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Senate Standing Committees on Community Affairs
Committee Secretary

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To whom it may concern,

I am writing to protest about the proposed cuts to the two-tier Medicare system for psychologists. I am a Clinical Psychologist and to become qualified in my profession, I have undergone three years undergraduate study, one year post graduate/ fourth year and then a full time Masters course for two years. In addition, after I completed my Masters, I had to undergo 12 months of supervised practice. In total, that is seven years of specialist training to become a Clinical Psychologist. I am also required to maintain specialist Clinical Psychology professional development each year while I am practicing.

General Psychologists do not have this extra two years of Masters training or further year of supervised practice. General psychologists have four years of university study and then two years of supervision whilst working in the field. I have spent a lot of money and undergone specialized training to become a Clinical Psychologist, and I believe that my profession (Clinical psychologists) should be treated in a fair manner, given the expertise and specialization of our profession. This training that general psychologists undertake is significantly less in time and money spent on University study -and therefore less qualification and expertise than for Clinical Psychology qualifications.

Clinical Psychologists have specialist expertise in assessing, diagnosing and treating clinical disorders, such as Major Depression, post traumatic stress disorder, eating disorders, psychosis, schizophrenia and many other serious mental health disorders. Clinical Psychologists are the only psychologist type who can diagnose and treat such severe presentations, similar to that of Psychiatrists. However, generalized Psychologists are not trained to diagnose and treat such severe presentations.

General Psychologists seek Clinical training

When I undertook my Masters degree several years ago, there were several general psychologists who enrolled in the course to gain further specialization (I understand this is the case for many Clinical Psychology Masters degrees). The fact that general psychologists seek further training to become specialist Clinical Psychologists means that the two professions are very different and need to be paid differently. If the two-tier system was abolished, what incentive would there be for psychologists to gain further specialization? With no government incentive, the public would end up paying more for the specialization, however, in my experience, many people presenting to Clinical Psychologists have severe and complex presentations and are not able to afford the full fee. If clinical psychologists are not available or affordable, these individuals will need to seek out psychiatrists, who are limited in availability and also much more expensive.

Severe presentations fall through the gaps

In addition, many of my clients have accessed the public mental health system and are either no longer eligible for ongoing services, or I work in tandem with the public mental health system as a

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specialist psychological intervention for some clients. Often the public system can only provide case management and limited counselling services. Those clients who are not eligible for public mental health services for their clinical disorder would fall through the gaps if I was not able to provide them with an affordable service under the Medicare system.

Referrals from general psychologists to Clinical Psychologists

Furthermore, I often receive referrals from general psychologists who are not specialist enough to assess, diagnose and treat clients who have presented to them (particularly for eating disorders, psychosis, schizophrenia, post traumatic stress disorder). This problem speaks for itself – if general psychologists are not trained for these severe presentations and clinical psychologists are, given the extra qualifications, clinical psychologists need to be recognized as such. If Clinical psychologists were no longer funded as specialists, either the client would have to pay more or clinical psychology as a profession may no longer be attractive for new graduates; therefore many individuals with severe presentations would not receive an appropriate service, given that general psychologists cannot provide this.

I strongly oppose the cessation of the two-tiered Medicare system for psychologists. If this should occur, I would need to maintain the prices I currently charge (I bulk bill 80% of my clients), and it will result with the clients having to pay the full fee and receive a smaller rebate. Given that I work in a low socio-economic area, this would mean that my services would be inaccessible to the majority of my current clients, who present with severe mental health difficulties. I had belief in the government that the Medicare system was supposed to provide accessible mental health services for those not suitable for the public system; however, I am currently doubting that this the governments primary objective, given the current proposals.

Please restore my faith in the system by maintaining the two-tiered system and allowing my specialty as a Clinical psychologist to remain viable and accessible for those individuals who most need it.

Yours Sincerely

Alison Mynard
Clinical Psychologist
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