

19th July 2011

Senate Inquiry into Mental Health

Dear Senate Inquiry,

I would like to address the following terms of reference for the senate inquiry on the Commonwealth Funding and Administration of Mental Health Services

Term of Reference (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

Not only have I worked in the medical profession for 30 years I have also been directly affected by depression. As such I believe I am perfectly placed to comment on how critical the impact of correct treatment is in restoring one to a "normal" place in society. Having suffered from a mental illness and then regained my dignity, confidence and in fact my life through the direct assistance provided by a Doctor of Clinical Psychology has made me send this submission to you. Further, I see this happening on a weekly basis with patients coming through the clinic at which I work. One just cannot imagine what mental illness does not just to the sufferer but also to the immediate and also wider family. A cure did not come from 1, 2 or even 4 visits. I was being treated under special circumstances and required in excess of the allowable 12 visits. Our family now has me back and we are enjoying our lives as they were meant to be enjoyed. Again, this situation manifests itself regularly in my work place.

Term of Reference (e i): The two-tiered Medicare rebate system for psychologists

Politicians speak of caring for their constituents and the broader Australia community. What price do you put on health?

- As I understand it the suggested changes will make it almost impossible for a clinical psychologist to bulk bill patients. How will the less fortunate in our society access the care they need and deserve?
- Clinical psychologists are the only psychologists whose postgraduate training is in mental health care of problems such as anxiety and depression. A clinical psychologist must have either a doctorate or masters degree to obtain the title "clinical psychologist". Other psychologists without this specialist postgraduate education are arguing that the rebate available to see a clinical psychologist (\$120) should be the same as for their services (\$80). Surely this cannot be seen as logical? With the greatest respect to those psychologist treating patients

today their education and training pales when compared to the study and training required to become a clinical psychologist. To me it is akin to asking a book keeper to prepare the annual report for a multinational company which, we all agree, would have to be done by someone with far higher financial credentials.

- Every day we read, hear and see anecdotal evidence of the deepening mental health crisis facing Australia. Going back to personal experience, any cut in the rebate would put Australian citizens further out of pocket. Is this really what a Government purporting to support "Working Australians" should be doing?
- To follow on from the book keeper v Chartered Accountant analogy above. How can we treat the growing numbers of people seeking treatment for mental health issues without having well educated and highly trained and competent clinicians? These people provide a service to Australia and need recompense in line with the sacrifices made to achieve high levels of academic knowledge and practical training that accompanies such education.

Any hint of a cut to Government funding will always evoke an emotional response. That being said, I can only reiterate personal and professional experiences where the work of a clinical psychologist gave me and others a family member back. I trust you will see the situation for what it is worth and not just in dollar terms and allow Clinical Psychologists to treat their patients with dignity the current system allows without the undue pressure of shortening the time frame and additional financial burden.

Yours sincerely,

Sheryl Collins.