



26th July 2011

Dear Senator/Minister,

I am writing this submission with mixed emotions regarding the Governments proposal to reduce sessions for clients wishing to access Clinical Psychologists from 18 to 10 and to abolish the two tier system. I am angry and sad that Australia would be taking a huge step backwards in Mental Health and I am very sad for the clients who will lose access to being treated by highly trained and professional psychologists such as myself.

I have spent 8 years of my life in training and have recently completed a Doctor of Psychology. I have invested a considerable amount of money and time to achieve the qualifications I have which I am very proud of. Over the past couple of years I have set up my own private practice on the Gold Coast and have been treating a wide range of people who would probably never have been able to access psychological services if it wasn't for Medicare.

In relation to the two tier system, can I say with great respect to my colleagues who have been classified by Medicare as "Generalist Psychologists" that to be downgraded to the same tier as them is an utter disgrace and disrespect of the additional four years of training that I have dedicated myself to achieve.

If I give you a financial picture, if I only had the minimum four years training that "Generalist Psychologists" received, I would have been able to start work as a Psychologist at least 3 years earlier than when I started. Just say I earned a modest \$40000 per year during these three years that would add up to \$120000. If I then add the cost of my three years of training which cost me around \$60000 to achieve my Doctorate that now makes me \$180000 behind financially then my 4 year trained colleagues. If I was to bulk bill my clients under Medicare (many of whom I currently do) at the extra \$40 per 50 minute session, I already have to see 4500 clients or around four years of work before I even break even.

If I give you a picture from a knowledge and skills perspective, having 8 years of professional training to become a member of the APS College of Clinical Psychologists is clearly going to give me a better understanding of the diagnosing, formulation of treatment plans, and carrying out treatment of clients suffering complex psychological problems. Psychological problems are often complex and ineffective treatment can make clients worse. As a Clinical Psychologist I have supervised my colleagues who are "Generalist Psychologists" and some do not know some of the basics that a Clinical Psychologist would know. It angers me to think that I would be given the

same classification. This would be like putting a Consultant Psychiatrist and a Registrar (with several years less training) in the same category.

I currently bulk bill a lot of my clients, particularly those that struggle and whose mental health conditions stop them from working, but with the proposed reduction in Medicare rebates I will not continue to bulk bill these clients and they simply will not access treatment and we will go back to the state of affairs in our community before Medicare was introduced.

In relation to reducing the number of sessions, it saddens me that our country would be taking a huge leap backwards in mental health. Australia now has a uniquely trained group of people who are currently referred to as Clinical Psychologists and it is within our expertise to treat severe and complex mental illness. I agree that some of these clients would benefit from support from social workers etc, but using ATAPS to treat complex conditions is a huge leap backwards. The people in our society who need us the most will not get access. The Division of General Practice (where ATAPS will be formed) is already moving towards employing junior Psychologists who will work for minimum pay who will then become responsible for treating the most severely mentally ill people in our communities. And the highly trained Clinical Psychologists will treat those with only mild mental health problems (if they can afford it). **THIS DOESN'T MAKE SENSE.** Those performing ATAPS work will burn out and there will be a high turnover of staff, meaning these clients will continue having to see different people all the time. This is not a good service to those vulnerable people in our community who need a Psychologist they can trust, who they can access regularly.

I hold a Doctor of Psychology and after 8 years of training and a huge investment I would think that I could be trusted to treat clients for as many sessions as needed. Some of my clients will need years of therapy, not 10 sessions. Working within the 18 session limit was not even close to what some clients need so reducing their access is only going to hurt these clients. Psychiatrists aren't required to work within a session limit, so why are we?

It is very bad decisions such as these from the Government that make professionals lose their trust in the Government and passion in their jobs. Thankfully, Clinical Psychologists are highly sought after in many areas and if the Medicare system lets our group down, then you will see us leave in droves towards other areas such as performing work for organisations instead.

The Australian community need and deserve highly trained people like me to assist them to recover from their mental health conditions and live a rich and meaningful life. It would be a real shame if I was not given the opportunity to assist my community as I have done so since the introduction of the Medicare system.

I hope you take this submission seriously and do not take backward steps in our Mental Health System as a money saving scheme.

Yours sincerely,

Dr Paul Bowden

B.A(Psych), PG Dip (Psych), DClinPsych.

Clinical Psychologist

Member Aust Psychological Society

Member College of Clinical Psychologists