

25 July 2011

Committee Secretary
Senate Standing Committee of Community Affairs
P.O. Box 6100
Parliament House
Canberra ACT 2600
Australia



Dear Committee

Re: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES.

As a Psychologist in private practice I would like to provide a response to several issues that the Senate inquiry has initiated. I will be succinct in order to spare the Committee's valuable time. Firstly, I congratulate the Senate and welcome the inquiry initiated. Over the time that the Better Access scheme came into operation, I have been perturbed by several issues regarding the two tiered Medicare rebate system for psychologists, the issues of qualifications, experience and training.

To place my concerns in context, I have a Master's degree in Educational Psychology and I am a member of the College of Educational and Developmental Psychologists as well as a member of the College of Counselling Psychologists. I have 22 years of experience since registration and have enjoyed my work immensely in the public sector (DHS) as well as working as a privately practicing psychologist.

I am a specialist able to deliver evidence based practice in relation to working with children, adolescents and adults treating high prevalence disorders of anxiety and depression. I believe my training and experience places me well to deliver psychological and mental health services across the ages. I provide services under ATAPS, Victims of Crime, Workcover and TAC. My predominant framework for treatment delivery is CBT as to offer predominantly anything else is contrary to research and clinical practice knowledge. Hence I do not differ from my Clinical Psychology colleagues who ostensible may offer the same service as I and many of my colleagues when treating depression, anxiety and other disorders. Furthermore, there is no evidence to suggest that Clinical Psychologists are seeing more severe mental health presentations under the Scheme. (Giese, Lindner, Forsyth & Lovelock, 2008)

As Psychologists, we are not able to gain registration and a "licence" to practice without the approval of the Psychology Board of Australia and competence is acknowledged via the four plus two route of training and supervised practice or a Master's degree in a branch of psychology. No method is superior to the other; no branch is superior to the other, no Master's degree is superior to the other. Experience and further ongoing professional development is not only mandatory for ongoing registration and College membership but is highly prized and valued by psychologists whether they have College Membership or not.

As a member of two Colleges it is further acknowledged that I am able to assess, diagnose and use evidence based psychological therapies. Tertiary training as well experience and supervision history is severely scrutinised for membership approval.

I hope a more equitable arrangement can be devised as currently the Better Access scheme offers a restrictive trade practice which is hard to justify especially when clients ask why there is a rebate gap fee and why my gap is larger than someone else's. It pains me to not be able to offer a total bulk billed service but at the current bulk bill rebate of \$81.60 it is not possible to run a private practice adequately. (The APS recommended fee of \$218.00 has taken into account the costs of running a practice and providing suitable remuneration). Regardless of the recommended fee, the vast majority of psychologists are now unfairly discriminated against with the two tiered system which does not have any empirical evidence for its existence.

I believe clients who access "generalist" Psychologists (an inaccurate belittling term to describe everyone who is not a Clinical Psychologist) are also being discriminated against with a poorer rebate afforded them.

I thank the Committee for its time and due consideration.

Yours sincerely

Essendon 3040

Victoria.

Reference

Giese, J., Lindner, H., Forsyth, & Lovelock, H. (2008) Survey of clients receiving Medicare-funded psychological services under the Better Access initiative. *InPsych*, 30(5), 32-33.