

24th July 2011

Dear Sir/Madam,

I thank you for the opportunity to make the following comment in regards to the Government's funding and administration of mental health services in Australia, with particular reference to:

The two-tiered Medicare rebate system for psychologists

- I have been practicing psychology for 11 years during which time I have followed both Pathway 1 and 2 of training which means that following my 4 years of mandatory university study, I also undertook 2 years of supervised practice in the field. I worked as a psychologist for 5 years before deciding to return to university to complete my Masters of Educational and Developmental Psychology. I studied for a further 2 years to obtain my Masters degree, completing every element of the Supervised Practice Plan as my fellow students who had entered the Masters program directly following their fourth year of university. As such, I have effectively completed 6 years of university training AND 4 years of supervised practice and yet I am classified as a 'Generalist' psychologist purely because I did not choose to become a Clinical Psychologist.
- I actively chose educational/developmental psychology over clinical psychology (my university marks were sufficiently high to get into either course, or a PhD if I had wished) because I truly believed that the Masters in Educational/Developmental psychology was the best training for my chosen area of practice in working with children and adolescents. I have a great interest in working with young people to help them build the resilience they need for happiness and good mental health. My focus is on prevention and early intervention to try and safeguard our young people's mental health although unfortunately, a large part of my work involves intervention with young people who demonstrate clinically significant levels of mental health problems.
- In my previous employment, I obtained the rank of Senior Psychologist overseeing a number of psychologists and counsellors. I am currently Principal of a private psychology practice and I have four psychologists working alongside me. Two of those psychologists have a Master's degree in educational/developmental psychology, one is a clinical psychologist and the other does not have postgraduate training but has worked extensively in the field. Each of these psychologist works with the same population of clients although each of us possesses unique knowledge and skills which we share freely amongst ourselves during regular peer supervision to ensure that we can provide the best service possible to the many young people and their families that we have the privilege of supporting.
- As an educational/developmental psychologist I perform a range of services including standardised psychometric assessment and evidence- based intervention. Contrary to the belief of certain parties, clinical psychologists are not the only practitioners with the skills to assess and treat clients with moderate to severe difficulties. The majority of my clients seek support for significant anxiety and mood problems that interfere in their ability to fully participate in and enjoy their lives, and at times place them at risk for self harm.

Whilst I know that I have skills commensurate with my clinical colleagues (and clearly superior to some with lesser experience and training), I do not receive a commensurate income. In fact, the clinical psychologist who works in the practice earns an additional \$10 per session; however, her clients pay just short of half the amount to consult with her due to them receiving a significantly greater Medicare rebate than my clients. This situation is not widely disclosed due to the potential confusion and contention that it can and has caused. We have to inform clients who are aware of the discrepancy that this is simply how Medicare operates as there is no legitimate reason for this dichotomy except that when the process was being established a small but self serving group gave poor and erroneous advice to the government of the day. I believe that, as a result of this flawed decision, my clients and the public in general have been deceived and disadvantaged.

- The skills of ‘generalist’ psychologists (the category into which the majority of psychologists fall) have been publically minimised and in many cases demeaned without any empirical evidence to show that clinical psychologists possess greater skills and provide better services than ‘generalist’ psychologists. In fact, the evidence suggests that ‘generalist’ psychologists consistently provide effective interventions and high quality services to clients. This situation is ironic given the high standard of proof that is generally required of psychologists in regards to their own decision-making and practices.

The impact of change to the number of Medicare rebated treatment sessions available to clients with significant mental health needs

- I regularly provide treatment and support to clients with significant mental health impairment and entrenched patterns of behaviour who come to me with a background of considerable family dysfunction and conflict. The general practitioners, paediatricians and psychiatrists who refer these clients to our service certainly do not minimise the severity of these presenting cases and I believe that they have an expectation that we will be able to assist these families to repair their lives and get back on track. Whilst it is understandable that certain restraint is necessary with public monies expenditure, I sincerely believe that it is essential that families and individuals are provided with the level of access to mental health professionals that they need.
- It is widely viewed by psychologists who currently work with these difficult cases that the existing system of 12 Medicare rebated sessions per calendar year, with an additional 6 sessions for extenuating circumstances, is not sufficient to address the many and varied needs of this client group. It follows then that the intent to revise the access down to 6 sessions with an additional 4 sessions if necessary is not a welcomed move by most psychologists that I have had discussion with.
- I firmly believe that with sufficient resources, the private sector has enormous benefit to offer in that without private practice psychologists the public health system would be even more overwhelmed. I have, at times, attempted to refer clients on to a public service, particularly those with limited financial resources, with the hope that they would receive the level of support and intervention that they genuinely require. I have generally been unsuccessful due to the stretched resources of the public mental health services. At times,

I feel like I offer a bandaid solution when I intervene with these families, knowing full well that there will not be sufficient contact with them to really effect change. I do believe that with the revision to the number of Medicare rebated sessions available to clients that I will need to turn down many of the referrals that we currently receive from medical professionals as I do not believe it to be either ethical nor practical to commence therapy with individuals and families if there is little hope that they will be able to access the level of support necessary to effectively assist them.

I thank you for taking the time to consider my comment, and I am optimistic that as a result of this enquiry our mental health care system will better reflect the values of fairness and equity that are so important to all Australians.

Yours sincerely,

Frances O'Connor
(Psychologist)