

NORTH COAST  
CENTRE FOR CLINICAL PSYCHOLOGY  
AND  
COGNITIVE - BEHAVIOURAL THERAPY

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4 August 2011

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO BOX 6100  
Parliament House  
Canberra ACT 2600

Dear Committee Secretary

**Re: Submission for Senate Community Affairs Committee into Commonwealth Funding and Administration of Mental Health Services.**

This Submission has been prepared by Ms Jane McGregor, Clinical Psychologist.

Contact Information:

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(...)

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**Summary**

I am writing to express my serious concerns about the growing trend towards the devaluing and lack of recognition of the essential and important services provided by Clinical Psychologists under the Better Access to Mental Health Program, and in particular my dismay that the highly specialised and specific skills, knowledge and expertise of Clinical Psychologists may not continue to be recognised by the government through the two tiered Medicare rebate system currently in place. We have recently seen a cut to the Better Access program, though the reduction of the number of sessions for clients from a possible 18 sessions down to 10. This in itself is a highly concerning trend, and limits the ability of many client groups including children, adolescents, and adults with significant mental health and psychological difficulties to access the most cost efficient and effective treatments available to them.

I wish to make a submission to the committee that relates to the following specific areas of the committees terms of reference:

**Section b) part (iv)** – Changes to the better access initiative including 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

**Section e) part (i)** – mental health workforce issues, including the two- tiered Medicare rebate system for psychologists.

Please see below for specific comments on these areas.

**Section b) part (iv) – Changes to the better access initiative including 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.**

It is critical to note that the report that evaluated the Better Access program is subject to serious methodological flaws that diminish the credibility of the study. As such the decision to reduce the number of sessions available to clients under the Better Access scheme is fundamentally flawed.

The study did not meet fundamental standards of research design (it did not identify the nature, diagnosis or complexity of the clients seen by psychologists by type of psychologist;

- 1 It did not identify the nature or type of psychological intervention actually provided; it did not factor in or out medication use by the client;
- 2 It did not factor in or out therapy adherence indicators;
- 3 it did not have a valid criterion measure actually related to a range of diagnoses or complexity in order to assess pre and post intervention condition of clients;
- 4 it did not undertake follow-up assessment of clients, which is often the point at which the relative strength of any competent treatment becomes manifest;
- 5 it did not determine relapse rates by type of psychologist;
- 6 it was a self-selected sample of psychologists who self-selected their clients and clinically administered the research questions in session;
- 7 it was not subjected to peer review;
- 8 what is needed is a well-designed prospective study aimed clearly at answering specific questions in accordance with principles of psychological research.

**RECOMMENDATION:**

Any inferences made from this data are spurious in nature. Given the above stated fundamental research flaws, the proposed reductions in session numbers and the removal of exceptional circumstances are at this point in time are unfounded.

## **Section e) part (i) – mental health workforce issues, including the two-tiered medicare rebate system for psychologists**

I am deeply concerned that the specialised skills and abilities of Clinical Psychologists will not be recognised, either within the federal government, department of health, or by the general public if the two tiered Medicare rebate system is removed. The current system recognises the specialised knowledge, skills, expertise and clinical ability that Clinical Psychologists are able to provide to our clients groups, and it should continue to do this.

- Clinical Psychologists specialise in the prevention, diagnosis and treatment of serious physical and mental health problems to help people use their resources as effectively as possible.
- Clinical Psychologists are often grouped with “allied health” for administrative purposes and this has led to a mistaken belief that there is sufficient commonality between this profession and other allied health professions to treat all groups similarly. Clinical Psychologists differ markedly from all other allied health professions, and this becomes particularly apparent when you consider the extensive training that is required to be a Clinical Psychologist.
- The training of Clinical Psychologists differs in many ways from other allied health professionals. During the minimum of seven years of training, the emphasis of Clinical Psychology is on severe mental health problems. Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. The training of allied health professions is geared towards general medical, general health or general community problems, with a short elective in mental health. Clinical Psychologists need to be recognised publicly by the government as the specialist and skilled group that they are. By removing the distinction between generalist psychologists and clinical psychologists it makes it very difficult for members of the public to access specialist treatment. It would be similar to grouping general practitioners and a range of medical specialists under the same title and Medicare rebate system. You do not go see your General Practitioner when you require brain surgery; you go see a specialist neurologist. You do not go see your General Practitioner when you require specialist services for your child, or for cancer treatment, you see a Paediatrician or an Oncologist. It should be no different for psychologist. You would prefer to see the specialist, and in this case that is the Clinical psychologist. It is essential if clients are to receive the right level of care and expertise, and consequently effective treatment that Clinical psychologists are clearly distinguished from other lesser trained psychologists.
- No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.**
- Clinical Psychologists specialise in the prevention, diagnosis and treatment of serious psychological and mental health problems to help people use their resources as effectively as possible, and the skills of Clinical Psychologists as a professional group need to be recognised and appreciated.
- Clinical psychologists are specialist practitioners, and have the ability to provide evidence based and effective treatment to clients with mild, moderate and severe mental health concerns. The incorrect or ineffective treatment of clients with moderate to severe mental health concerns invariably ends up costing more in the longer term.

**RECOMMENDATION:**

**Maintain the two-tiered Medicare Rebate System.** The distinction between Specialist Clinical Psychologists and General Psychologists is analogous to that of GP's and Medical Specialists.

If a brain tumour is diagnosed – it is **not** the GP who treats this – but the **specialist neurosurgeon** – with postgraduate training and specialist skills in that area.