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

As a Senior Psychiatrist with extensive experience working closely with Clinical Psychologists in the public mental health sector, I am writing to express my concerns regarding proposed changes to Medicare rebates for psychological services.

In relation to the conclusion by the Senate Community Affairs Committee that ***there are no grounds for the two-tiered Medicare rebate system for psychologists***, it appears that the Medicare study had numerous areas of bias and lacked adequate scientific rigour to definitively conclude this. The recommendation of a ***single lower rate for all psychologists including clinical psychologists*** does not take into account the higher level of training, expertise and ongoing professional development of Tier 2 Clinical psychologists compared to Tier 1 Psychologists. As a result of their extensive training, Clinical Psychologists have a more sophisticated understanding of complex patient presentations, an enhanced ability to develop an individualised formulation and implement evidence based therapies. This is particularly important for patients with multiple co-morbid conditions, including personality disorders where inappropriate treatment can do harm. Furthermore, their training in research methodology equips Clinical Psychologists with the skills to undertake new research and evaluate their interventions.

In the event of the Senate decreasing the rebate for all psychologists to that of the basic level, the likely outcome will be an increase in the gap for consumers. This will exclude many of my patients from receiving treatment from an experienced Clinical Psychologist and will restrict this service to higher socioeconomic groups who can afford to pay. This will inevitably lead to longer waiting lists in the public system and delays for patients in accessing treatment. In addition, many patients who feel

stigmatised by receiving treatment in public mental health clinics may opt out of treatment altogether.

I am also concerned about the proposal ***to reduce Medicare rebated sessions under Better Access from 12 with a capping of 18 sessions under exceptional circumstances per calendar year to a maximum of 10 per calendar year.*** Many patients with complex disorders receiving Evidence Based Therapies such as Cognitive Behavioural Therapy require 12 to 20 sessions to obtain an adequate treatment response. If the number of sessions is restricted, this will reduce the effectiveness of treatments and place undue pressure on therapists and patients to achieve an expedient outcome.

In summary, I urge you to reconsider these new proposals for the *Better Access* initiative in the interests of patients and their carers. In my opinion, the proposed changes would be a retrograde step and disadvantage many patients with severe mental health disorders.

Thank you for considering my submission.

Yours sincerely

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