

26th July 2011

To the Senate committee investigating **Commonwealth Funding and Administration of Mental Health Services,**

This letter is to comment on the Terms of Reference:

(e) mental health workforce issues, including:

(i) the two-tiered Medicare rebate system for psychologists, and

(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

In 2006, the Howard government introduced psychology services for Australians with mental health problems. This was a timely initiative offering an alternative to medication-only or no- treatment options for Australians who could not afford self-funded psychological interventions. As in all areas of medicine, patients presenting with mental health problems report a range of severity in their symptoms, from mild to severe, with accompanying variation in impact on levels of individual distress, capacity to function in family relationships and ability to work. It was determined that a two- tier system of rebates would best address this wide range of severity in presentation, with clinical psychologists being the preferred referral option for patients with moderate to severe levels of symptomatology.

As a provisionally registered psychologist enrolled in postgraduate training, as well as a recent consumer of clinical psychology services under a Mental Health Care Plan, I believe that the recent proposal to reduce rebates for clinical psychologists, creating instead a “one size fits all” approach would be highly regrettable.

Firstly, this approach does not recognise the skill, quality training, and expertise of clinical psychologists. In brief, a general psychologist gains the right to offer psychological services through a pathway of four years of tertiary study plus two years of supervision. These two years of work experience may be narrow or varied; supervision standards vary. In contrast, to achieve Clinical Psychology status, a minimum of six (Masters), seven (Doctorate) or eight (PhD) years of study are required, accompanied by a further two years of supervised practice. The post graduate programs for training clinical psychologists in Australia (such as the one in which I am enrolled) involve a range of subjects preparing students for expertise in assessment, diagnosis, evidence- based treatment for a wide variety of mental health conditions, as well as at least four clinical placements with well qualified supervisors, and the experience of conducting research (thesis) in a clinical area. The government’s own board, the Psychology Board of Australia (PBA) is pushing hard to eliminate the 4 years + 2 years supervised practice (general psychologist) pathway into being a psychologist, in order to reach standards in line with the international best practice of training. Removal of the distinction in the Medicare rebates would be in sharp contradiction to what the PBA is trying to achieve.

Removing the two-tiered system would be a huge disincentive to aspiring psychologists to undertake postgraduate study. In my own case, I undertook an Honours degree in Psychology (4 years), and am now completing a PhD and Masters in Clinical Psychology (at

least 4.5 years), and will need to complete further supervised practice upon graduation before being able to achieve entrance to the College of Clinical Psychologists of the Australian Psychological Society. In short, I will have completed **approximately 10 years of training before I am able to call myself a clinical psychologist**. During postgraduate studies, students forgo around \$60,000 per year in income, plus incur significant fees for the university studies. The courses are intensive and require hard work and dedication to complete. As there is no compensation for our studies, most students are concurrently working to support themselves financially, Although we enrol in the program for the quality training and passion for the discipline, I feel that removing the recognition and financial compensation for the hard work and financial investment we've made, will cause many students to re-think completing this training. This is a major work-force planning issue, as it is recognised that there is already a lack of clinical psychologists in many areas to provide the quality, highly-skilled services required for the nation's mental health. Reducing incentives for the next generation of students to undertake the additional training will be a major backward step for the future of Australia's mental health.

Additionally, my concern rests with the well being of Australian citizens with severe mental health difficulties. Severe depression, anxiety, post-traumatic stress, relationship distress, family dysfunction, sexual dysfunction, to list just a few reasons for referral under a Mental Health Care Plan, create a substantial burden on individuals, families and the workplace. Ultimately, society carries the weight of untreated mental health problems through divorce, work absenteeism, conduct disordered children and youth, suicide and physical health problems (eg., cardiovascular disorders) that can develop as a sequelae of untreated mental health diagnoses. The treatment of moderate to severe mental health diagnoses is no trifling matter; Australians deserve First World treatment standards that include practitioners with high quality education and supervised training. As qualified practitioners, we should not be expected to provide professional services at sub-standard rates. As consumers, we should be able to access quality services without having to incur substantial additional costs.

Another issue that is of great concern to me is the proposed reduction in the yearly maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder from 18 to **10** sessions. I am aware that this reduction will have huge ramifications for effective intervention, and maintenance of progress, for individuals requiring treatment.

With respect, the abolition of the two-tier Medicare rebate system, and the reduction in available sessions under a mental health care plan, would be a mistake that would be detrimental to the future of mental health in Australia.

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