

3 August 2011

The Committee Secretary  
Senate Standing Committees on Community Affairs  
P O Box 6100  
Parliament House  
**CANBERRA ACT 2600**

Dear Sir/Madam

**RE: THE SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE INQUIRY INTO  
COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES**

I have been a Member of the Clinical College of the Australian Psychological Society since 1990. Since 1994 I have developed a private practice as a Clinical Psychologist and during this time, have seen a number of people experiencing varying degrees of mental health severity. Similar to other private practitioners, my practice developed gradually, however for many years now, I have had a busy, full-time practice. Due to my lengthy clinical experience, I know that mental health issues are complex and require competent assessment and intervention.

I am strongly opposed to the government's proposed changes to the Better Access Initiative. Specifically I object to the proposals to: a) abolish the two-tier rebate system; and b) reduce the number of rebated sessions for psychological services. In my view, it is short-sighted of the government to propose an abolition of the two-tier Medicare rebate scheme, for two reasons. Firstly, it appears that the government has been influenced by the Medicare study which purports to have demonstrated no difference between treatment outcomes of general psychologists and clinical psychologists. This conclusion is spurious as the data on which it is based involves the self-reports of a non-randomized sample of psychologists who self-selected their clients with unspecified diagnoses. No follow-up or relapse data were provided. Secondly, this proposal signifies a poor understanding of the training a clinical psychologist undertakes as compared to a general psychologist.

/2

More specifically a general psychologist undertakes four years of tertiary study followed by two years of supervised work experience. The standard of such supervision varies both in content and scope. By comparison, the attainment of clinical psychology membership is achieved via a pathway of a minimum of six years study (Masters), seven years study (Doctorate) or eight years study (PhD). Upon completion of these years of study, up to a further two years of supervised practice is required. The clinical psychology training programs offered in Australia, expose students to a variety of subjects to enable them to develop expertise in assessment, diagnosis, and evidence-based treatment across a broad range of mental health conditions. Additionally students are required to undertake a minimum of four clinical placements with qualified supervisors and conduct research in a clinical area.

Not only does the government's proposal to abolish the two-tier rebate system, ignore the disparity in lengths of training undertaken by clinical psychologists as compared to general psychologists, but it also mistakenly assumes that clinical psychologists see predominantly mild to moderately severe cases. This is incorrect. Clinical psychologists are trained to assess and treat persistent, complex and severe mental health cases. There is a great need for mental health services to be directed to those cases. Psychiatrists are not meeting the demands of this group, as their waiting lists are long and their fees preclude many Australians accessing their services. Psychiatrists can barely meet the high demand for their services in the metropolitan areas of Australia, let alone in regional and remote areas. This situation speaks to the government's proposal to reduce the number of rebated sessions from 18 to 10 per annum. I ask the committee to consider a severe case of PTSD where the evidence-based treatment of choice is exposure. It is unrealistic to expect that adequate assessment, treatment formulation, implementation and review can be done in 10 sessions. To suggest otherwise, indicates poor understanding of the therapeutic process.

Since the Medicare rebate system was introduced in 2006 by the then liberal government, a broader demographic of individuals now access mental health services. It is incumbent on the government to ensure that funds for the treatment of moderate to severe mental health problems are directed to highly trained practitioners. By contrast, mild mental health cases can be appropriately treated under the focused psychological strategies option provided by general psychologists. Severe mental health cases, such as schizophrenia or psychoses require the treatment of psychiatrists.

Australians have a reasonable expectation that they can access the services of **highly trained medical practitioners**, for example, a surgeon or a dermatologist, as distinct from a general medical practitioner, when required. Accordingly, Australians should be similarly able to access the services of **highly trained mental health practitioners**. There are numerous potential long term psychosocial consequences for individuals, families, workplaces and the community when mental health problems are inappropriately diagnosed or treated.

In my opinion it is regrettable that the government is prepared to promote the notion that the competency and training of a general psychologist is equivalent to that of a clinical psychologist. I urge the Senate Committee to overturn their proposals to: a) reduce the rebated sessions from 18 to 10; and b) abolish the two-tier Medicare rebate system.

Yours sincerely

**Alison Christensen**  
**BA (Hons) MA PhD**  
**Clinical Psychologist**  
**MAPS Member APS College of Clinical Psychologists**