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### Re: Standing Senate Inquiry In Mental Health

I am a clinical psychologist who bulk bills all my clients in an area of high need. The clients have long-term complex mental health disorders and at times pose a risk to themselves and others. As disadvantaged individuals they are unable to pay a gap fee, and can only access treatment through bulk billing, however if I am unable to access the clinical rebate I am unable to provide these services as the lower rebate does not allow me to cover the overheads without either charging a gap fee, burning myself out or going broke. Please see the costs and associated patients loads below. Note that I work with nine other private practice psychologists and these are typical outgoings per year.

<b>COSTS</b>	<b>Per day</b>	<b>Per year</b>
Professional room rent (incl outgoings)*	\$165	\$42900
Stationary, printing and postage		\$2000
Prof Indemnity Insurance		\$500
PBA renewal		\$400
APS Membership		\$500
APS College Membership		\$158
APS Find a psychologist fees		\$163
Broadband plan		\$250
Telephone (landline for fax and eftpos)		\$700
Mobile		\$960
EFTPOS banking fees		\$700
Accountants fees		\$900
Electronic hardware/software/website		\$2000
Supervision monthly	\$170	\$2040
Professional Development (5 days)	\$300	\$1500
<b>TOTAL</b>		<b>\$55671</b>

\*Based on a 52 week year x 5 days per week.

In order to earn the Australian average GROSS wage of \$75000 plus 9% superannuation OR \$81750 p.a. and cover the aforementioned costs of \$55671 p.a. I need to generate revenue of \$137421 p.a.

With the clinical rebates I therefore need to see 1147 patients a year, that is, 5 one-hour treatment sessions per day over the 46 working weeks of the year (4 weeks annual leave, one week sick leave, one week professional development). This allows 3 hours each day to complete Medicare claims, do my book-keeping and tax, banking, posting, complete file notes, undertake treatment planning, as well as provide GP feedback, letters to psychiatrists, psychological reports, and liaise with case managers, other professionals and carers (via telephone, email and post).

However if the rebate was reduced to the lower general rate of \$81.60 then I would need to see 1684 patients per year or more than 7 one-hour treatment sessions per day. Given the other duties I need to attend to, seeing patients for 7 hours back to back each day is not possible without burning out and eventually providing ineffective care. As I refuse to do this I would choose instead a more sustainable patient load with the lower rebate, in which case I would earn (after costs) = \$35017 p.a. (plus \$3151 superannuation). I have spent well over ten years gaining my training in order to be a clinical psychologist, only to earn less than a cash register operator.

The alternative is for me to work in the public mental health care system where I would spend fewer hours per day providing effective treatment directly to clients, while being paid more money. How is that good economics? If you cut clinical psychologists' rebates then tens of thousands of patients with moderate to severe mental health issues will re-enter the public mental health care system, now with a greater expectation of the care they deserve. This will cost the government far more money in the long term. Private practice clinical psychologists who provide treatment and bulk bill, because they love the work, are a more cost effective treatment option.

Public mental health services *DO desperately* need more funding, however it simply does not make sense to take funding from clinical psychologists to give to the public sector, there needs to be *additional* funding to the public sector. Public mental health typically requires private practitioners so they can discharge clients to the community for ongoing care, in order to minimize relapse and readmission rates. Private psychologists set up practices within the communities (e.g., urban fridges) where services are required (similar to GPs), whereas public mental health services are typically situated in urban epicenters – which the most disadvantaged clients typically cannot afford to live near, therefore adding the burden of lengthy travel.

Reduced rebates and fewer funded sessions is likely to lead to tens of thousands of patients, as well as their family and friends becoming extremely upset that they can no longer access treatment in their communities with a psychologist they know and trust. This will have far reaching consequences for the perception of the government's commitment to providing adequate care and is not good politics.

Clinical Psychologist

(Note PBA website records do not note clinical endorsement, however they are undertaking to correct this admin error).