

Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Re the following Terms of Reference

Community Affairs References Committee for inquiry and report by 16 August 2011:
The Government's funding and administration of mental health services in Australia,
with particular reference to:

- (a) the Government's 2011-12 Budget changes relating to mental health;
 - (b) changes to the Better Access Initiative, including:**
 - (i) the rationalisation of general practitioner (GP) mental health services,
 - (ii) the rationalisation of allied health treatment sessions,**
 - (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
 - (iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;**
 - (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
 - (d) services available for people with severe mental illness and the coordination of those services;**
 - (e) mental health workforce issues, including:**
 - (i) the two-tiered Medicare rebate system for psychologists,**
 - (ii) workforce qualifications and training of psychologists, and
 - (iii) workforce shortages;
 - (f) the adequacy of mental health funding and services for disadvantaged groups, including:
 - (i) culturally and linguistically diverse communities,
 - (ii) Indigenous communities, and
 - (iii) people with disabilities;
 - (g) the delivery of a national mental health commission; and
 - (h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
 - (j) any other related matters.
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There will be many others who will have the time and patience to address all of the above Terms of Reference including cutting back the number of sessions that clients can receive with a psychologist per year and re possible changes to the current two-tiered rebate.

I am sure that you will be provided with a great many submissions which will inform you regarding "Clinical Psychology being the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions", and hopefully you will also be provided with a copy of the Work Value Document – W.A. Clinical Psychology Health Sector 1998.

As my submission I would like to tell you about the conditions of working as a clinical psychologist in private practice and a little of my own education and training.

The following were my Clinical Psychology units at University: These units (completed in the year 2000) were in addition to the 4 year undergraduate degree. Some psychologists have also completed other Masters Programs but many have only finished their 4 years and then gained supervision over 2 years in a workplace. Tell me if you believe that this equates to the following, which of course was full time and unpaid. Please also note that historically there were only a small number of clinical psychology courses and only those students with outstanding academic scores were accepted into those programs.

COURSEWORK CLINICAL MASTERS IN PSYCHOLOGY.

Year 1

LIFESPAN DEVELOPMENT INFANCY
INTRODUCTION TO PSYCHOPATHOLOGY
PROFESSIONAL PRACTICE ISSUES 1
INTRODUCTION TO CLINICAL NEUROPSYCHOLOGY
BASIC CLINICAL SKILLS
CLINICAL EXPERIENCE 1
RESEARCH PROJECT 1
LIFESPAN DEVELOPMENT CHILDHOOD
PROFESSIONAL PRACTICE ISSUES 2
CLINICAL RESEARCH METHODS 1
RESEARCH PROJECT 2
PSYCHOPATHOLOGY PHENOMENOLOGY AND THEORY
PSYCHOLOGICAL CHANGE AND THERAPY
CLINICAL PSYCHOLOGY FIELD PLACEMENT 1
CLINICAL EXPERIENCE 2
CLINICAL ASSESSMENT SKILLS 1
ORIENTATION TO CLINICAL THEORIES

Year 2

CLINICAL RESEARCH METHODS 2
RESEARCH PROJECT 3A
PSYCHODYNAMIC THEORY 1
PSYCHOTHERAPY 1
CLINICAL PSYCHOLOGY SKILLS 2
CLINICAL PSYCHOLOGY FIELD PLACEMENT 2
RESEARCH PROJECT 4A
PSYCHODYNAMIC THEORY 2
PSYCHOTHERAPY 2
CLINICAL PSYCHOLOGY SKILLS 3
CLINICAL PSYCHOLOGY FIELD PLACEMENT 3
OBSERVATIONAL METHODS ADOLESCENCE
CLINIC EXPERIENCE 3
GROUP PROCESS
OBSERVATIONAL METHOD ADULTHOOD
CLINIC EXPERIENCE 4
PROFESSIONAL PRACTICE SYSTEMS
PROFESSIONAL PRACTICE CROSS CULTURAL
CURRENT ISSUES IN PSYCHOLOGY A
RESEARCH PROJECT 4A

I am proud of the work that I put into my clinical masters, in gaining the valuable and necessary clinical skills which assist me to provide the best possible outcomes for a broad range of clients.

My current employment as a Clinical Psychologist in Private Practice involves very unstable employment. I work in the Western Suburbs of Melbourne and see a variety of clients (adults, adolescents and children from all walks of life and with many different mental health difficulties). I bulk bill so obviously charge no gap fee. Clients sign a Medicare Voucher and I am paid on these vouchers several weeks later. Clients can be quite unstable and there are often cancellations.

I have just finished doing my taxation for the year 2011 and would like to share with you how much remuneration I have gained for the year (2010/2011). I tell you in advance of giving you these figures that I obviously do not work for the money or conditions! I work between 3 and 5 days per week depending on referrals and client needs.

My gross income for the year is \$55,000. I have no sick leave, no holiday pay and no superannuation from this employment and it does not include what tax I have to pay on this sum. You tell me if you or anyone you know who has a Masters Degree would work under such conditions. I have not complained. I love what I do and enjoy seeing clients make changes which make them more productive in their own lives and in the community.

If changes are made to the current remuneration and the two-tiered Medicare system is changed to a lower amount I will certainly seriously consider leaving the field of psychology in disgust. If such changes are implemented it will show that the Government and others give lip service to providing for the mental health needs of Australian citizens but are not prepared to pay the specialists to provide the services.