

26 July 2011

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

Dear Sir/Madam

I am a Clinical Psychologist working in private practise. I obtained the specialist title 'Clinical Psychologist' by completing a Doctorate of Clinical Psychology, following completion of a Master of Psychology. The required additional academic training in the diagnosis and treatment of mental illnesses means I have the highest level of expert training in psychopathology and the delivery of psychotherapy to my patients.

Clinical Psychologists have eight years full time university training and maintain their continual professional development at an advanced level largely in their specialist clinical area. As a result of their training, Clinical Psychologists have extensive training in the theoretical and conceptual understanding of severe, moderate and mild mental health problems across a person's life span, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health. Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in the provision of psychological therapies.

Independent inquiries such as the Human Rights and Equal Opportunity Commission (1993, the Burdekin Commission) in Australia found that Clinical Psychologists have distinctive skills which differ from those of other types of psychologists and differ from those of other allied health professions. They also reported that mental health care systems need to make greater use of the distinctive skills and services of Clinical Psychology. In Britain the mental health system implemented the wider use of Clinical Psychologists and this was reflected in major restructuring of their **classifications** and **remuneration**.

Similarly, Australia should continue to recognise the specialist training and skills that Clinical Psychologists bring to the community. The classification and appropriate remuneration for other professionals are currently acknowledged. For instance, higher Medicare rebates are available for Psychiatrists who have completed additional training in comparison to General Practitioners. It stands to reason that Clinical Psychologists should

also be acknowledge for their expertise, academic training and specialist skills in the area of mental health and remunerated accordingly as other specialists (in their area of expertise) such as Psychiatrists.

**In response to:**

**1. The changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule.**

The reduction in sessions will disadvantage patients that have severe mental illnesses. Whilst some patients who have mild to moderate mental illnesses require no more than 10 sessions within a calendar year, the proposed reduction in the number of sessions from the current 18 sessions to a 10 session maximum is insufficient for patients who present with severe mental illness. I currently have nineteen patients who are experiencing severe and debilitating mental illnesses who will be unable to access my services after November 1<sup>st</sup> due to the fact that they will have utilised ten sessions in the calendar year. These patients are unemployed or low-income earners and cannot afford to self fund their psychology sessions, rather, they rely on attending sessions with me under a bulk-billing arrangement. Prior to the Budget decision this year all of these patients would have qualified for eighteen sessions under the 'exceptional circumstances' allowance. This new restriction means that they will be without very necessary psychological support, and I am extremely concerned about the impact of this on their safety and well-being. What am I, and countless other psychologists, meant to do with our severely unwell and suicidal patients under this new system?

Clinical psychologists are trained to deal with more complex- severe mental illnesses that require more than 10 sessions a year. In effect, the current 18 sessions falls short of meeting the requirements for a number of people with serious mental health illnesses. 'Serious mental disorders' include; schizophrenia, bipolar disorder, major depressive disorder, panic disorder and Obsessive-Compulsive disorder, social phobia, personality disorders, and substance use disorder (principally drug dependence). In adolescents, eating disorders and self-harming poses a significant problem. Such debilitating mental illnesses require more than 10 sessions per calendar year to treat and also require treatment from psychologists who have undergone very high levels of expert training. Clinical Psychologists have the required high levels of skills needed to provide the service. An increase in the number of counselling sessions at a minimum of 20 sessions per calendar year should be allocated for Clinical psychologists who are trained to deal with such severe and complex cases.

A further concern is that if the number of sessions per calendar year is reduced and it results in patients not improving in their 'mental health states' this will in my belief reflect poorly on the profession of Psychology because of public perceptions. Meaning, that the public will perceive psychological treatment as ineffective, and in turn I believe that this will bring the profession of psychology into ill repute.

**In response to:**

**2. The existing two-tiered Medicare rebate system for Psychologists**

If the existing two-tiered Medicare rebate system for psychologists is abolished it will in my belief have detrimental effects on the workforce qualifications and training of future psychologists. The abolishment of the acknowledgement of 'specialist' qualifications of a Clinical Psychologist and the abolishment of the appropriate remuneration for specialist qualifications provides little incentive for future psychologists to strive to obtain the title of Clinical Psychologist and accordingly, adjunct specialist training. If there are less psychologists striving for higher qualifications that are needed to treat people with the severe mental illnesses there will be a greater workforce shortage of Clinical Psychologists trained to reduce the incidences of chronic mental health issues in the community causing once again: an increase in mental health problems in the community, greater financial costs to the government and wider community and greater strain on other health providers who may or may not be equipped to deal with such complex cases.

In addition, the government has recently proposed that people with severe mental illness will be able to access further counselling through the "Access To Allied Psychological Services programme" (ATAPS) that is governed by the General Practise Networks. It is estimated that 20 clinical services in a calendar year will be provided to each individual who qualifies for the initiative. It is important to note, that this initiative in the past has fallen short of its goal in providing services for all who are in need and eligible. In the recent past, once the funding (that has been given to each Divisions of general practice who act as fund holders) has been used further services for people requiring counselling sessions cannot be accessed until further funding is allocated to the GP networks. I believe that funding is allocated on an annual basis.

In the past I have received letters from my local GP Network (with whom I am registered as an Allied Health Provider) stating that further sessions are **unavailable** because the funding received from the government has been utilised. Therefore the proposed system for caring for people with severe mental health illness cannot offer psychological services for all people in need due to **restricted** funding. Even though there has been a proposed increase in funding to this initiative the funding has been extended to offer service delivery to other individuals. That is, under the ATAPS Tier 2 funding supplement that provides additional funding for service delivery to specified groups. This will allow more people to access the initiative. With a greater number of people being able to access the ATAPS programme there will be once again short falls in the number of people who will be able to obtain assistance under this initiative. Once the funding allocated to the Divisions of General Practices has been used for each funding period some people with severe mental illness in need of counselling will not be able to access the services of a psychologist.

Alternatively, the current Better Access Initiative is able to service all people that present with severe mental illnesses as long as the number of sessions available for these people with chronic disorders is not reduced. If a change is to be made to the number of sessions available for severe mental illness, there should be an increase for at least Clinical Psychologists who are trained to treat

individuals with serious and complex mental health problems

and who have distinctive skills which differ from those of other types of psychologists and differ from those of other allied health professionals. The increase in the number of sessions for severe cases has been acknowledged by the government in the proposed increase in sessions (20 clinical services in a calendar year) for individuals with severe mental illness under the "Access To Allied Psychological Services programme" (ATAPS). Similarly, there should be an increase in sessions per calendar year for Clinical Psychologists under the existing Better Access Initiative.

Yours sincerely

Dr Karola Belton