

27 July 2011

## **Submission to the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services.**

I am a Psychologist who is on the verge of completing my postgraduate training in Clinical Psychology and work in a private practice setting; I have thus obtained a four year undergraduate degree in psychology followed by over three years in the Doctorate of Clinical Psychology program at Griffith University. I am presently an Associate Member of the Australian Psychological Society, but will soon be eligible for full membership and membership of the College of Clinical Psychologists.

### **Terms of reference:**

#### **e) Mental health workforce issues including**

##### **i) the two tiered Medicare rebate system for psychologists**

The Better Access initiative was established to allow all Australian's better access to mental health services, particularly those suffering from moderate to severe mental illness access to psychological treatment. Clinical psychologists are the *ONLY* psychologists given *specialist postgraduate training in the assessment, diagnosis and treatment of moderate to severe mental illness*. I acknowledge that all psychologists can be of assistance to clients suffering from moderate to severe mental illness; Clinical Psychologists however bring additional training and therefore a breadth and depth of experiences and expertise to their work with this population and therefore should be recognised for this as per the current Medicare rebate system.

The treatment of moderate to severe mental health diagnoses is of serious concern to the Australian community. Australians deserve treatment standards that include practitioners with high quality education and supervised training, equivalent to other First World countries such as the United Kingdom and United States where Doctorate education is the minimum standard for registration and practice. In fact, it is my opinion that Australian standards should be brought into line with these more stringent standards and that the requirement for registration and practice be completion post graduate study in the area.

As highly qualified practitioners, Clinical Psychologists should not be expected to provide professional services at sub-standard rates. Other health professionals in Australia are remunerated according to their level of expertise; take for example an ear nose and throat specialist versus a general practitioner – no one would expect that they get paid the same amount for their services as one is far more qualified than the other at treating moderate to severe cases – why then should this be any different for specialist Clinical Psychologists versus Generalists?

With respect, the Senate committee proposing the abolition of a two- tier Medicare rebate system is making a serious mistake.

**b) Changes to the Better Access Initiative**

**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.**

As a clinically trained psychologist the majority of clients I am referred have moderate to severe mental health concerns and consequently a large number require treatment over long periods of time to get well. Without the current maximum 18 sessions that can be rebated, clients would simply be unable to afford the evidence based and comprehensive treatment that is essential to recovery and mental health.

Limiting the number of sessions that are rebated often means restricting treatment to all but the very affluent, with many individuals or families terminating treatment prematurely. An increase in premature treatment cessation that will result from a decrease in the number of rebated sessions will undoubtedly place additional pressure on already overwhelmed government mental health services when those unable to continue with private Clinical Psychology services to seek treatment in government funded clinics, where they may not get the same individualised and specialist treatment that they may have from a Clinical Psychologist. This will not represent a financial saving for the government, but rather place government services under increased pressure to meet demand and patients waiting on long wait lists whilst their symptoms and distress worsen, possibly resulting in mortality.

The number of rebated sessions per annum should, at the very least, be retained at the 18 sessions. For many complex and severe presentations requiring weekly therapy, a case can be made for increasing the number of rebated sessions per annum for Clinical Psychologists.

I thank the senate committee for the ability to put my thoughts on the proposed changes to the funding and administration of mental health services in this country and hope that they are taken into consideration in the committee's decision.

Regards,

Louise Kelso  
BPSc (Hons) Assoc. MAPS