Committee Secretary, Senate Standing Committees on Community Affairs

PO Box 6100

Parliament House Canberra ACT 2600, Australia

24th July 2011

Dear Committee Secretary,

Re: Community Affairs References Committee for inquiry - The Government's funding and administration of mental health services in Australia,

I am writing in response to recent gravely concerning developments with Better Access Medicare funding for psychological services.

I am Clinical Psychologist with 23 years experience currently working full time in private practice and have done so since 2008. I have never felt so compelled to write to government as now. I have worked for 20 years in private practice coinciding with 15 years in Mental Health. Most of my career has focussed on populations in the west and north of Melbourne.

My concerns are twofold. First is the notion of reducing session numbers to 10 per year. Second is the possibility that two tier system of rebate may not discriminate for Clinical Psychologists.

I am an expert in the treatment of Generalized Anxiety Disorder(GAD). My initial training was Cognitive Behaviour Therapy and I use Interpersonal Therapy as an adjunct. Ninety per cent of my clients would have this presentation. Often they present with co-morbidity. This may be past sexual abuse or personality difficulties such as passive aggression, dependency or avoidance. It is well recognized that GAD is the most difficult anxiety disorder to treat due to its global nature. As they are perfectionist and excessively task focussed many clients present with significant associated problems in their work and with their partners. In my experience this work often can take up to a year and many of my clients continue paying privately. A worrying number are unable to do so and often relapse as a result.

Very few Clinical Psychologists are expert in GAD and non-Clinical Psychologists would not be able to provide this service. In my experience working in all service types within Mental Health I am aware that they do not service the populations I work with. In my experience in Primary Mental Health therapy was greatly restricted usually from 6 to 12 sessions only. Therefore the idea that clients with severe anxiety disorders would be serviced by traditional mental health serviced is ludicrous. Furthermore, while working in the Primary Mental Health area we worked closely with local Division of General Practice to set up the ATAPS service. This experience showed me that this system is also unable to respond sufficiently to these client populations.

Reducing the amount of sessions as well as the rebate would have a detrimental impact in my practice as well as many Clinical Psychologists especially when working full time in private practice. This could make such this work untenable. As a relatively inexpensive workforce its erosion would be a great loss for many reasons.

I urge you to continuing with the existing 12 session arrangement as well as the 2 tier rebate system. Saving would be most effective if the step between the GP referral (2710) and seeing the psychologist was tightened to ensure that clients are seen, as a great number are not.

Yours Sincerely