TO WHOM IT MAY CONCERN

We, the undersigned, would like to bring the following two matters to your attention. We are clinically trained psychologists practising in Rockhampton, Queensland with Dr Michael John and Heidi Germann being Members of the Clinical College and Medicare endorsed Clinical Psychology service providers.

Firstly, we have been dismayed by the recent changes to Primary Mental Health Care announced in the 2011 budget. We are aware that these changes will have an impact on those clients who are the most disadvantaged and those who are already struggling with the impact of mental illness.

In other words, those clients who are in most need of treatment are those now being affected by the budget cut.

As practitioners with many years experience we are aware that most people benefit from between 7 to 12 sessions, with some requiring additional sessions.

Any cut to the present maximum of 18 permissible annual Medicare subsidised consultations directly undermines the most unique contribution of the Clinical Psychologist to evidence-based and scientifically-informed mental health treatment. The most vulnerable population cohort will be those who cannot afford to pay for their remaining mental health treatment, and it is very disappointing that the government is introducing inequality into the provision of mental health care in Australia.

The World Health Organization predicts that depression will be the second leading cause of disability in the world by 2020. The Burdekin Report of 1993 found that restriction of access to psychologist's results in important treatment options being denied to many individuals affected by mental illness. (1)

Secondly, it has come to our attention that the Senate Community Affairs Reference Committee has concluded "that there are no grounds for the two tiered Medicare Rebate System for Psychologists and recommends the single lower rate for all Psychologists including Clinical Psychologists".(2)

This is most disconcerting and a step which removes the gains made in Australia previously in aligning with world standards. By denying the specialist qualification of Clinical Psychologists we will remain behind the developed nations in the provision of psychological services.

The finding of the Human Rights and Equal Opportunity Commission of 1993 (The Burdekin Commission), with respect to Clinical Psychology found that Clinical Psychologists have distinctive skills which differ from those of other types of psychologists and allied health professions. (3)

Apart from Psychiatry, **Clinical Psychology** is the **only** other mental health profession whose complete post graduate training is in the area of Mental Health. What sets Clinical Psychologists apart from other Psychologists is that we possess the diagnostic and treatment skills on the same footing as psychiatry, with the exception that Clinical Psychologists cannot prescribe medication.

We are the only allied health discipline whose entire postgraduate training is in the field of advanced, evidence based and scientifically informed mental health assessment, diagnosis, case formulation, consultation, treatment, evaluation and research. As such, Clinical Psychologists are frequently referred the most complex and severe mental health presentations. Through our specialist training we are qualified to provide expert opinion in clinical, compensation, educational and legal jurisdiction.

By removing the two tiered system the Senate Community Affairs Reference Committee would be disregarding the findings of the Burdekin Report of 1993, and undoing the benefits and gains to the profession of psychology. Maintaining world standards in our profession is imperative, and removing the recognition of the Specialist training a Clinical Psychologist receives, undermines our profession on the world stage and compromises the level of care received by the citizens of our nation.

We ask you read the documents "Burdekin Report" and Work Value document, referenced below, before coming to decisions with such far reaching consequences.

We, who work in the field, are aware of the incredible benefits to be gained from attending to the mental health of our nation's population. It is progressive and preventative.

Yours sincerely,

Heidi Germann, Dr. Michael John, Phillippa Stunzner and Mary Agar- Wilson

PLEASE SEE ATTATCHED PAGE FOR SIGNATURES

References:

(1)Human Rights and Equal Opportunities Commission. (1993). Human rights and mental illness: Report of the inquiry into the human rights of people with mental illness. Canberra: Australian Government Publishing Service.

- (2) Excerpt taken from email received from Anthony M Cichello, Specialist Clinical Psychologist, Chair, National College of Clinical Psychologists.
- (3) Work Value Document, 1198, HSOA Clinical Psychology Negoitating Committee in support of Application No P39 of 1997.

SIGNATORIES OF LETTER

1. HEIDI GERMANN, B.A., (Hons), M.A. (Clinical Psychologist), Member of Clinic
College. Psychology Board of	Australia Registration No:
2. MICHAELNOHN, Ph.D.,	M.A.P.S., Member College of Clinical & College of
Forensic Psychologists, APS	No:
3. PHILLIPA STUNZNER, I	D. Psychology (Clinical & Forensic), B. Psychology
(Hons), Psychology Board of	f Australia Registration No:
4. MARY AGAR-WILSON,	