

## **To: The Select Committee into Mental Health and Suicide Prevention**

Thank you for this opportunity to address the committee with my concerns about the current mental health system in Australia. I wish to take this chance to give you a snapshot of what is happening at the “ground level” from my experience.

I worked as a private practice psychologist in Broadmeadows, Melbourne for approximately 10 years. For those of you who aren't familiar with Melbourne, this is a very low socio-economic area.

I worked in partnership with several other psychologists; we bulk-billed our clients for the duration of our time working in Broadmeadows. This was an ideological decision based on my experiences as a child. I came from low socio-economic background myself and couldn't afford services that weren't bulk-billed.

The demand for our services was overwhelming. Although we advertised many times for other psychologists we were unsuccessful (very limited number of psychologists willing to work for the bulk-bill rate). For 10 years I worked “flat out” in an attempt to provide a much needed service. I got burnt out from the workload.

The remuneration for working long hours for 10 years with a very complex caseload was woeful. Our caseload was made up of people struggling with drug use, domestic violence, severe mental health issues like schizophrenia, personality disorders etc, and many in this cohort had either a history of suicidal ideation and/or attempts to suicide.

When the cost of running the practice was factored in, we were working for approximately \$25 an hour. I studied for 6 years (and had a HECS debt). I

knew what I was doing wasn't wise for my future (dream of buying a house etc). Yet the need was so great, I kept slogging along.

Despite the lack of remuneration we tried to keep bulk billing. We had to start introducing a small gap fee in 2017 (to some clients). The gap fee was \$20 a session. Most people didn't have the \$20. We noticed people started to stop coming to sessions as they didn't have the money (we were still bulk-billing the client load we already had) or we would get requests from the GP's to please "bulk-bill this client".

At the end of 2017 we realised we couldn't continue working in the Broadmeadows area and create a decent quality of life for ourselves. We had to re-locate our practice to an area where some people (at least) could afford the gap fee.

Through life events I ended up moving to a small community in QLD. Just to find the same issues. The cost of running a business prohibited us from bulk billing clients, yet the need for the service was just as high.

I made the hard decision to not offer bulk-billed services and try and buy myself a house and set myself up for the future. I would still get the requests from the GP's to bulk-bill but I no longer said "yes".

The Medicare rebate for psychological services needs to be increased so that services can be provided to people who need them. I did my Masters in Health Psychology (6 year course) and have done at least 50 hours per year professional development since I graduated. The cost of my education (time not working and cost of the education) wasn't an economically wise decision.

When young people ask me if they should become a psychologist, I say, "not unless you are independently wealthy and already own a house" ☺ That is the sad truth. I don't apologise for needing to make a decent living. I do feel really bad that people really need my services and I can't help them.

## Recommendations:

- I would like to request that strong consideration be given to increasing the Medicare rebate for all psychologists to \$150 so that psychologists can bulk-bill and people who need psychological services can access them. (One-tier Medicare rebate for the clients of all registered psychologists in Australia)

You would be aware that a small faction of psychologists was able to create a division in the psychology industry when the Medicare rebates were introduced. Without going into too much detail I will just say that there are no “specialists” in Psychology. Psychology itself is the “speciality”. My education is equivalent (and sometimes additional) to those who have been granted the title of “clinical” psychologist. Prior to the introduction of the Medicare rebate anyone who worked in a clinic (not research based) was a clinical psychologist. After the rebate was introduced a small group were able to determine that only those that meet their criteria were eligible for the title of clinical psychologist. Group membership appeared to have been an arbitrary decision based on affiliations rather than education or any other determinant. If I sound like I am resentful of being payed less to do the same job, yet I have more experience and education than many getting the higher rebate – I am ☹.

- I would like to request that strong consideration be given to allowing for psychological assessments to be rebated through Medicare so that people can access the help they need. Suicide prevention is best served as a pro-active endeavour, not reactive.
- The need for sessions to be continued through the use of phone and Internet is also a way of helping prevent suicide. Through COVID many of my old clients from Melbourne re-connected with me through Tele-health. Some feel they still need the service however I won't be able to provide it after March this year. With the state of psychology as it is in

Australia, they have told me they can't find another psychologist in their local area.

- The number of sessions provided by the MBS is inadequate (particularly with clients who are pre-suicidal or suicidal). Please discuss implementing the Productivity Commission recommendation for up to 40 MBS rebated sessions per annum
- Thought could also be given to simplify the process of accessing a psychologist. This includes simplifying referrals, reviews, letters back to referrers, and upgrading the MBS to reduce the burden on psychologists.

Psychologists should also not be held financially accountable for referral errors by medical practitioners (the cost of being a psychologist is already very high).

- There is also a need to broaden MBS relatable sessions to psychologists to incorporate vital prevention and early intervention strategies in addition to responding to mental illness as well as couples counselling and family therapy.
- By the re-instatement of a self-referral processes to access therapy we could help the client's sense of autonomy, and recovery, and increase their access to psychological services.

In this model, the psychologist is once again, as had been in earlier times, relied upon to liaise and communicate with the client's treating medical practitioner/s as appropriate and as per the privacy and informed consent legislations.

- It would really help the profession of psychology, psychologist and psychological practices if there was a 'Provisional Psychologist'

Medicare rebate. This would boost the psychology workforce, increase access to mental health and provide reliable income for both employers and early career psychologists.

- Having now been in a remote area for 2 years, the need for incentives for rural and remote psychologists is dire. I would think that by implementing a scheme similar to GP's who work in these areas we would be able to increase the availability of psychological services to the people who live in these areas (many with high suicide rates per capita).
- And last but not least, I would recommend that the increasing trend toward mental health "hubs" be seriously reconsidered. These hubs while attractive to Government require a lot of funding to establish and maintain, generally have high turnover.
  - They don't facilitate access to mental health services to those with disabilities, transport issues, or reside a distance away from the facility.
  - Adequately funding the Medicare system to allow clients to choose a mental health clinician in their local area is the most cost effective, outcome efficient and easily implemented strategy.

Thank you once again for the opportunity to present my experiences. I really hope that 2021 is the year that reason prevails in the mental health field in Australia. I envy your opportunity to have a contribution to this happening. I hope my small contribution has some impact.

Regards

Ms Lara Sullivan



Healthy Minds Allied Services