I wish to express my utmost concern regarding two issues in the provision of psychology services in Australia under the Better Access initiative. I refer to your Terms of Reference:

(b) the changes to the Better Access Initiative, including:

(ii) the rationalisation of allied health treatment sessions

As a clinical psychologist in private practice I see a high proportion of clients with severe mental illness including Post Traumatic Stress Disorder, Bipolar Disorder, Schizo-Affective Disorder, and Depression and Anxiety. The majority of these clients have co-morbid presentations such as personality disorders and drug and alcohol issues. These people have previously been managed by their GP and acute mental health settings, meaning that when not actively suicidal, clients have been without services to work consistently on treatment and relapse-prevention. Since gaining access to stable and consistent clinical psychological care these clients have exhibited more stable mental health that has not only improved quality of life, but also reduced demand on acute settings.

These clients cannot be treated in 10 sessions per calendar year. This equates to less than one appointment per month, and as often happens with those who have serious mental health issues, the greater majority of clients are bulk billed as they come from a position of significant disadvantage. Thus the clients cannot afford to pay for additional sessions and it is my opinion that the budget changes will result in increased relapse and demand on the health care system, including GPs and hospitals.

(e) Mental health workforce issues, including:

(i) the two-tiered Medicare rebate system for psychologists,

Arguments have been put forward that all psychologists, regardless of qualifications, provide identical services to clients with mental health issues. This is simply not true. Clinical psychologists, by virtue of their additional years of post graduate training, have extensive skills in diagnosis and treatment of severe mental health problems. All psychologists have completed an undergraduate degree and we all know exactly what is not covered in the basic degree. Clinical psychologist who have completed high level clinical training recognise (and not diminish) the substantial enhancements to skills achieved at this level, and how these contribute to excellence in case formulation and treatment of our clients.

I am the principal clinical psychologist of a large practice that employs both psychologists and clinical psychologists. We provide supervision groups for a mix of staff where cases are discussed. In the practice the clinical psychologists take the lead in supervision and this is welcomed by our generalist colleagues. It is always the case that complex presentations and moderately to severely unwell clients are transitioned to the clinical psychologists, and while those who cast doubt on the value of the Medicare rebate for clinical psychology will no doubt say this is because the generalists feel inferior to the clinical psychologists, as the principal of a large practice that recognises the worth of both groups, I can categorically say that this is not the case.

As said above, this is a large psychology practice. We have taken the advice of the APS and bulk bill all clients who present with a valid Health Care Card. This represents about 30% of our clientele. Our practice accountant has ascertained that the practice loses money each time a client seen by a generalist psychologist is bulk-billed; and when seen by a clinical psychologist, costs even out. There is obviously no commercial incentive to bulk bill. Despite this, I see bulk-billing as vital to access by clients from lower socio-economic groups to quality, stable and reliable mental health care in the community. I do think we have a duty to provide such services to those who before Better Access had to rely on extraordinarily over-stretched Community Health and acute mental health services.

What I can also say categorically is that if the clinical psychology tier of rebate is removed, we will immediately cease bulk billing all clients. This equates to approximately 100 clients per week no longer being seen by their clinician, and will have a profound impact on their well-being. In terms of the practice running as a viable business however, with commitments to clinicians and our administrative staff of six, we could not continue to run the practice with any bulk billed clients.

Furthermore, the practice has encouraged four of our generalist psychologists to undertake post graduate qualifications in clinical psychology in the past two years. I have personally provided many hours of supervision to those clinical psychology interns to ensure their skills continue to grow. These four clinical psychology interns are devastated that their years of hard work and hours of supervision may amount to nought in a financial sense, and that their clinical skills may not be recognised by Medicare. If indeed the two tiers are removed I would be almost 100% convinced that there would be a critical drop in those entering into post graduate programs. I am incredulous that it could ever be considered beneficial to the people of Australia for incentives to improve skills and services to the public to be removed, when the rest of the world has already (for the most part) adopted the post graduate degree as a requirement for registration as a psychologist in the first place.

I ask that you seriously consider the serious and negative impact of budgetary changes to the number of psychology sessions provided to clients in need. I also ask that you consider the points above regarding the inquiry into the two-tiered Medicare rebate system. Many loud, ill-considered and outrageous comments have been made by those who seek to take the psychology workforce of Australia to the lowest common denominator. It seems this is another case of the tall-poppy syndrome and something I had thought Australia, and particularly those who consider themselves educated Australians, had outgrown. Certainly other countries of the world would be mystified at deskilling workers rather than encouraging and rewarding skill enhancements. In this time where mental health has finally been recognised as priority for government, deliberately deskilling the workforce by only providing rebates for generalists; essentially removing any incentive to bulk bill our most disadvantaged citizens; and potentially forcing clinical psychologists out of the workforce flies in the face of providing quality care to all Australians.

Reducing session numbers and not acknowledging specialist clinical psychology qualifications contradicts the growing need for more effective mental health services in Australia. Given significant suicide rates and mental illness in Australia, these changes are a backward step for our society.