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Submission to: Senate Enquiry: Commonwealth Funding and Administration of  
Mental Health Services

Submission subject: **Consumer choice and moving to a free market for services**

The 2-tiered system for Medicare mental health rebates does not value or support principles of consumer choice and is contra to free market principles in the Australian economy.

In addition to contravening these principles, this inequity creates discord in a critical area in which collaboration among professionals is essential to achieving improved health outcomes and the associated improvements in individual, societal and economic wellbeing.

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It is widely recognised by health practitioners, Governments and society in general, that prevention and early intervention in relation to health and mental health issues is a preferred approach to remediation in achieving better health outcomes, and in achieving these outcomes at a lower cost in personal and financial terms to the individual, to Government and society.

Part of achieving the important and efficient aim of early intervention is breaking down barriers that would otherwise prevent individuals from accessing mental health care early, easily, affordably and by personal choice. Training General Practitioners in basic mental health care is an important element of improving early access, as is the initiative of Medicare rebates for a certain number of Psychologist, Social Worker or Therapist mental health professional sessions. Informing the community, and respecting the consumer's right to choose and consumer personal preferences, are also essential in encouraging individuals to access mental health care.

It is critical that clients' rights and freedom to choose are respected as a central tenet of their care. Professionals who work in mental health care also know that a collaborative approach which entails multiple supports for the individual assists with wellbeing and outcomes. We all have the same aim - to improve outcomes - and a working-together approach is essential.

Unfortunately the current system discriminates against all mental health professionals except clinically-trained psychologists, and places health professionals in contest with each other, producing a range of negative outcomes. All registered psychologists undertake an equal number of years of training, which varies only according to historical variations in qualification requirements, and is of equal length irrespective of their choosing a general, clinical, counselling, educational, health, forensic or other area of practice in psychology. The financial discrimination of the Government's Medicare system in favour of clinically-trained psychologists has no foundation in education, training, experience or quality of service.

This submission advocates for the removal of the 2-tiered system of Medicare rebates, which places a higher value on services delivered by clinically-trained psychologists, compared to other mental health professionals with the same number of years of training, and in the case of many professionals more years of experience.

AHPRA regulations ensure that all psychologists meet Government standards for eligibility for practice, and publicly-available information through AHPRA's website allows any member of society, including all potential clients, to review the qualifications of all Australian Government-registered psychologists (including details of their general, clinical, forensic etc qualifications) and the length of registration as a registered professional, so that the client has full access to information in order to make an informed choice, rather than a Government-regulated/controlled choice based on the financial amount of the rebate. A client with a health condition or chronic illness for example may prefer to choose a psychologist

with a health psychology qualification and experience; unfortunately the client's choice is restricted by the Government's scheme as currently the client receives a lower rebate if they exercise this choice. A family seeking mental health care for their child (seeking intervention early in the child's life if issues arise) may prefer to choose a psychologist with experience in educational and developmental psychology; however their choice is restricted due to the financial disadvantage of choosing a psychologist with this experience under the Government's current 2-tier scheme.

**The 2-tiered system interferes with consumer choice and is contra to a free/equal & fair market for services for no reason related to quality of service, education, training or experience.**

This poorly-devised and artificial 2-tiered division compromises access to mental health care, has created damaging divisions and wasted a lot of time and energy, is contra to free market choice, and is contra to the collaboration we need to best support our clients. We need to work together towards improved mental health in our community in an intelligent way which values consumer choice, and values the skills and experience of our whole mental health professional workforce.

I submit that the Medicare system be changed to remove the 2 tiers, by equalising the amount of the mental health care rebate per session for all Medicare-prescribed mental health professionals, with economic expenditure retained at current levels, via a calculated decrease in the 'clinical' rebate and related increase in the 'general' rebate to arrive at one level of mental health care session rebate, removing the discrimination that currently exists and enabling freedom of consumer choice.

I submit that all references to 2 tiers be removed, including all references to 'clinical' psychologists and to the different service descriptions used in Medicare for describing 'clinical' services under the 2-tiered system, with new replacement service description terminology reflecting Medicare mental health professional services and rebates at the 1 (same) tier.