

Dear Senate Committee

We apologise for the lateness of this submission and realise the closing date has now passed. However, we would like to register our concern at the decision to review the 2 tiered system of Medicare rebates for psychology. This issue was previously fought out and resolved with the introduction of the current system which recognises two levels of training and expertise in psychology. The recommendation for a single rebate is unjust and disregards previous decisions and court rulings on the specialist area of clinical psychology. It is also highly divisive to the profession to reopen this again. Clinical psychologists require significantly more training and supervision, and have higher level skills in assessment and intervention than 4 year trained psychologists. Having a single rebate will significantly impact student's decisions to progress to postgraduate studies if this qualification is not required for Medicare/private practice. As such it will lead to the deskilling of the psychology workforce.

It is alarming that there are many practitioners providing Focused Psychological Strategies under Medicare who have little training in counselling and psychological interventions, including organisational psychologists, social workers, occupational therapists, and others who would never have provided these services prior to the introduction of Medicare. Among the many and variably trained practitioners providing Focused Psychological Strategies there are those who provide unauthorised services (i.e. not listed as FPS) or unethical interventions such as tarot cards (client report), and claim them under Medicare. Abolishing the 2 tier system will reduce the number of clinical psychologists providing high quality psychological interventions, and increase the variety of practitioners providing highly variable services.

The recent budget decision to reduce the number of psychology Medicare sessions is also of concern, particularly in situations where clinical psychologists are providing care for people with severe mental health problems. Anyone who thinks such problems can be resolved in 10 sessions or less is blissfully ignorant of the realities of mental disorder. On the other hand, psychiatry remains unrestricted under Medicare with anyone eligible for 50 sessions per year with no requirement for a mental health care plan, no session limits or reviews, no outcome assessment and reporting, or any justification that the intervention is working. Many psychiatrist by their own description provide only pharmacotherapy and medication review, not psychotherapy, thereby further reducing the number of professionals providing quality psychological interventions for people with mental health disorders.

The ATAPS scheme is more geographically limited and more expensive to run than Better Access, with more money going into administration costs to GP clinics and less to the public needing psychology services. Furthermore, it puts money into the hands of GP clinics to employ psychologists at lower rates which will only attract new graduates and lesser qualified professionals.

As psychologists working for a non-government charity we have no vested interest in the Medicare scheme. We write purely out of concern for our profession and dire consequences if the Committee accepts the recommendations given to it. As busy professionals working part-time, for a charity, and supervising students, and caring for young families, it is incredibly difficult to find the time to write, hence the lateness of this submission. We also feel it is unfair that we should be required to do this on top of all the other demands placed on us. We suspect there are many others who feel similarly time-poor and jaded that they simply have not been able to respond to this issue. Unfortunately that may be seen by the committee as a lack of interest or concern, and we may pay a high price for that. It is only out of fear for the future of clinical psychology that we have made time to write. We hope the committee will consider the issues raised.

From 5 concerned, time-poor, and lowly paid clinical psychologists.