

# *Taylor McCombe Hof*

## *Clinical Psychologists*

### *Partners:*

*Graham Taylor*

*Lisa McCombe*

*Alexandra Hof*

*Helen Gavriel*

4<sup>th</sup> August 2011

### *Associates:*

*Sonya Baker (Registrar)*

*Mary Taylor (OT)*

To the Senate Community Affairs Reference Committee: Inquiry into Commonwealth Funding and Administration of Mental Health Services

**Re: Loss of clinical rebates or the dismantling of the two tiered medicare rebate system.**

Dear Sir/Madam

I am writing to express my dismay and concern at the conclusion of the Senate Community Affairs Reference Committee that there are no grounds for the two-tiered Medicare rebate system for psychologists and their recommendation for a single lower rate for all psychologists, including clinical psychologists.

The conclusion drawn by the committee to dismantle the two tiered system does not recognise the specialist training undertaken by those people eligible for the clinical psychologist title. In 1989 the Management Advisory Service to the NHS differentiated the health care professions according to three skill levels. These were:

Level 1. "Basic" Psychology which includes the use of simple tasks such as relaxation, counselling and stress management.

Level 2. Undertaking specific psychological activities such as behavioural modification. These activities are usually prescribed by protocol.

Level 3. Activities which require specialist psychological interventions and the discretionary capacity to draw on a multiple theoretical base. To devise an individually tailored strategy for complex psychological problems. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories.

The group suggested that almost all health care professionals use Level 1 and 2 skills and some have well developed specialist training in Level 2 activities. The group went on to argue that clinical psychologists are the only professionals who operated at all three levels and **"it is the skills required for Level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists"**. This is consistent with other reviews that suggest that what is unique about clinical psychologists is their ability to use theories and evidence based research from the discipline of psychology in a creative way to treat complex psychological conditions.

It is important to note that clinical psychology is recognised in Britain and the United States of America as one of several specialisations within Psychology.

I would also like to strongly object to the recommendation of the single lower rate for all psychologists, including clinical psychologists. This will have a significant impact on the adequacy of services provided to people with mental illness through the Better Access Initiative.

Firstly, this does not recognise the post graduate education and specialist training of clinical psychologists. Secondly, it does not take into consideration the complex conditions referred and treated by clinical psychologists. Thirdly, a reduction in the rebate for specialist psychology services will significantly impact those who are not able to access the public system or the ATAPS. The people I see every day at my practice are seeking affordable specialist services for complex conditions such as depression, severe anxiety including obsessive compulsive disorder, suicidal attempts, post traumatic stress disorder, addictions, chronic pain, self harm, and sexual, physical or emotional abuse and chronic pain. They have been unable to access support through the public system. The public system is often only able to take those that pose an immediate risk to themselves or others. It is imperative that alternative, specialist, and affordable specialist services are also available to those in need.

Earlier this year the Australian Psychological Society (APS) undertook a study of the nature and severity of 9,900 Better Access consumers who had between 11 and 18 psychological treatment sessions last year. The study revealed that 84% of that sample had moderate to severe disorders at the commencement of treatment with almost 50% having an additional mental Health disorder, drug or alcohol abuse problems.

Medicare recognises the need for straight forward medical conditions to be treated by a GP. However, it also recognises the need for more serious medical conditions to be treated by specialists such as cardiologists and ophthalmologists. So it is with mental health problems. Sometimes counselling by a 4 year trained psychologist will suffice but with serious psychopathologies such as clinical depression, anxiety, addictions, anorexia and bulimia, and post traumatic stress disorder, specialist treatment is required. Clinical psychologists are the specialists in these areas.

In summary the proposals are suggesting that people with moderate to severe mental health conditions not only have fewer sessions than what the research recommends, but will potentially be left without appropriate specialist mental health care because it will be less affordable.

I urge the committee to seriously consider the negative impact proposed changes to the current system i.e., the dismantling of the two tiered Medicare rebate system; a single lower rate for all psychologists; and the reduction in the number of sessions available to those in need of specialist Clinical Psychologist services will have on the Mental Health of those in need.

Yours sincerely

Lisa McCombe  
Clinical Psychologist

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