

Submission to the Government's 2011-12 Budget changes relating to mental health services in Australia

Particularly with reference to suggestion of reviewing the two tiered system of Medicare rebates.

When the Medicare rebate for psychologist was introduced in 2006 there was a clear and desperate need in the community for psychological services. This need has not changed in the five years since. At the time it was decided that in addition to generalist psychological services, Clinical psychologist would be utilised to provide a specialised service for the moderate to severe mental illnesses presenting in the community.

I am a Clinical Psychologist who employs six other psychologists in private practice. We work in regional area with a disadvantaged demographic. We very often bulk bill the often unemployed client group we service. In fact, we service the very people the committee has identified as in need.

I have the privilege of supervising very closely those psychologists in my practice. I have developed an intimate awareness of their training and their skills. I have a great deal of respect for my psychologist employees, they come with their own skills and strengths. They are very reliable when experienced and are full of energy when young.

However, I am regularly reminded of the difference between their training and mine. Clinical Psychologists are trained specifically in diagnosis and assessment of mental illness as well as the implementation of evidence based treatment for moderate to severe mental illness. They are not trained in the specifics of treatment and assessment of mental illness. They require supervision to assess and treat complex cases as well as moderate to severe mental illness.

Clinical Psychologists provide specialist diagnostic and complete psychobiosocial assessments, treatment services in areas as complex and diverse as psychotic illness, severe personality disorders, comorbid disorders (e.g. depression within borderline personality disorder), psychological and behavioural components of serious medical conditions, and problems specific to different age groups, including recent significant developments within the areas of children and family, youth mental health, the elderly, mental health disorders within medical conditions, quality assurance and research and evaluation.

The two tiered system recognizes the difference in training. Two additional full time post graduate years specifically in treatment and assessment of mental health adds very considerably to skills and knowledge. It also adds enormously to ability to apply scientific principles to practice.

I believe that abolition of the two tier system is to disregard clear differences in training, practice and skills. No other profession disregards its better trained on the grounds of false egalitarianism.

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