

Joseph P Riordan & Associates Psychologists

3rd August 2011

The Senate Community Affairs Reference Committee

Regarding: Proposed changes to Medicare: Better Access

Proposed Changes

- Reduction of psychological treatment sessions for Australians with mental health illness
- Proposed changes to the two tier rebate system for psychologists

History and Background (I make this submission on behalf of my clients and my staff)

I am the principal Clinical Psychologist at **Joseph P Riordan and Associates Psychologists** (jrap). I am a longstanding practitioner of Clinical Psychology in the Beaudesert and Browns Plains region of Queensland (since 1995). I run two offices in Hillcrest, (4118) and Jimboomba, (4280) Qld.

I employ four full time staff, two Psychologists and two clerical staff members. My Practice Manager is currently on Study Leave in her 5th year of the Doctoral Programme of Clinical Psychology at the University of Southern Queensland. When she graduates it is her intention to enter the practice as a Clinical Psychologist with the gold standard qualification in Clinical Psychology.

I have invested in and renovated a purpose built building at 15 Helen Street Hillcrest Qld to promote and provide excellence in Clinical Psychology for the region and to provide embattled GPs and their patients with the community based clinical psychological treatment they so desperately require.

As a senior practitioner in the region I tend to treat the more serious psychiatric presentations, those being, clients who have long-term and intensive community based psychological support needs. These patients are at risk without ongoing community based Psychological care.

By November 1st each year up to 80% of my clients have passed the ten-session point yet continue to require community based clinical psychological care.

Should the proposed changes go ahead November 1st, 2011 then the following is likely to occur:

Consequences for those with serious mental health problems (and the community of mental health carers)

- Patients with serious presentations will return to overburdened GPs and Hospitals and there will be an increase of cost to the community in hospital admissions and other health costs. **(18 psychological sessions in a calendar year is approximately the same cost as one day in hospital)**
- There will be an increased burden of care for the families of mental health patients
- There will be an increase of police incidents with mentally ill patients
- **There is likely to be an increase in the suicide rate**

Consequences for jrap and its employees

- The five employees at jrap (and ancillary employees such as contractors, cleaners and various trade people) will have no work and retrenchments will follow.
- There will be a catastrophic financial failure of the practice because of irredeemable interruption to the workflow and referral source. I risk personal financial difficulties and the loss of my investment in the infrastructure of my office building (15 Helen Street Hillcrest).

Joseph P Riordan
Principal Psychologist
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Registered Psychologist

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- I will no longer be able to provide clinical Psychology in Hillcrest resulting in the loss of the most experienced clinical psychologist in the region and to private practice in general.
- My Practice manager, currently on study leave, has no career path without the support of my infrastructure and a flow of referrals. Her university study programme and career are in jeopardy.
- On November 2nd the clinical staff at jrap will be required, under their Duty of Care obligations, to provide pro-bono services to the seriously ill or at risk individuals who no longer have entitlements to psychological care under Medicare. This is an untenable situation that will result in further financial stress for jrap.

Consequences for the community and the profession

- There will be a loss of Psychological Clinical services to the community
- The more experienced longstanding Clinical Psychologists who contribute to training and job growth in the industry and who have invested in infrastructure will no longer be financially viable
- Investment and experience in the industry will be irretrievably lost.

For academia and those entering the profession of Psychology

- Master level and doctoral students in Clinical Psychology will have little reason to continue studying at this level and there will be a loss of pursuit of academic excellence in Clinical Psychology.
- Without a two tier system of rebate there will be no financial incentive to pursue higher studies in Clinical Psychology. Senior students training in Clinical Psychology will be lost to the profession. They will simply choose other professions that will recognise and remunerate academic excellence.

Summary and Recommendations

In 2007 the inclusion of psychology into Medicare was a breathtaking initiative that led the whole of the mental health community (including: GPs, Psychiatrists, Mental Health Workers, Patients and their families) to experience a collective sigh of relief. An industry was born and jobs were created that identified Australia as a world leader in the arena of mental health.

The proposed changes to Medicare disaffect the most seriously ill members of our community and will effectively end the infant industry of Clinical Psychology that has made mental health care in Australia the envy of the world.

Recommendations

- Support private practitioners in psychology and their patients with an increase in the allocation of psychological sessions to 26 in a calendar year
- Maintained and reinforced the two tier system by increasing funding to Clinical Psychology in university training and industry development
- Broadening the scope of focused psychological treatment providers (general registrants) by encouraging innovative pathways into clinical standards of practice.
- Support university psychology training programmes with scholarships and make commitment to the infant industry to maintain the financial support of Clinical Psychology through Medicare.

Joseph P Riordan
Clinical Psychologist