25 July 2011

Attention: Senate Community Affairs Reference Committee

Re: Enquiry into Commonwealth Funding and Administration of Mental Health Services

I am a registered clinical psychologist in South Australia as well as a PhD candidate. Since the Medicare rebate was introduced for psychology services, I have worked as a private, bulk billing clinical psychologist in both suburban and rural areas. The rebate has enabled clients to access a clinical psychology service after previously being unable to due to high costs and psychology services not being available in a rural town I travelled to, located 90 minutes south of Adelaide.

My earnings per hour are already below the current national recommended hourly fee. Should the one-level system for all registered psychologists be introduced, then my earnings will subsequently be lowered, and I would likely need to introduce a gap to enable me to continue to pay outgoing costs. This would unfortunately pass the costs onto clients, and some may discontinue therapy.

My other concern with the abolishment of the two-tiered rebate system is that clinical psychologists are required to complete a 6 year degree to receive specialist training in mental illness and in psychiatric settings. The UK and the US place high importance on clinical psychologists, and their ability to work with the severely mentally ill and superior training is recognised. A four year generalist degree is considered inadequate preparation to work with clinical client groups in the aforementioned countries. It is critical that Australia continues to reinforce specialised training in order to provide clients with the best services we can.

I have spoken to psychologists who originally obtained registration with the two years supervised experience but then returned to university to complete their two year clinical masters degree. The clinical Masters training includes diagnostic procedures, intervention skills, more advanced psych testing, ethics, and rehabilitation. Whilst these individuals felt they were practicing competently prior to commencing further study, through the clinical Masters degree they discovered critical specialist skills and methods that they previously had not been exposed to, providing them with superior knowledge than previously.

Furthermore, whilst there are many specialist areas in psychology, such as forensic, organisational and counselling psychology, the Medicare rebate is provided for the area of mental health – which is an exact client match for clinical psychologists. Therefore, it makes perfect sense that clinical psychologists should receive greater encouragement to provide services under the better access scheme. It is also crucial that potential psychology clients are made aware of the difference in training between non-clinical and clinical psychologists.

In addition to my concerns with the abolishment of the two-tier system, I have great reservations about the reduction of the number of psychology sessions funded by the government. As a bulk billing clinical psychologist, I have often been required to treat clients with complex needs, whom have fit into the ‘exceptional circumstances’ clause

in the Medicare rebate specifications. For this client group with comorbid presentations, it would be impossible to provide them with adequate treatment in 10 or less sessions. It may also lead to well trained professionals not ethically accepting such individuals as clients, meaning that those in most need of clinical psychology are not receiving assistance.

I ask that the committee considers my recommendation, in light of the above concerns, that the Medicare Better Access initiative be continued in its current form, which is 12 (up to 18) sessions per year and the two-tier rebate system.

Yours sincerely,

Catherine Steele.
B. Psych (Hons.), M. Psych (Clin.), PhD Candidate.