

3 August 2011

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

Dear Committee

**Re: Psychology and Medicare**

The current debate about the two-tier system of funding for psychologists under Medicare's Better Access to Mental Health Care initiative does not serve the current/future/potential clients/patients of the scheme nor of elevating the standards of practice for the profession of psychology. This said not to speak also does not service the profession nor the many people that can potentially benefit from this program.

**a) Two-tier Clinical vs Psychology:** I am aware that the Senate Committee has received a number of submissions outlining the additional training that Psychologists endorsed as "Clinical" undergo and the additional professional development they are required to achieve by both Medicare and the APS College of Clinical Psychologists to maintain their endorsed "Clinical" status therefore I will not be unduly repetitive. I acknowledge that amongst Psychologists including the Clinical Psychologists there is a range of expertise. Further, that there are many very skilled and experienced Psychologists who are unendorsed. However, as a Clinical Psychologist who divides time between public community mental health and a private practice I would like the Senate Committee to be aware that unless there is considerable recruitment difficulties public mental health services employ Clinical Psychologists. This is in recognition of the enhanced training undergone by Clinical Psychologists enabling them better able to think through and treat issues of complexity. In my private practice I have been told by the GP's and Psychiatrist's that refer to me that they send me the "complex" "difficult" and "challenging" individuals in awareness of my training and experience sending the other clients to other Psychologists, frequently unendorsed. Further, similarly to a number of the other submissions submitted by Clinical Psychologist's I have had the experience of being referred clients post them having seen a Psychologist who does not have clinical endorsement due to lack of progress or engagement. Typically I find in these cases that the case has been inadequately formulated which therefore means poor choices in treatment.

**b) Current funding:** In my private practice I bulk bill all clients who are on a health care card and given the funding these patients receive through Medicare I am able to financially support this. Additionally, the funding of the Better Access to Mental Health Care initiative (in part through the small gap fee I charge employed people) allows me to carry a small low-cost case load who require more than the number of sessions available under Medicare. With the potential reduction of the Medicare rebate under the initiative I will no longer able to financially support this. The patients I carry in my private practice while complex are not patients that would be seen in my role of community mental health; they are not at acute risk. Further, sadly, many patients within public

mental health services do not have access to psychological therapy this is seen the role of the private sector particularly when there is so much acute pressure on the public mental health resource. Where are these patients to be seen? I know that I try to make onward referrals for many of my patients and cannot find services that are able to provide psychological treatment. Even finding a psychiatrist is problematic in the last 3-months I considered that one of my patients required an opinion from a psychiatrist. I rung 3 all had extensive waiting lists or were not taking on new patients. Further, the upfront fee and gap fee that a client can be expected is prohibited for many people. Additionally, I want to highlight while I am supportive of HeadSpace this initiative is reliant on the Better Access to Mental Health initiative to fund the many professionals who work in this service.

**c) Number of Medicare sessions:** The reduction of sessions from 12-18 to 10 minimises the complexity of the majority of patients I treat. I do not see every patient for 12 sessions however there are those people who do need the 12-18 and indeed sometimes more. The reasons vary due to complexity, chronicity, and engagement. I think of a woman whom I saw on two occasions under the Better Access to Mental Health initiative both times for 18 sessions. Her first presentation with extremely severe anxiety necessitated adjunctive treatment from a Psychiatrist. After the first series of 18 sessions there was an attenuation in her anxiety yet it was still underlying leaving me somewhat perplexed. She re-presented approximately a year later with an increase in her anxiety albeit not at the same level as when I first saw her. After several sessions she advised me that she had something she wanted to speak about and keep confidential from her GP that she had never told to anyone and went on to reveal a history of childhood sexual abuse. It took this long, and for some of my patients it takes even longer, for her to be able to feel safe enough to share her story. Positively, having told her 'secret' and being able to leave it in a safe place (my consulting room) a further attenuation in her anxiety occurred with minimal trauma work required. I have other patients who in revealing their trauma histories requiring ongoing long-term work which is simply even unethical to commence if there is a knowledge that they cannot fund sessions beyond the Medicare funding. I think too of the young people I see in my private practice where it can take weeks before I get more than one syllable answers. At times I wonder if the young person is actually engaged question am I the "right" psychologist only to be told upon exploring this concern with them that they have told me more about themselves and I know more about them than anyone in their lives. Therefore with only 10 sessions my concern would be, with some we would only just beginning when we are also ending.

In conclusions I would like to thank the Committee for the opportunity to present my viewpoint. Further, to reinforce the importance of ongoing and increased funding for mental health care overall. Additionally that the two-tiered funding arrangement provides recognition of the training and skill of Clinical Psychologist's to work with complex referrals.

Yours sincerely