

5 August 2011

**The Senate Community Affairs Reference Committee into Commonwealth Funding and Administration of Mental Health Services.**

I write in reference to (a) the rationalisation of allied health treatment sessions and (b) the two- tiered Medicare rebate system for psychologists.

As a psychologist, I have recently completed the upgrading requirements for recognition as a Clinical Psychologist. The Clinical Psychology Masters program which I attended maintained a strong focus on assessment, diagnosis and evidence-based treatment of psychopathology. I found the training I received in these areas to be more rigorous than I had encountered in previous studies and it was of great benefit to me. Despite having gained many years of experience in clinical practice prior to upgrading; further study increased my knowledge, understanding and expertise particularly in the areas of assessment and treatment of psychopathology. Since being recognised as a Clinical Psychologist I have received an increased number of complex referral cases for which I feel adequately trained due to the completion of further study.

The Medicare rebate which my clients have received since the completion of my further studies has assisted them to remain in effective therapy until their treatment is completed. The rebate has also allowed me to remain flexible in my fee structure within my private practice particularly for those clients experiencing financial hardship or constraints and for those who are in receipt of Centrelink benefits. This flexibility in fee structure has enabled me to assist many clients who are unable to access ATAPS and hence has provided a valuable service.

Due to the increasing complexity of my case load, my clients have benefited from the 12-18 sessions which were available to them on an annual basis through the Medicare system. I am concerned that the reduction in the number of sessions available will disadvantage those with multiple and complex issues and their issues will remain unaddressed.

Overall, my experience of the Medicare system to date has been very positive and has enabled the provision of a comprehensive and therapeutic service for clients, many of whom have complex needs. However, I am concerned that proposed changes to the number of sessions available to clients and the recent debate over the maintenance of a two-tiered rebate system will disadvantage both clients and psychologists alike. Clients who attend therapy via the Medicare system benefit from the knowledge that sufficient sessions are available to them to resolve the issues for which they have been referred. Likewise, psychologists are reassured that they can address complex issues in therapy with the confidence that adequate sessions are available to complete treatment.

The current two-tiered rebate system recognises the further training required to gain recognition as a Clinical Psychologist and encourages the attainment of higher qualifications within the profession of psychology. Changes to the two-tiered rebate system which do not recognize the time, effort and cost associated with upgrading and higher qualifications of

psychologists has the potential to have a negative effect on the profession and influence the current need to strive to achieve a high standard of performance in the delivery of mental health services. This unfortunately could result in less qualified psychologists in the future with the client as the one who ultimately loses most in the process.

I support the retention of the two- tiered Medicare rebate system for psychologist and I urge the Committee to recommend that the number of sessions available to clients be returned to their original pre-Budget levels.

Name Withheld.