Arzu Oytam

18 July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

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

I am writing to strongly support the current two-tier Medicate rebate system for psychologists and clinical psychologists. I am also writing to highlight the need to continue providing NESB communities with 18 sessions of psychological intervention under the Better Access.

I am a clinical psychologist. I had the opportunity to be a 4-year trained psychologist but decided to undertake the extra two years full time training in order to become a clinical psychologist because I believed that this would make me a better clinician. This is also supported in literature. Obtaining a Masters degree of clinical psychology made me a better clinician. By virtue of our rigorous training and ongoing assessment in the master's course, clinical psychologists have the skills to:

- Diagnose psychological and psychiatric disorders
- Apply evidence-based treatments
- Critically evaluate new treatments
- Adapt and combine various psychological theories appropriately
- Treat mild, moderate and severe psychological and psychiatric disorders
- Reduce relapse rates
- Achieve results in brief interventions

In deciding to become a clinical psychologist I not only gave up two years worth of pay but also accumulated a substantial HECS debt. None of this I regret, however, as I know that the people referred to me receive the best possible mental health care in the fewest possible sessions with future lowest relapse rate.

It is worth noting that the organisation representing both psychologists and clinical psychologists, the Australian Psychological Society (APS), support a clear distinction between psychologist and clinical psychologists in recognition of the difference in training. The APS has been advocating for years for a 6-year training program over a 4-year program in recognition that we work with vulnerable populations and it is imperative that we have the right theoretical and practical training to do this optimally.

The Psychologist Board of Australia (PBA) also recognizes that there is a difference in training and therefore in title between psychologists and clinical psychologists by providing an endorsement as a “clinical psychologists” to those that meet the requirements.

The argument put forward by the psychologists is that because they do the same work as clinical psychologists they should have the same recognition and receive the same Medicare rebate. This argument is deeply flawed:

- Medicare recognizes that clinicians with more specialized training receive a higher rebate within the medical profession. For example, you get a higher rebate for a consultation with a cardiologist than you do with a GP. The same should continue to apply to psychologists and clinical psychologists as the longer training of the latter ensures a better service delivery and outcome.

- I often explain the physiological processes involved in psychotropic medication to clients if they still have not fully understood this following explanation by their doctor. This does not make me a psychiatrist and I do not claim to be the same as a psychiatrist just because I do some of the things that they do. Similarly, psychologists may do some of the things that clinical psychologists do but it does not make them the same as clinical psychologists. To claim that the extra training in clinical psychology adds nothing further to the quality of the service given and the outcome achieved is ridiculous.

I also would like to highlight another very important issue. I have been providing clinical

psychology services in Auburn for the last 5 years. I mostly work with people from Turkish speaking backgrounds. Almost all of my clients have very poor English and report how happy they are with the Medicare system that allows them access to a Turkish speaking clinical psychologist who bulk bills. The ones who have received psychological intervention through an interpreter in the past from a non-Turkish speaking clinician report having found the service unhelpful due to not being able to express their feelings and thoughts through an interpreter to a clinician that they feel is not well aware of their specific cultural issues. There is only one Turkish speaking psychiatrist in NSW and she unfortunately does not bulk bill. Most of the clients I provide services to come from lower socio-economic backgrounds and cannot afford a gap fee. Transcultural Mental Health Centre (TMHC) is the only government organization that offers access to Turkish speaking psychologists. However this organization mostly offers assessment and report service and only a very limited (on average 2 sessions) of treatment sessions. Having been a sessional worker for Transcultural Mental Health Centre since 1999, I have received numerous complaints from clients who reported that after waiting such a long time to see a professional who could speak their language and understand the complexities of their culture, they were again left feeling abandoned as the professional had advised them that TMHC did not offer substantial treatment sessions. My clients have expressed grave concern when advised about the recent cuts in Medicare. They have asked me repeatedly to express their opposition to this decision stating that their English was not sufficient to write letters to the senate themselves.

In summary, I believe that giving the same Medicare rebate to both psychologists and clinical psychologists will have a detrimental effect on standard of mental health care in this country because it will send the false message to the public and GPs that they can expect and will receive the same level of service from both psychologists and clinical psychologists. This message directly undermines the standard set by the educational system, the Australian Psychological Society and the Psychologist Board of Australia. Reducing the number of allowable psychological sessions to 10 will affect those from NESB even more detrimentally as this population mostly cannot receive psychological intervention from a clinician in the government sector who can understand their language as well as their cultural issues.

Yours sincerely,

ARZU OYTAM
Clinical Psychologist

Cc: Barbara Perry, MP