred to a community team or psychiatrist and then having to start again with new practitioners.

Senator / Minister, I urge you to reject these proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* be 12, with an additional 6 sessions for 'exceptional circumstances'.

I trust that my feedback will be given due consideration.

yours sincerely,

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