

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

6 July 2011

Dear SSCCA,

Would you be happy having a General Practitioner do open heart surgery?

Clinical Psychologists have specialised training and clinical expertise in the areas of mental illness, which is precisely the target market of the Better Access Initiative. I work on the frontline of mental health - and I have noticed a gap in the proposed Medicare changes. A bulk of my clients are those with eating disorders or post natal depression. For those with little income, I bulk bill, the remainder I charge a small fee of \$25 gap between the Medicare Specialist rebate and my fee (which I have not changed for several years despite the increase in Gross Domestic Product and Medicare rebates available). I will not be able to charge the bulk billing rate should my specialist rebates change, and ***some of my clients will not meet criteria for the ATAPS programs*** (e.g., those without a health care card). Not to mention the fact that public services are largely over capacity and struggle at present, so how are they going to deal with this large influx of new clientele? This means that a certain number of marginalised individuals with mental illnesses will either have to pay a much larger gap or will not be able to access genuine, effective, and evidence-based psychological services.

I arrived in Australia 10 years ago, at which point I begun the Masters and PhD combined Clinical Psychology program at The University of Melbourne. I did this because in Canada from where I originate. This the standard for ANY psychologist. I was shocked to see the variations of psychology in Australia, but pleased when Clinical Psychologists were recognised for their distinct training and specialisations in mental illness. I spent 6 years in postgraduate training following my 4 year undergraduate degree. This amounts to 10 years of university level training and clinical experience and over \$100,000AUD on my university education. I can thoroughly assess, diagnose, and provide psychological interventions for a range of populations, and I can properly and thoroughly critique and conduct research.

My clients have already experienced a decrease in the amount of sessions available to them from a possible of 18 (very few took up the last six sessions) down to a maximum of 10. Then I now have to tell my clients that they will receive a lower rebate for those services. As a clinician, I feel deflated for my clients. ***The Australian Government could do more to assist those with mental health illnesses, and did when the Better Access came into effect - and now it's being minimalised both in frequency and quality with these new propositions.***

I offer more than simple relaxation techniques and general counselling, ***so why are we being demoted?*** My job sometimes entails keeping someone alive - it is stressful and demands a great deal of responsibility, as well as high ethical standards. The reductions in the Better Access Initiative may roll over to the GP Networks and local Medicare Initiatives, but as I stated previously, there are certain individuals who will miss out on these services. Proactive intervention has been shown in research to reduce the long-term health costs. ***This reduction in the quality and quantity of services will cost the government a lot more money in the long-term.***

Dr. Lisa-Marie Scott
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