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To the Senate Committee Investigating two-tier rebates for 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 with mental health problems present 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 address this wide range of severity in presentation, with clinical psychologists being the preferred option for patients with moderate to severe levels of symptomatology because of their more extensive university based training and longer, formally structured supervision.

The recent proposal to reduce rebates for clinical psychologists, creating instead a "one size fits all" approach is highly regrettable. It is akin to suggesting that a recently graduated medical doctor should receive the same pay as a qualified specialist psychiatrist who is a Fellow of the Royal Australian and New Zealand College of Psychiatrists. I speak with experience as I am a private practitioner who has also been an academic, and I have taught post-graduate students in Medicine, psychiatry registrars, qualified psychiatrists studying for their Child Psychiatry sub-specialty as well as clinical psychology candidates.

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 supervision are not standardised in any sense; they may be narrow or varied. Standards of supervision for the general psychologist vary. There IS no standardisation and the psychologist may, in fact complete their two years of supervision with only one supervisor whose supervision is not monitored.

In contrast, to achieve Clinical Psychology status, a minimum of six (Masters), seven (Doctorate) or eight (PhD) years full time of study are required, accompanied by a further two years of standardised supervised practice. The post graduate programs for training clinical psychologists in Australia involve a range of APS accredited subjects preparing students for expertise in assessment, diagnosis, evidence-based treatment for a wide variety of mental health conditions. Additionally, relevant subjects such as advanced psychopathology, neuropsychology and psychopharmacology are offered to enhance specialist skills. At least 4 clinical placements with **at least 4 well qualified supervisors**, as well as conducting a clinical research thesis is required. In my own case I undertook an Honours degree (4 years), a Clinical Masters degree (2 years) and a PhD (3.5 years), and a further two years of supervised practice. **Eleven and a half years later after commencement I was proud to achieve entrance to the College of Clinical Psychologists of the Australian Psychological Society.** It is insulting, even farcical to say that I deserve the same rebate as a general psychologist with a four year degree. It would be equally insulting to reduce specialist psychiatrist fees to the level of a general practitioner.

Finally, 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 on the workplace. Ultimately, society carries the burden of untreated mental health problems through divorce, work absenteeism, conduct disordered children and youth, suicide and physical health problems (eg. cardiovascular disorders) that can and do develop as a sequelae of untreated or misdiagnosed mental health problems. 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 high quality supervised training. As highly qualified practitioners we should not be expected to provide professional services at sub-standard rates. With respect, the Senate committee proposing the abolition of a two-tier Medicare system, which currently accurately reflects true levels of post graduate, formal higher education, training and supervision of the clinical psychologist is making a serious mistake.

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