

Dr Sarity Dodson
Centre for Clinical Health Psychology

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Committee Secretary
Senate Standing Committees on
Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

CC:/ Mark Butler
Minister for Mental Health
ministerbutler@health.gov.au

Dear Committee Secretary,

I am concerned that Australians with mental health issues now have reduced access to appropriate and affordable mental health care as a result of the Government's 2011-2012 proposed budget changes to mental health services. I understand that a senate enquiry is being undertaken, with Terms of Reference including the examination of mental health workforce issues. I am concerned by the rumour that what is being proposed is further cuts to medicare funded psychological care (via a proposed abolishment of the two tiered medicare system).

Psychological registration now provides for the recognition of nine endorsed areas of specialisation. Endorsed specialist psychologists are currently required to undertake a four-year undergraduate degree in psychology plus either a masters (and two years of supervised experience) or a doctorate (and one year of supervised experience). That's an additional four years of accredited and integrated postgraduate training, where research, assessment, and therapeutic skills are rigorously observed and critiqued by peers, lecturers, and supervisors. It therefore takes at least eight years to qualify as a registered psychologist with specialist endorsement. This can be contrasted to the undergraduate degree and two years of on-the-job training (under the guidance of a sole supervisor) completed by psychologists undertaking the 4+2 pathway.

It is therefore clear that endorsed psychologists have specialised skills and greater depth of experience and thus provide clients with a higher standard of clinical care in their area of specialisation. The proposed abolishment of current rebates available to clients of Clinical Psychologists signals a devaluing of specialised, high quality clinical care. The higher rebate that has been available to these clients has allowed consumers with complex needs, and those from more disadvantaged circumstances to access psychological care with the confidence that their treating clinician has the skills required to facilitate timely recovery. Without this higher rebate many consumers will no longer be in a position to afford psychological care, and may be forced to seek treatment from clinicians without sufficient training and experience to address their clinical needs within the 10 sessions afforded them through medicare.

A higher industrial Work Value for Clinical Psychologists is now embedded within Australian Industrial Relations Awards. Therefore any cuts to the medicare rebates for Clinical Psychology are unlikely to be fully absorbed by small businesses. Many

businesses will have little choice but to expect their clients to pay the significantly larger gap fee. Many consumers will not be in a position to cover these additional costs.

A second cost will be reduced postgraduate enrolments amongst our brightest fourth year graduates, who should no doubt be encouraged to go down the long road of study in order to be able to provide Australians with the most recent and relevant evidence-based therapies in the future. I also fear that it will remove an important incentive for existing psychologists to continue to develop and maintain high levels of clinical expertise.

I implore the committee to recommend the maintenance of a higher medicare rebate for services provided to clients by psychologists with specialist endorsement. I urge the committee to recommend that this higher medicare rebate be available to clients of all specialist endorsed psychologists. These steps would ensure the provision of quality, evidence based, and efficient treatment of clients with mental health needs, both now and into the future and ensure ongoing access to this care for disadvantaged clients and those with complex needs.

Yours sincerely,

Dr Sarity Dodson
Psychologist