5th August 2011

Committee Secretary
Senate Standing Committee on Community Affairs

Dear Sir/Madam

RE; the proposed reduction in psychological treatment sessions and abandonment of the two-tier system.

I wish to comment on the proposed reduction in the psychological treatment sessions allowable under Medicare Better Outcomes and the collapsing of the two-tier system of rebates.

I am a clinical psychologist with very extensive experience in diagnosing, assessing, treating and managing inpatients and outpatients at a major psychiatric teaching hospital and associated Community Health Centre in Sydney. I began private practice 4 years ago and carry a significant case load of clients with severe mental disorders, like a number of my clinical psychologist colleagues with similar backgrounds.

Clinical psychologists formerly working in State psychiatric hospitals, Area Health Services and hospitals have unique expertise in diagnosing, formulating patient presenting problems and developing appropriate interventions and management strategies.

Through their specialised post-graduate training and specific expertise in multidisciplinary teams treating all major categories of psychiatric disorder, clinical psychologists are able to intervene flexibly at multiple levels of problem analysis and treatment (e.g. cognitive, behavioural, interpersonal, social and environmental levels of analysis and intervention).

Core competencies of clinical psychologists include psychological and neuropsychological assessment of patients with severe psychiatric disorders such as schizophrenia, bipolar disorder and drug and alcohol abuse/dependence who typically have associated brain impairment of varying degrees which must be taken into account when providing treatment.

Clinical psychologists also flexibly apply various empirically supported models of treatment (e.g. behavioural. cognitive, psychodynamic, inter-personal and systems models) depending on patient characteristics and presenting problems.

These competencies take many years to acquire via post-graduate training, ongoing clinical experience with all the major categories of psychiatric patients, meeting Professional Development requirements of the Australian Psychological Society and the Psychology Board of Australia, pursuing one's individual learning goals, conducting research and translating relevant research into clinical practice.

The competencies of clinical psychologists working with State psychiatric facilities have long been recognized by being granted a higher pay scale on completing their post-graduate qualifications, just as the two-tier Medicare Rebates appropriately recognizes clinical psychologist expertise currently.

With the advent of biological psychiatry in the 1980s many psychiatrists progressively abandoned psychotherapy and relatively few conduct this form of treatment today with inpatients and outpatients. In contrast, clinical psychologists have for decades created new treatment models and conducted research on efficacy and effectiveness of these treatments.

Clinical psychologists are therefore uniquely placed to provide expert assessments and treatments to those with severe psychiatric disorders, as well as those with less severe disorders.

I believe it would a retrograde step not to continue to recognise the competencies of clinical psychologists via the two tier system of Medicare rebates. Many private practices run by clinical psychologists with the background detailed above will become unsustainable if there is a reduction in remuneration to private practice clinical psychologists which will affect scarce services to those with severe and disabling mental disorders.

It will also be a disservice to those with severe mental disorders such as schizophrenia, bipolar disorder, various personality disorders and drug and substance abuse disorders who form a significant part of clinical psychologists'

private practice case loads and who require more extensive interventions than lesser impaired patients.

The currently allowable sessions (12 to 18), if reduced, will make it more difficult to provide efficacious psychosocial treatments to these patients, prevent relapse and further psychiatric hospitalizations, and reduce the burden on more expensive State mental health services around Australia.

Yours Sincerely

Dino Cipriani
Clinical Psychologist