I would like to make comment around three areas that I believe are relevant to the terms of reference of this inquiry.

1. Proposed changes to the two-tiered Medicare rebate system

I hold endorsement in two specialised areas of practice with the Psychologists Board of Australia – I am endorsed as both a Clinical Psychologist and a Clinical Neuropsychologist. To gain access to these specialist titles I completed a Bachelor of Science, Postgraduate Diploma in Psychology, Masters in Clinical Psychology, and Doctorate in Psychology (Clinical Psychology and Clinical Neuropsychology). I have been fully registered with the Queensland Psychology Board since 2004, and have worked as both a clinical psychologist and clinical neuropsychologist since this time. I work full-time within Queensland Health and also one day per week in private practice.

To be endorsed as a Clinical Psychologist, a person needs to complete a minimum of six years training. In contrast, registration as a generalist psychologist is possible after just four years, comprised of a Bachelor Degree with either Honours or a Postgraduate Diploma and two years' supervised practice. As such, persons going through the generalist stream are not exposed to training in the use of practical, evidence-based therapy skills to the extent offered during the 2-5 year postgraduate degree, and their experiences and knowledge gained largely reflect the capabilities and experiences offered to them by their supervisor. By abolishing the two-tiered system currently in place, the government would effectively be sending the message that there is no difference between someone who has undertaken years of rigorous studies and is recognised by their professional board as having specialised clinical skills and someone with two years "on the job" training.

2. The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule

Clients who have moderate to severe mental illness tend to have quite complex presentations, and even when seen by an endorsed clinical psychologist who specialises in complex and chronic mental health problems, might require extensive and ongoing treatment. Putting a cap of 10-12 sessions per year means that many of these clients will be either required to spread their sessions to monthly attendance (which is clearly not sufficient when intense, frequent therapy is required) or else exhaust their sessions in under three months, thereby increasing the likelihood of premature termination and/or relapse. I strongly believe that the number of sessions per annum should be kept at a minimum of 18.

3. Lack of provision for Medicare rebates for specialised neuropsychological services

Clinical Neuropsychology is a highly specialised area of psychology that is concerned with the assessment (and treatment/management) of brain-behaviour relationships. Comprehensive assessments by qualified clinical neuropsychologists

are invaluable in assisting in diagnosis/differential diagnosis (e.g., dementia), cognitive strengths and weaknesses, intelligence, academic skills, capacity (including also functional capacity), emotional functioning and personality, among others. Clinical neuropsychologists have specialised level training in the assessment and interpretation of such tests, as well as in the provision of relevant interventions and recommendations to relevant stakeholders. The outcome of this shared approach is often improvement in the clients social, occupational, educational and psychological functioning. These areas are not adequately covered by "clinical psychology services" under the current Medicare scheme. Furthermore, there is a real lack of suitable brain injury organisations that offer neuropsychological assessments and neuro-cognitive/neurobehavioral treatment, and clients are often left to pick up the bill when accessing these services privately. I strongly believe that a Medicare subsidy should be available to cover neuropsychological assessments and interventions.