05/08/11

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

To the Senate investigating Medicare rebates for psychological services,

I am a clinical psychologist working in private practice in a low socio-economic area of South Australia. Although the current APS recommended fee for a 46-60 minute consultation is $218 (as of July 1st 2011), I have been able to bulk bill the majority of my clients under the Medicare Better Access Scheme. If the rebate is lowered, I would need to add a gap payment possibly for all clients and I know this would preclude many of my clients from accessing services. I'm not sure where these clients would then receive treatment?

Many of the clients that I have consulted with have explained to me that they have never been able to attend therapy with a psychologist before because they were not able to afford it. These same clients had usually been under the treatment of a psychiatrist, sometimes for many years. The statistical data that is now available indicates the positive impact that the Medicare Better Access Scheme for Psychological Services has had upon the well being of clients and in treating their mental health disorders. From my understanding, there are no limits on services that a client may obtain from a psychiatrist under Medicare? I'm not sure why there are not limits on psychiatric service provision, rather than the target being upon psychologists, if the government is looking at making cuts to mental health expenditure?

As I am a clinical psychologist, I have been trained regarding the psychopharmacological medications and I have been working with the referring GP around recommendations for medication changes with clients. This has been a very positive process and frequently clients will cease to attend consults with their psychiatrist and work with myself and their GP to meet their mental health needs. This is also a key difference in the training of clinical psychologists compared to other psychologists, who do not receive this *clinical* training regarding medication use etc, as part of their curriculum. There are many other important variances between the training of a clinical psychologist as opposed to other psychologists, which may not be clear to the general public, our training regarding the psychological medications being just one aspect. Clinical psychologists are the only psychologists whose entire post graduate training is in the area of mental health.

To become registered as a clinical psychologist, a psychologist must have obtained a Masters degree in Clinical Psychology, this is a two year full time course completed

after a Bachelor and Honours Degree in Psychology. This would be the minimum requirement of tertiary education required to become a clinical psychologist. To become qualified as clinical psychologist, other pathways to registration include completion of a Doctorate (seven years) or a Doctor of Philosophy (at least eight years) accompanied by a further two years supervision by a clinical psychologist in a clinical work environment. To obtain clinical status, the psychologist also has to prove to the APS that they have completed sufficient training hours in a clinical setting and engaged in post-graduate training in a clinical area.

This indicates the different level of training that clinical psychologists receive compared to other psychologists and I believe is evidence to maintain a two tier payment system in recognition of this. There are other areas that psychologists are able to specialize in, such as Forensic or Organizational Psychology, however the focus of this debate concerns clinical psychologists working in treatment settings and providing appropriate therapy services and who have the appropriate training.

It is not just the length of time studied that must be considered, but also the focus of that study. If all psychologists conducting therapy are to be considered equal, I don't really understand why anyone would need to even do further training in clinical psychology after their initial degrees, if all psychologists are believed to provide the same treatment? It would be like saying that all doctors provide the same service and paying specialists who have completed further training in one area, the same as doctors who stopped at the minimum level of training who are employed in similar roles. This of course would not occur as specialized doctors would only be working within their area of expertise. Perhaps psychologists who are not clinical psychologists should not be conducting therapy in mental health at all?

I would also like to express my concern at the proposition to reduce the amount of sessions people may access under the Medicare Better Access Scheme for psychological services. With clients it causes great concern to them and many have commented that they are worried they may "run out of sessions". This actually increases anxiety levels in clients who are coming along to access assistance. I do not believe this is something that clients should have to be concerned about, such as when they access services from a Psychiatrist.

For the clients that need the maximum sessions of 18 these are among those with the most complex, chronic mental health needs. If sessions need to cease because their allowances under Medicare have been utilized and they can not afford to pay privately, this is very frustrating for the client and the therapist. The needs of clients vary greatly and if anything I believe more services should be allocated if those clients with the most serious mental health disorders need them.

I respectfully ask that the Senate consider the above concerns,

Yours Sincerely,

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