

Dear Madam / Sir

I am concerned about the possible changes in rebates for clinical psychologists. The reasons are as follows:

1. Higher gap fees will make psychological services unaffordable for a large population of clients who are currently receiving treatment under Medicare. The consequence is that these clients will try to seek treatment through publically funded services. However, Public Health is already struggling with extremely long waiting lists for MH services for clients of all ages.
2. Clinical psychologists are highly trained in the assessment and treatment of MH disorders, from mild to the most severe, and this specialist training needs to be recognised (as would apply for medical specialists).
3. We are envisaging major workforce shortage in the future. Already, interns are struggling finding experienced and qualified supervisors in the field. Clinical child psychology expertise is particularly sparse.
4. This proposed change would make the study of clinical psychology unattractive, as the post graduate course is expensive (around \$ 40,000), and psychologists may opt for other pathways, such as organisational or forensic, where income is higher.
4. Having supervised both psychology intern and clinical psychology interns over several decades, I would like to emphasize that the clinical psychology candidates in comparison with psychology interns, are highly trained when they leave university, require less supervision and guidance on all issues of clinical psychology, e.g. professional, ethical, therapeutic. They are also equipped with at least one treatment modality (CBT). They are highly valued as candidates for open positions, as they bring a wide range of clinical skills and expertise as a result of training and of their placement experiences.
5. Overseas Clinical psychologist positions are frequently advertised in professional journals and on websites, e.g. UK, Hongkong, Singapore. Making working conditions unattractive in Australia could lead to a brain-drain in clinical psychology, something this country cannot afford.
6. The current system is difficult in itself. Clients who consult us in public health often say they had some sessions with a private psychologist, but could no longer afford these, as the bill for ongoing sessions adds up. This results in a waste of resources, e.g. some Medicare funds have been used, but when referred to the public clinical psychologist, a re-assessment is required. Therefore, any change which will lead to further waste of resources is undesirable. With higher gap fees, this occurrence will increase.

Ingeborg Stiefel

Senior Clinical Psychologist and APS member.