

Colby Pearce
(Silent Elector)

2 August 2011

Dear Senators,

Re: Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services

I am a Clinical Psychologist who specialises in treating children and families who are disadvantaged and have experienced intrafamilial trauma. My offices are in North Adelaide, but I provide an accessible service to disadvantaged children and families in outer metropolitan Adelaide, up to two days per week. A primary source of funding for my work with these children and their families is the Medicare rebate system that forms part of the Better Access to Mental Health Care initiative.

I would refer you to my attached curriculum vitae, which establishes my credentials to speak with expertise about the profession of Psychology, the worth of the Medicare rebate scheme to disadvantaged and traumatised children, and the likely impact of announced cut-backs to this scheme.

Though I am a member of the Australian Psychological Society, I hold no offices as part of this membership, nor am I a member of any other advocacy group for the profession of Psychology.

Rather, I consider myself to be a practitioner who has significant experience and expertise and whose primary activity as part of the profession is the provision of high quality and accessible psychological services to those who would not otherwise be able to access such a service.

I wish to make a brief comment about the following issues that form part of your inquiry:

- (b) changes to the Better Access Initiative, including:
 - (ii) the rationalisation of allied health treatment sessions,
- (e) mental health workforce issues, including:
 - (i) the two-tiered Medicare rebate system for psychologists.

Rationalisation of allied health treatment sessions

With regard to the announced reduction in treatment sessions by Psychologists, from a maximum of eighteen treatment sessions per calendar year to ten, this will be to the detriment of the most disadvantaged children in the community, and their families. These are the children whose mental health presentation and associated family dynamics is generally the most complex. These are also the children whose families cannot independently afford to seek an accessible, expert mental health service through the private sector. These are the children and families who choke access to government-funded mental health services, resulting in long waiting lists, lengthy delays in service provision and brief/incomplete interventions. In my

considerable experience, these disadvantaged children with complex mental health needs require at-least eighteen treatment sessions per calendar year with a practitioner who has expertise in the treatment of complex disorders. The Minister's staff have advised me that the proposed changes to the number of rebated services were decided upon with a view to achieving better service-provision to disadvantaged children and their families. I would argue that practitioners such as myself who have specialised in the treatment of disadvantaged children and their families will make the decision to accept cases where we can intervene effectively within the proposed allocation of ten sessions, rather than begin a process that will ultimately be left unfinished. A consequence of this will be reduced service provision by specialists such as myself for disadvantaged children and their families.

For the sake of these most disadvantaged and vulnerable members of the community, I urge you to impress upon the Government that it reconsiders its decision to limit the number of Medicare-rebated sessions under the Better Access Scheme to ten sessions per calendar year. I also urge you to impress upon the Government the need to increase the number of Medicare rebated services for disadvantaged children and their families.

The two-tiered Medicare rebate system for psychologists

I have employed both "clinical psychologists" and "psychologists". Generally speaking, I have allocated the same (Better Access) work to both. Hence, in a real sense, they have done "the same work", though the Medicare rebate is different. I would advise, however, that by and large my staff do not do the same work as me, as I handle the more complex cases by virtue of my greater experience. There is no reward for experience!

Nevertheless, I am in support of a two-tiered system. I do believe that there needs to be an incentive for psychologists to aspire to a higher level of qualification and training. I also believe that those of us who relinquished at-least an extra two years income in order to complete a Masters Degree in Clinical Psychology and have therefore incurred an additional HECS debt should be compensated in some way.

In addition, having been a supervisor in both the 4+2 and 6-year degree (Higher Degree) pathways to registration (totalling more than fifty practising psychologists), I agree unequivocally with the assertion that the Higher Degree route offers the more comprehensive education in psychological practice, including the assessment and treatment of mental disorders.

The only change that I would propose to the current system is that it is based on qualification, with clients of those Psychologists who have completed an approved Masters Degree program (e.g. Clinical, Counselling, Education, Organisational, Forensic) being eligible for the higher rebate.

I acknowledge that my support of a two-tiered system is at-odds with the greater proportion of my profession, particularly the large majority whose clients are unable to access the more generous Medicare rebate offered for clinical psychology items. But I would make this very important point. The profession of Psychology has recognised the Higher Degree pathway to registration to be superior for more than

twenty years. Claims made by so-called “generalist psychologists” that their pathway to registration and associated level of qualification was suddenly and unexpectedly seen as a lesser pathway in 2006 are patently untrue. They have had more than twenty years to upgrade their qualification or chose the Higher Degree pathway to registration, but have either chosen not to or have not achieved the requisite academic requirements during their undergraduate and graduate training to enable them to access a Masters Degree program.

Yours sincerely,

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Principal Psychologist, Secure Start
Member, Health Practitioners Tribunal
Member, College of Clinical Psychologists, Australian Psychological Society