

3<sup>rd</sup> August 2011

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

Dear Committee Members,

Re: Senate Community Affairs Reference Committee proposal to abolish the two-tiered Medicare rebate system for psychologists.

#### Terms of reference

- a) The Government's 2011-12 Budget changes relating to mental health;
- ~~a)~~ b) Changes to the Better Access Initiative, including:
  - (iii) The impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs;
- d) Services available for people with severe mental illness and the coordination of those services
  - (i) the two-tiered Medicare rebate system for psychologists.
- e) Mental health workforce issues, including
  - (ii) workforce qualifications and training of psychologists;

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I am writing to express my objection to the Senate Committee's proposal to change the two-tiered Medicare rebate system for psychologists. I support a two tiered approach to provision of psychology services under Medicare which recognises Clinical Psychology as a specialist service to the public. An abolishment of this two-tiered system would mean decreased access to specialised services for individuals with severe and complex psychiatric diagnoses. Further, this proposed change to the existing system could have detrimental implications for the future of the specialised profession of clinical psychology.

I am a Clinical Psychologist working in private practice at \_\_\_\_\_; an established psychological practice in \_\_\_\_\_, Victoria, which offers provision of specialist clinical psychology services under the Better Access to Mental Health Care initiative. I work under Principal Clinical Psychologist \_\_\_\_\_ and the practice is dedicated to providing Bulk Billed consultations to all clients receiving service. The government has already decreased the number of sessions available to people who require psychological intervention under the Better Access scheme to 10 sessions per year. Under the previous system clients were eligible for up to 18 sessions and these cuts have resulted in unrealistic expectations of treatment. \_\_\_\_\_ is a fast growing, low socioeconomic area that has a high need for specialist mental health services and currently has limited access to these services because of the reduction in sessions. Bulk Billing arrangements at \_\_\_\_\_ will be discontinued if the two-tiered Medicare rebates are abolished which would further decrease access to these services for this high-need population.

I have completed a Doctorate in Clinical Psychology which is a specialist training program that is specifically focused in the field of evidence-based assessment, case formulation, diagnosis and evaluated treatment of the full spectrum of lifespan mental health disorders across the full continuum of complexity and severity. During my seven year formal training, the emphasis of Clinical Psychology was on severe mental health problems. My training has been in the theoretical and conceptual understanding of mental health problems, the correct diagnosis

and clinical evaluation of these problems and on effective management and treatment. The training of Generalist Psychologists does not involve specific focus on assessment, diagnosis and treatment of mental health disorders.

Clinical Psychologists work from a scientist-practitioner model. Postgraduate clinical psychology training has a particular focus on scientific research and statistical analysis. A focus on empirical research during clinical psychology training programs provide Clinical Psychologists with the skills to interpret and carry out research in the field of psychology and mental health which increases accountability in the context of service provision. Training Clinical Psychologists within a scientist-practitioner framework provides Clinical Psychologists with the skills not only to understand and complete independent research but to also use these skills to evaluate psychological interventions and apply these empirical skills to the treatment of their own clients.

There are clear differences in training and qualifications of Clinical Psychologists compared with Generalist Psychologists. This is already recognized within the health sector, with public health services only employing Clinical Psychologists for positions within mental health teams. This distinction between the two professional groups must also be acknowledged by the government, and recognized in terms of financial compensation under the Better Outcomes scheme. If not, the future of the specialist profession of Clinical Psychology will be in jeopardy.

An area of particular interest for me is adolescent mental health and a significant portion of my referral base comes from Orygen Youth Health where I also work half time at the Youth Access Team. Orygen is a mental health service for individuals aged 15-25 who suffer from severe mental health disorders. Due to high demand for youth mental health services in the western region of Melbourne and the fact that the public mental health system is not resourced to provide services for all those individuals that are referred, the Orygen triage service will often refer young people to private treatment under the Better Outcomes scheme. Orygen Youth Health as a service values the specialised skills Clinical Psychologists can offer in terms of assessment, treatment and diagnosis of mental health disorders and therefore regularly refers clients to Clinical Psychologists for follow up. If the current two-tiered Medicare rebate system is abolished, the access for this at-risk client population will be compromised.

The proposal to abolish the two-tiered rebate fails to take into consideration the complex needs of individuals with significant mental health problems in disadvantaged areas. Further, this proposal ignores evidence gained from psychological research. I urge the Senate committee to reconsider the proposed abolishment of the two-tiered Medicare rebate for psychologists immediately, so that all consumers can continue to access specialised clinical psychology services. Further, I urge the Senate committee to consider the importance of continued access to Bulk Billed services in low socioeconomic areas such as Melton, Victoria, and that the Senate Committee retains the current two tiered system so that the specialist practice of Clinical Psychology can be clearly recognised.

Sincerely,

Dr Felicity Cockshott (BA, Post Grad Dip Psych, D. Clin Psych)  
Clinical Psychologist