Dear Sir/Madam

RE: Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Summary:

1. Any reduction in the current Medicare rebate amount and maximum number of rebated sessions will disadvantage people affected by chronic and severe mental illness and result in costly discontinuity of service provision.
2. *Generalist psychologists* have by definition not completed specialised training and therefore should not be endorsed or rebated as *specialists* in their field.

I respectfully draw your attention to the following *Terms of Reference* relating to proposed mental health care reform:

(b.iv) The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule

According to the Department of Health and Ageing (2011):

> *Mental illness is the single largest cause of disability in Australia … and remains the biggest risk factor for suicide … psychological therapies such as cognitive behaviour therapy are internationally recognised to reduce the impact and duration of … mental illness ... Such therapies present an alternative or … an effective adjunct to pharmaceutical management.* (¶ 2–7)

By reducing both the Medicare rebate amount and the maximum number of rebated sessions, access to quality mental health care is considerably diminished for people with chronic and severe mental illness. This hardly seems consistent with the objectives of Medicare, let alone the Australian Government's focus on reducing the burden of mental illness.

By limiting the maximum number of rebated sessions to 10, many people with chronic or severe mental health conditions will not be able to sustain a *therapeutic relationship*, considered fundamental to treatment outcome (Lambert & Barley, 2001), with the same psychologist.

If any change is to be made to the *Better Access Initiative*, the rebate amount should be raised and the maximum number of rebated sessions increased to accurately reflect the lifetime prevalence rates of mental illness in Australia – up to 45% of the population aged 16–85 (Australian Bureau of Statistics, 2008) – and meet the high demand for mental health services.

(e.i) The two-tiered Medicare rebate system for Psychologists

G*eneralist psychologists* make an invaluable contribution to the profession. However, a generalist psychologist being rebated as a *specialist psychologist* is the equivalent of a GP being rebated as a psychiatrist simply because GPs also have a degree in medicine, often utilise similar assessment and treatment strategies in working with people affected by mental illness, and are capable of achieving positive treatment outcomes. Having a similar response rate despite a more complex case-mix is what defines specialist care and mandates a tiered system of re-imbursement.

(e.ii) Workforce qualifications and training of Psychologists

Psychology is in a state of gradual transition from one training and accreditation system to

another. In the process, it is important to ensure that generalist psychologists (who qualified under the system of 4 years of undergraduate study followed by two years supervision) are not unfairly disadvantaged. However, to become a *specialist psychologist*, it is necessary to complete a relevant higher degree program.

Yours sincerely

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References

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