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**SUBMISSION TO THE SENATE COMMITTEE RE: TWO TIER MEDICARE
FUNDING FOR PSYCHOLOGICAL SERVICES**

I write as Psychologist with over forty years of experience and with specialist standing in the fields of both Counselling and Educational and Developmental Psychology. I have worked for over thirty years with families and young people in the education sector and more recently, and well before the Medicare Better Outcomes initiative, in the private sector with adults. I am also a provider for two GP Networks, SouthCity and Melbourne East.

It is my understanding that Clinical Psychologists have a specialist training that pursues and values scientific inquiry, as do I. It is fitting that the various specialist groups within Psychology have varied areas of expertise. However, in the area of treatment outcomes for Medicare clients it is also my understanding that Clinical Psychologists treat the same populations as non-clinical Psychologists with the same outcomes. This gives rise to two questions namely; why should Clinical Psychologist services attract a higher Medicare rebate, and would the Medicare dollar go further if all Psychological counselling attracted the current \$81.60 rebate?. It is a curiosity that the Australian Psychological Society, of which I am a Member, makes no distinction between Clinical and all other Psychologists when recommending a suggested fee structure.

In Private Practice the feedback clients give to GPs has an impact on whether GPs continue to make referrals. My experience has been that I continue to get referrals from GPs whom I have never met or sought out, presumably because they have formed an opinion that I can offer helpful and effective services to their patients. What seems to be important is that I get results, not my specialist qualifications. I suggest that there are many Psychologists with a similar experience.

Medicare should spend the health dollar well. In my view to do that to meet the clear need in the community Medicare should focus on two areas: to provide a quality service that enables to a broad spectrum of the community to access effective assistance with mental health issues, and to provide easily accessible early intervention to prevent individual mental health issues from escalating into more long-term and debilitating effects. To this end the evidence suggests that Clinical Psychologists have similar outcomes to other Psychologists. In closing I therefore submit that in terms of results, the two tier system is costly and unjustifiable.

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