

To Whom It May Concern:

I am a Clinical Psychologist, working in Frankston, and attained a Doctorate in Psychology (Clinical) at the University of Melbourne. I have been working in the public and private system for 13 years.

I hold grave concerns for many of my private clients who are currently bulk-billed. I am one of the few Clinical Psychologists in my area that continues to bulk-bill clients, given I work with clients from low socio-economic areas. In order to make my business feasible, it will be very difficult to continue offering a bulk-billing service at a lower Medicare rebate, given I have a significant waiting list for private paying clients. Obviously, I would continue to work with current clients who have established a very strong and important therapeutic alliance, but will need to consider revoking bulk-billing for new clients if the rebate is dropped significantly. After all, this is my livelihood and I cannot absorb a massive drop in income, no matter how much I wish to help people.

I also have a speciality area in eating disorders, and many of my clients with eating disorders are working with me for years, often on a weekly basis – the Medicare rebate has made this possible, given these clients also have to see medical doctors, dieticians and various other allied health professionals. I already reduce my fees to help those clients paying private fees once their Medicare rebate finishes – the reduction in sessions AND rebate will have an enormous impact on families trying to pay for their daughters with a life-threatening condition such as anorexia nervosa.

My other area of work is with co-morbid Axis I and Axis II disorders. I have many clients with anxiety and depression in conjunction with a personality disorder. Many of these clients have been abused as children and have multiple layers of mental and emotional instability. My job is to keep these clients contained and preventing self-harm, to make them safe and then work towards rebuilding their lives and making significant psychological shifts in their functioning. Again, these clients are often with me for months and years. The Medicare rebates have allowed these clients to engage in long-term therapy and not one of my clients who is engaged in therapy has required intervention through Accident and Emergency Departments – a huge cost to tax-payers.

I believe all psychologists should receive Medicare rebates – we all work at the front line with clients and our clients deserve to be able to access private psychology, and the continuity it provides in care, regardless of their income. I am not interested in arguing about ‘Clinical’ versus ‘Generalist’, as I believe that we all do the best we can for our clients and hopefully know when to refer on to another practitioner if need be (as I have, when presented with clients that fall outside my expertise) – I am interested in providing a properly rebated service for all Australians. Given GP’s were told to refer “complex” cases to Clinical Psychologists, this has resulted in my practice now attracting long-term clients – most of whom use the full 18 sessions and then struggle to pay privately. Their care will be significantly affected by the proposed changes to sessions and rebates. I have already had clients in tears, knowing they cannot afford to see me less often, or afford to pay higher fees.

My private practice will continue – it will be the clients, some of our most vulnerable people in society, struggling with mental illness, who will suffer.

Yours sincerely,

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Clinical Psychologist