

To the Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
Canberra, ACT, 2600

I present this submission to support the continuation of the two tiered system for Medicare rebates for psychologists.

I have been endorsed as both a clinical and a counselling psychologist under the Psychology Board's registration scheme. I have worked in the public sector in hospitals and an outpatient clinic; in University settings up to the level of senior lecturer, and I currently work in a full time capacity in a large psychological practice. Our practice includes endorsed clinical psychologists, counselling psychologists and generalist psychologists. I am an accredited supervisor and have had many years of experience in the supervision of clinical, counselling and generalist psychologists.

I base my submission on the following points-

#### **1. Specialisation for Psychologists**

Clinical psychology is one of nine internationally recognized fields of specialisations within psychology. All fields of specialisation require at least two years of post graduate training. The specialist training has been enshrined within national legislation and will become the platform for future industrial awards.

Specialist training for clinical psychologists enables them to work with clients presenting with a wide variety of mental health conditions which range from mild to severe. Their training allows them to assess and diagnose, evaluate evidence based practice and research, and formulate and implement effective psychological interventions. Due to their specialist training, clinical psychologists have traditionally been employed in hospital mental health programs.

The goal of the Medicare initiative is to provide better access to evidence-based interventions for individuals with mental health conditions. At a specialist level this requires diagnostic skills, the ability to work with clients with complex and severe conditions, and formulate and implement effective interventions. Clinical psychology is the only specialisation where the training specifically encompasses the specialist skills required by the goals of the Medicare initiative for clients with complex moderate to severe mental health conditions.

It is also important to note that the Better Access Evaluation study, which has been used to discredit the two tiered system, has many methodological flaws which diminish its credibility. The study does not meet fundamental standards of research design. It did not identify the nature, diagnosis or complexity of the clients seen by the type of psychologist. It did not identify the nature or type of psychological intervention actually provided; it did not factor in or out medication use by the client; it did not factor in or out therapy adherence indicators; it did not have a valid criterion measure actually related to the range of diagnoses or to complexity in order to assess the pre and post intervention condition of clients; it did not undertake follow-up assessment of clients, which is often the point at which the relative strength of any competent treatment becomes manifest; it did not determine relapse rates by type of psychologist; it was performed by a self-selected sample of psychologists who also “self selected” their clients and clinically administered the research questions in session; and it was not subjected to peer review.

Within the context of this discussion, it is also important to note that all areas of psychological specialization train their students to high levels of skill and competence in their designated field of psychological knowledge, but that fields of expertise differ. I regularly refer clients to practitioners in other specialist areas. For example, I refer clients, who require assessment for brain injury to neuropsychologists, clients who need help in negotiating workplace issues to organisational psychologists, and those with learning difficulties to educational psychologists. Equally, other practitioners refer clients to me on the basis of my clinical knowledge.

## **2. Client Need and Access to Treatment**

During my career as a psychologist, I have witnessed changes in the provision of mental health services at a public level. The cohort of people who are eligible for treatment in the public sector has narrowed, and is now largely restricted to those with psychotic symptoms, bipolar disorder or very severe depression. People who feel suicidal are frequently not admitted to hospital unless they “have a suicide plan”, and even after having made a suicide attempt they are frequently discharged within twenty-four hours. The introduction of the Medicare rebate system has enabled people with moderate to severely disabling presentations to access appropriate psychological intervention at an affordable rate. The two tiered system allows those with more severe presentations to receive specialist treatment which is based on best practice for their condition.

I have worked in full time private practice for over twenty years, and since the the introduction of the Medicare rebates for psychologists, my client demographics have changed significantly. Clients with more severe and

complex conditions have been referred to me more frequently. For example, I have had significantly more suicidal patients referred than previously. Also, a higher proportion of clients with financial difficulties have been referred for help. Often the clients with the most severe financial difficulties also experience the most severe psychological problems. Doctors usually recognize the need for specialist treatment and in my experience frequently refer clients specifically for my clinical knowledge and experience. For example, in my experience, doctors referring patients being discharged from hospital after a suicide attempt, usually request the services of a clinical psychologist.

It is also important to note that the clients with complex and severe mental health issues, who are frequently referred to clinical psychologists, also require more out of session time, in order to manage their conditions. This time is not remunerated. For example, they require liaison with their treating psychiatrist, consultation with other services in the time of crisis (e.g. CATT or inpatient services), between session telephone support, supporting letters or phone calls to their employers, and consultation with hospitals when they are admitted. Also on occasions, I have had to see these patients for minimal fees (for example \$10.00), when they are in crisis and their Medicare rebated sessions have run out for the year. The rebates associated with the two tiered Medicare system go part of the way towards covering these non remunerated expenses.

As noted above, the clients with the most severe conditions are often the ones with the most severe financial difficulties. The extra medicare rebate provided by the two tiered system allows me to bulk bill these clients. The high overheads associated with running a private practice would not permit me to see as many bulk billing patients if the two tiered system was removed.

In conclusion it is important to recognize that the medicare system has always recognized medical specialisation. All Medical specialists are remunerated in accordance with their specialist training. I believe that it would be a retrograde step if Medicare introduced a system which overlooked the specialist training and area of expertise offered by clinical psychologists.

Anthony Cichello has advised us that the Senate Affairs Committee has stated that anonymous submissions will be treated just as seriously as named submissions. In view of the anger and ill feeling that has been generated by this issue, I have decided to take up the option of anonymity. I have already been subjected to criticism regarding my position on this issue.

Thank you for the opportunity to present my perspective on this issue.