



APS Psychologist

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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 610
Parliament House
Canberra ACT 2600

Dear Committee Secretary,

I am writing to you in relation to your inquiry into the Commonwealth Funding of Mental Health Services and, in particular, the issue of the two-tier system of funding for psychologists. I understand from information provided by the Australian Psychological Society that the validity of the two-tier system is being questioned, and that some generalist four-year trained psychologists have been arguing that there is no difference between a four-year trained generalist psychologist and a six- or eight-year trained specialist clinical psychologist. I would like to suggest to you that this argument is flawed and untrue.

Having had the benefit of eight years of university training in clinical psychology, and having completed a PhD in clinical psychology, I am in the position to judge the additional benefit of postgraduate specialist clinical training in comparison with the knowledge gained in the first four years of undergraduate training. I hope that you will not be surprised if I suggest to you that the additional learning involved in the addition postgraduate training is very significant! That anyone, including a four-year trained generalist psychologist, might dismiss this postgraduate training as inconsequential seems somewhat irrational to me, if not disrespectful of the university system and those experts who teach in it. Indeed, it would seem so doubtful that any reasonable person would have to be wary of the motive behind such an argument immediately, surely?

The field of mental health is a complex one and beyond the scope of this short letter. However, it is important to note that the aetiology of mental disorder is often multidimensional and complex. A full understanding of this complexity is of critical importance to treatment, and can only be gained through many years of theoretical study. Post-graduate university training provides this understanding very well (in addition to practical clinical training and skill). It is my opinion that supervision in the field (as per the four-year trained generalist psychologist) generally does not. And it is because of this that the specialist clinical psychologist is a superior clinician who is better able to treat more complex and more difficult cases. This ability, and the additional university training it requires, deserves to be rewarded with a higher Medicare rebate. Furthermore, if we are to encourage our best students to train to a high level, and thus ensure the standard of clinical psychology in Australia remains high, the higher Medicare rebate for specialist clinical psychologists must remain.

My contact with four-year trained clinical psychologists constantly reminds me that they frequently lack a complex theoretical understanding of psychopathology. This has important ramifications for clinical practice, particularly in complex cases involving, for example, personality disorder. It is not unusual for personality disorder to be co morbid with depression and anxiety, and for the lesser trained psychologist to ignore this complexity. Unfortunately doing so significantly limits the effectiveness of treatment. A large part of my practice is made up of such complex cases, and it is not unusual for these patients to have received prior treatment with four-year trained generalist psychologists, often with poor and unsatisfactory results. This is a constant and real reminder to me of the real difference between a highly trained six- or eight-year trained specialist clinical psychologist and a four-year trained generalist psychologist.

There is another important reason why the two-tier system should not be removed, and why specialist clinical psychologists need to continue receiving their current amount of Medicare rebate, if not more. (I wonder how many six or eight year trained professionals working in Australia would be satisfied on an income as low as mine? Not many I would wager). As a specialist clinical psychologist in Hobart a large part of my practice is made up of more complex cases. This is because GPs refer these more complex cases to me rather than to generalist psychologists. However, many of these complex patients are living in extreme poverty as a consequence of their mental disorder and are unable to pay a gap. That being the case I often bulk-bill these patients. If I do not bulk bill them they will not consult with me, and often end up seeking treatment in a public system full of generalist psychologists, if they receive treatment at all. In short, it is because I provide a higher level of treatment to more complex patients that my income is lower than it should be. If the specialist Medicare rebate is reduced I will be unable to continue providing treatment to many of these patients, as I myself have three children that I need to provide for. While working as a clinical psychologist encourages compassion, there is a limit to the charity I and my specialist colleagues can provide.

This outcome would be tragic because many of these complex patients are in desperate need of treatment. It is also worthy of note that these patients are sometimes mothers and fathers of young children, and so it is not only the welfare of the patient in question but other vulnerable people also. The work of my clinical colleagues and myself is important to some of the most disturbed and vulnerable people in our society, and undoubtedly our treatment helps to reduce some of the worst types of tragedy we see in our society. To reduce the Medicare rebate to specialist clinical psychologists will harm our ability to provide treatment to these people. It will harm our profession also. I very much hope that the Senate Standing Committee will recommend that the two-tier system continues. Furthermore, increasing the rebate for specialist psychologists would be well justified and deserved, given our level of training, the importance of the work we do, and the difficulties we often face in providing treatment to the many complex patients we treat.

Please do not hesitate to contact me if I can be of any further assistance to you.

Yours sincerely

Dr Marcus Hunter
Clinical Psychologist