

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

I write as a Clinical Psychologist that has been providing specialist psychological services under Better Access since it started in November 2006.

I am dismayed at the proposed changes to Better Access. I want to make comment in particular on the rationalisation of allied health treatment. I also want to address mental health work force issues related to the two tier medicare rebate system for psychologists and work force qualifications / training of psychologists.

The evaluations & experience of Better Access has shown that the medicare rebate for psychological services has enabled people across the socio economic span who have not previously been able to access mental health services to receive affordable effective and successful treatments. It is the most successful mental health program that exists in the numbers it is reaching, its cost effectiveness and success.

Clients have efficient and flexible access that they simply don't get from the public health and ATAPS programs. Yet the Federal Government decides to shift funds from a successful program to ATAPS which has not been formally evaluated. No one knows whether ATAPS can fill the gap for the hundreds of thousands of clients who cannot afford to continue treatment with their psychologist after the 10<sup>th</sup> session because they lose the medicare rebate.

I am gravely concerned for the 13 % plus of clients by the Govts estimates who required more than

I fear for the on average 25% of my clients who I see for more than 10 sessions. I wonder whether:

1. Will there be availability of service in the ATAPS system for them ( or the rest of the hundreds of thousands of displaced better access clients )

2. Whether it is good health practice for them to have to change their treating psychologist.
3. Can, they can access early morning or evening appointments for example in the ATAPS system. (I do not think that there is the financial incentive for a psychologist in an ATAPS system to work out of office hours when they are paid equivalent to a public health wage and there is no over time available )

The suggestion that another alternative for clients that require more than 10 sessions is to see a psychiatrist is also problematic. There is not the availability of psychiatrists to allow for this. It will also not suit many people who need continued psychological help not medication.

I urge you to retain the 18 sessions currently available under Better Access.

Please do not take from a program that is servicing the highest prevalence mental health problems ( depression, anxiety etc ) in our community ( and the most costly if accessible treatment is not available).

I am stunned that it would be considered that psychologists who are specialists in mental health disorders by way of 2 to 3 years full time post graduate studied in clinical psychology may not be entitled to higher remuneration than psychologists with a graduate level (4 year degree.) The public health system has long recognised

this and there is a higher salary in the Health Award. There is generalist and specialist registration for psychologists in Australia under the PBA.

The Medicare system recognises the specialist over the generalist in the medical professions. The clinical masters and doctorate program has rigorous training to allow for the practitioner to practice at a specialist level re the assessment and diagnosis of clinical mental health disorders. A generalist psychologist simply cannot operate at that level.

If the 2 tier system was collapsed then the clinical psychology profession and training system would collapse. Who would want to slog it out for 3 extra years at Uni for no gain. The Gillard Government would then be presiding over a mental health system in Australia with the lowest level trained psychologists in the Western World.

The UK, US, New Zealand & Canada have a minimum 6 years training to be a psychologist. You must have a clinical psychology masters/doctorate to practice as a psychologist. Why are we out of step with this ?

**Summary:**

**I urge you to overturn the decision to reduce sessions from 18 per year down to 10 under better access.**

**Retain the 2 tier rebate for psychologists and bring minimum training for psychologists in line with other Western countries-that is a minimum of 6 years-clinical masters/doctorate level.**

**Yours sincerely**

**Tracey Frazer  
Clinical Psychologist**