

To the committee:

I am a psychologist (not "clinical" but an ordinary hard working generalist type) in private practice in Cleveland Queensland.

Client base: Typically, the clients I see are lower income types or part of the "working families" that Federal Labor is so fond of espousing as needing its assistance. They are almost all referred by their private medical practitioners under item 80110 for which I claim only the \$81.60 from Medicare for each hour I see them and charge them not a single cent more as most simply cannot afford any added costs because for the most part, their finances are very tight.

Occasionally I also service individuals who have been referred under item 10968 for which I am paid the lesser amount of \$50-95 for each hour I see them, but again, they are charged not a cent more.

As is so often the case, those individuals I currently see coming as they do from the lower socioeconomic end of society tend to have greater levels of problems than the wealthier types - particularly when it comes to health matters: mental or physical. This is well documented elsewhere.

For instance, prior to my working at Cleveland I was seeing clients in the southern sections of Brisbane in two economically challenged areas - again, bulk billing - but at one of the practices, virtually every second client I saw spoke of an immediate family member who had suicided, or where there were drug and abuse issues, or criminal matters, or relationships breakdowns, or women being horrendously brutalised by partners and family members, etc.

Many of these individuals I now see at Cleveland also have several co-morbid issues which we try to address in sessions. Post sessions, I also always give them relevant articles to read that I have written as well as audiovisual material for them to access.

A critical question that needs to be addressed by the parliamentary enquiry committee is this: I like many generalist psychologists colleagues bulk bill the vast majority of my clients with absolutely no further charge whatsoever made to them, which allows people from all stratas of society to access relevant mental health assistance. No-one is excluded. However: from your own surveys amongst clinical psychologists (whose success rates do not show any betterment in terms of rates of success over the generalist psychologists) just how many of that group of service providers charge only the scheduled Medicare benefit versus all those who charge \$200 and more per hour – where they apply APS recommended scheduled fees? Does this not therefore make that group's service somewhat elitist by being out of the range for most of the ordinary lower paid sufferers and far more accessible to wealthier types or perhaps in those cases where payment is made by employers under EAP? Where is the equity?

Experience: Despite my not charging over and above the benefit fee in order to assist my clients, I am very experienced in the field - this year will be the 37th year I have been practising. I also was a lecturer at Charles Sturt University full and part time for some 20 years in amongst this 37 years as well as being an accredited supervisor of interns, supervising quite a few psychologists and interns. I also wrote a weekly column for a NSW newspaper for nearly 4 years as well as worked for a welfare organization as well as a NSW Government instrumentality.

One would think by now I would know what I am talking about.

Despite this degree of experience, I am prepared to work in a medical practice for which I pay almost \$600 a week rent for just the 3 days I am seeing clients, the vast majority (i.e., >95%) being bulk billed with no extra "gap fee" charged them. I don't make a fortune obviously as a result in seeing between 7 to 9 clients for each of the 3 days I work at the practice. This is my sole income due to family circumstances.

Need for a two-tiered elitist system: It is not the case that there should be a two tiered system given the recent evidence regarding client satisfaction and success of the generalists versus clinical types. Look again at the Medicare evidence which if anything would suggest the reverse of what is being mooted by those with a vested interest in the outcomes.

Having lectured and written course material at tertiary level, I can see why universities and also the APS would be pushing their own barrows in order to strengthen their own vested positions, but it doesn't translate to better psychologists seeing all clients for more of the time at the expense of the generalists. Which vested groups have agitated for or are in support of this change? Surely that tells its own story.

Does more intense University training make better psychologists? I would challenge this. Some years ago when I was lecturing at a university I raised the issue to the then Minister of the way in which universities were beholden to the APS on new courses being mooted or proposed which would have to be submitted to that particular interest group (APS) for its accreditation or its rejection, which often meant the more practical courses did not see the light of day. The emphasis on "research" (which never translates into what happens in practical terms between psychologist and client in the counselling sessions!) and quite often a more favoured theoretical ideology was why some years ago many practitioners (social workers, psychiatrists, psychologists etc) would gather at Rozelle Hospital in Sydney for practical instruction as to how to assist in practical terms. At the time, their Universities had failed them.

If the intention is to have high priced clinical types being favoured by Medicare funding, under a two-tier system, will these clinicians see the Libs' so-called "Howard's battlers" or Labor's so-called "working families" or is it yet another well-intentioned Government intervention which inadvertently promotes the pockets of a vested few?

Those of us who see sufferers from the social stratas who are most at risk are those of us who do bulk bill to assist all clients, but it is we who are to be pushed aside in the mooted two tier system.

Who benefits from this? Sadly, not those clients most at risk. It takes away their safety net by instituting such a change which restricts their provision of service and favouring the wealthier in society.

Yours,

Peter Perisce
Psychologist