

6th July 2011

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



To the Senate Standing Committee,

Re: Better Access Cuts

I understand that the Senate Community Affairs Reference Committee was created due to *generalist psychologists* protesting the fact that *clinical psychologists* can get a higher rebate for their clients under Better Access to psychologists through the Medicare Benefits Schedule (MBS). I am a clinical psychologist, and also a PhD in psychology. I have 9.5 years university training, rather than just 4 years. It makes sense that those highly trained in psychology are recognised at a higher rate. Despite this, I understand that "The Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists". If this were to be implemented, what is the point of furthering oneself through postgraduate studies? Indeed it is the case that many of my clients have been to see generalists psychologists prior to seeing me, and regularly note the quality of psychological therapy between these *generalist psychologists*, and *clinical psychologists*. This is because the training of *generalists psychologists* is substandard, and yet they have chosen to protest their lower payment under the Medicare system.

Another concerning issue is that the recent Federal Budget has resulted in the number of Medicare sessions being cut from 12 (with the positional of 6

more under exceptional circumstances) to 10. Even the existing number of session is not enough, and my patients regularly have to space their sessions so as I can support them though the year with their serious mental health issues. Mental health is just as important as physical health. What if appointments with medical practitioners were capped? Physical health issues can occur at any time, and just because one physical issue is resolved, or managed, does not mean that treatment should stop there. The same applies to psychological issues. Psychological illness can occur at any time, and individuals with these mental health issues need to be managed over time. Further, psychologically distressing life experiences can arise at any time, just like physical illness can occur at any time. Individuals should be able to access unlimited psychological sessions under the Medicare system, just like they are able to access unlimited appointments with medical practitioners under Medicare.

Please continue the two tier system for psychologists. This enables GPs to refer the more serious of mental health cases to those with the expertise, that is, the clinical psychologists. Further, please consider increasing psychological sessions under Medicare rather than reducing them.

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