

Taylor McCombe Hof

Clinical Psychologists

Partners:

(...)

Associates:

(...)

Helen Gavriel

To the Senate Community Affairs Reference Committee: Inquiry into Commonwealth Funding and Administration of Mental Health Services

Re: Loss of clinical rebates and the dismantling of the two tiered Medicare rebate system.

Dear Sir/Madam

I am writing to express my dismay and concern at the conclusion of the Senate Community Affairs Reference Committee that there are no grounds for the two-tiered Medicare rebate system for psychologists and their recommendation of a single lower rate for all psychologists, including clinical psychologists.

The conclusion drawn by the committee to dismantle the two tiered system does not recognise the specialist training undertaken by those people eligible for the clinical psychologist title. In 1989 the Management Advisory Service to the NHS differentiated the health care professions according to three skill levels. These were:

Level 1. "Basic" Psychology which includes the use of simple tasks such as relaxation, counselling and stress management.

Level 2. Undertaking specific psychological activities such as behavioural modification. These activities are usually prescribed by protocol.

Level 3. Activities which require specialist psychological interventions and the discretionary capacity to draw on a multiple theoretical base. To devise an individually tailored strategy for complex psychological problems. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories.

The group suggested that almost all health care professionals use Level 1 and 2 skills and some have well developed specialist training in Level 2 activities. The group went on to argue that clinical psychologists are the only professionals who operated at all three levels and "it is the skills required for Level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists".

This is consistent with other reviews that suggest that what is unique about clinical psychologists is their ability to use theories and evidence based research from the discipline of psychology in a creative way to treat complex psychological conditions.

It is important to note that clinical psychology is recognised in Britain and the United States of America as one of several specialisations within Psychology.

I would also like to strongly object to the recommendation of the single lower rate for all psychologists, including clinical psychologists. This will have a significant impact on the adequacy of services provided to people with chronic and severe mental illness through the Better Access Initiative. Firstly this does not recognise the post graduate education and specialist training of clinical psychologists. Secondly it does not take into consideration the complex conditions referred and treated by clinical psychologists. Thirdly

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a reduction in the rebate for specialist psychology services will significantly impact those who are not able to access the public system or the ATAPS. The people I see every day at my practice are seeking affordable specialist services for complex conditions such as depression, severe anxiety, suicidal attempts, post traumatic stress disorder, addictions, chronic pain, self harm, and sexual, physical or emotional abuse and chronic pain. These are by no means mild to moderate disorders and confirm the recent Australian Psychological Society study that looked at 9,900 consumers of the Better Access Initiative. The study found that of people who had between 11 to 18 psychological treatment sessions in 2010 84% had moderate to severe disorders at the commencement of treatment, with almost half having additional complications. People who seek private services are often unable to access support through the public system. The public system is often only able to take those that pose an immediate risk to themselves or others. However a large majority of people also access health services (including psychological) privately. This is necessary as it takes the pressure off the public system. It is imperative that alternative and affordable specialist services are also available to those in need.

In summary the proposals are suggesting that people with moderate to severe mental health conditions not only have fewer sessions than what the research recommends, but will potentially be left without appropriate mental health care because it will be unaffordable.

Let me finish with this. Medicare recognises the need for straightforward medical conditions to be treated by a general practitioner. However it also recognises the need for more serious medical conditions to be treated by specialists such as cardiologists and ophthalmologists. So it is with mental health problems. Sometimes counselling by a four year trained psychologist will suffice but with serious psychopathologies such as clinical depression, anxiety, addictions, eating disorders like anorexia and bulimia, and post traumatic stress disorder, specialist treatment is required. Clinical Psychologists are the specialists in this area.

Yours sincerely

Helen Gavriel
Clinical Psychologist