

Senate Inquiry into Better Access

Firstly, I would like to commend the government in their introduction of the Better Access program, which has benefited clients who would not otherwise been able to choose their private practitioner. In my practice I have found that clients have been grateful to be able to receive a rebate back from Medicare, and have appreciated being able to choose a practitioner that they feel comfortable with. It is well established that the therapeutic alliance, with the client feeling a connection to their therapist, facilitates the therapeutic process.

My letter addresses two points. 1. The Two Tiered Rebate System and 2. Proposed reduction in annual sessions available to clients.

Two tiered debate

I would suggest that the focus of your consideration be upon the outcomes for clients, rather than the discriminatory debate of who is a better psychologist and deserving of more rebate. Really, at the end of the day we are all working in our profession to provide a safe effective process for people to experience some alleviation from suffering. It would be with a compassionate mind that clients receive rebates from Medicare in order to assist continuity of psychological treatment. All psychologists are required to meet the same registration competencies and undergo continued professional development.

The issue to consider is affordability for the client rather than the focus be on the potentially discriminatory process of the clinical college membership of the APS. Ultimately GP's decide if a patient meets the criteria for a Mental Health Care Plan and they make the referral to a psychologist based on their judgements of who is best suited to work with their patient. Then the Doctor and Psychologist work collaboratively in assessment and providing treatment to empower the client to be safe and alleviate their suffering.

The Melbourne University was contracted by the Department of Health and Ageing to evaluate the Better Access program from 2009 – 2010. The research found that there were no significant differences in therapeutic outcomes between Clinical psychologists or General psychologists. This would suggest increase General Psychologist Rebates to the same level so that this benefit can be passed onto clients, who are the real stakeholders forgotten, in this debate.

Number of Sessions.

My practice specialises in working with children and adult survivors of child abuse and domestic violence, very complex cases with multiple traumas and dual diagnosis. The idea of only 10 sessions in a year would mean for some of these clients a huge time gap in the therapy process. The therapeutic relationship is a significant component of therapy, particularly for clients who may need to disclose sometimes the most personal and abhorrent experiences. To say to these clients... times up

sorry you now need to wait another 5 months before the next appointment, or you will have to start again with someone else under another medical scheme, could potentially be harmful and certainly would delay progress. This could potentially mean more expenses for the client and also for the government and a less effective psychological intervention. Let's consider the outcomes for clients and let medical practitioners and psychologists to collaboratively make decisions in the best interest of the client. A small percentage may actually need more than 18 sessions in a year. Let's not discriminate against those who have, already had it tough.

In conclusion, my recommendation is to think about the potential consequences the changes would mean to clients. The more rebate they receive the more sessions they can afford and allow Medical Practitioners and Psychologists to decide how many sessions a client may need.

Regards,

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