

## **TO THE SENATE COMMITTEE INVESTIGATING THE TWO-TIERED MEDICARE SYSTEM FOR REBATES FOR PSYCHOLOGY SERVICES:**

I am a provisional psychologist currently completing my postgraduate training in Clinical Psychology. To date, I have obtained a four-year undergraduate degree in psychology, and I am currently enrolled in a three-year Doctorate in Clinical Psychology. I am a student member of the Australian Psychological Society, as well as a student member of the APS College of Clinical Psychologists.

### **Clinical Psychologists should be recognised separately from general psychologists under the Better Access initiative**

The Better Access initiative was established to allow those suffering from moderate to severe mental illness to access psychological services. Clinical Psychologists are the only psychologists given *specialist postgraduate training in the assessment, diagnosis, and treatment of moderate to severe mental illness*. Therefore, we are the only group of specialist psychologists equipped to deliver the Better Access aims and outcomes. While all psychologists can be of some assistance to clients suffering from moderate to severe mental illness, Clinical Psychologists bring additional training and expertise to their work with this population and therefore should be recognised for this as per the current Medicare rebate arrangement.

### **Clinical Psychologists have specialist skills to offer**

I can honestly say that after my four-year undergraduate degree, I did not have the skills appropriate to treat those with moderate to severe mental illness. My postgraduate training is providing me with the opportunity to learn the necessary skills to treat such clients, and these learning opportunities are being offered to me in multiple settings under the supervision and guidance of a multitude of highly experienced Clinical Psychologists. I know this training is preparing me to enter the workforce and to provide an exceptional level of care to those in need, particularly those suffering from moderate to severe mental illness. If I had entered a two-year supervised practice program following my four-year undergraduate psychology degree, I know that my training and skills would be entirely dependent upon the quality of the supervision I received from my one supervisor. While this might have made me an effective psychologist, I would never have gained the level of training that I am currently receiving in my three years of postgraduate Clinical Psychology, university-based, Doctorate training.

### **Rebates should not be reduced for Clinical Psychologists**

For Better Access to deliver the best level of care to society, surely the most highly trained members of the profession of psychology need to be remunerated appropriately. While there are other specialist areas of psychology that receive high level training (such as forensic, organisational, developmental, and neuropsychology), Clinical Psychologists receive high level training in the exact area that the Better Access initiative is targeting – the assessment, diagnosis, and treatment, of moderate to severe mental illness.

If the rebate were reduced for Clinical Psychologists, this would drastically reduce the numbers of psychologists entering into this high-level training and therefore, reduce the skill set of the entire profession – particularly in relation to the management of clients with moderate to severe mental illness.

Psychologists with only four years of university training and two years of supervised practice do not have the same level of training as those who have completed a minimum of six years university training (plus the accompanying two years of supervised practice once completed).

I hope that these points are considered in your discussions of the two-tiered Medicare rebate system within the Better Access initiative and I stress that the profession of psychology and the community as a whole will suffer if the Clinical Psychology rebate is reduced.