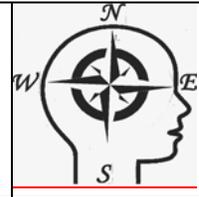


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Brunswick and Richmond



20 July, 2011

As a practicing psychologist (with a **Masters** in Counselling Psychology, but not a member of the Clinical College of the Australian Psychological Society) I need to highlight a problem that exists, which is blocking help from MANY psychologists getting to needy recipients.

When the previous Liberal government introduced the Better Access to Mental Health Programme (through then Health Minister Tony Abbott) it introduced a 2-tiered rebate system for clients.

For clients of psychologists who are eligible for membership to the 'Clinical College of Psychologists' they receive \$119.80 rebate OR the psychologist can bulk bill at \$119.80.

For clients of other psychologists who meet the Medicare criteria, they receive \$81.60 rebate, or the psychologist can bulk bill at \$81.60.

The colleges were originally set up as interest groups, not as training colleges.

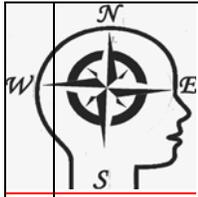
What has happened is that clients of 'Clinical College' psychologists are waiting many weeks and months, whereas other psychologists often have many vacancies available, due to this artificially introduced difference between psychologists.

The other very important issue is that many clients and potential clients are not aware of the differences between Clinical College psychologists and other Non-Clinical College psychologists. What they observe is that one group have a higher rebate, with longer waiting lists, which simply put by them, means they must be better than non-Clinical College psychologists. This undermines the profession, and the assistance that can be given to many people, by highly qualified psychologists, who may not be members of the Clinical College. It also decreases the numbers of people being seen, as there are not enough Clinical College psychologists to meet the needs of the community.

Whilst it may seem fair to have 'Clinical College' psychologists get higher rebates, the fact is many 'Non-Clinical' psychologists have equivalent qualifications, but the clients are not going to them because of the difference in rebates.

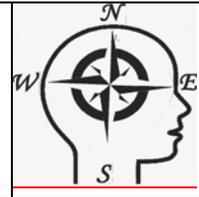
What this is doing is that many clients are not getting the help they need from trained psychologists, as they feel they can only wait for 'clinical college' psychologists.

In many cases I have a Masters in COUNSELLING psychology, but am not a member of the 'clinical college' – thus despite my specialty in COUNSELLING, many prospective clients will not attend as their rebate is lower. There are many psychologists like this.



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And if I may be so bold, most clients go to psychologists for Counselling, which would make psychologists with qualifications in Counselling qualified for a rebate equal to 'Clinical College' psychologists.

I know many 'clinical college' psychologists who have 6-8 weeks, even 3 month, waiting lists. However psychologists who have been trained to an equivalent standard, or other psychologists who have had many years of experience in treating clients, are not seeing as many clients, due to the discrepancy.

As mental health is crucial, and to avoid costs going up to treat the problems after they have become serious, it would make sense to offer treatment to clients early. This could be done if the rebates were equal for all psychologists, rather than just members of the 'Clinical College'.

This would help a greater number of Australians to avoid the serious and often debilitating effects of anxiety, depression and other psychological problems.

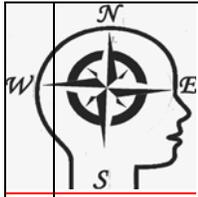
Four Corners last year (09 August 2010) highlighted some deficiencies in mental health, focussing on the city of Mackay, Queensland. Similar problems exist Australia wide. Limited access to mental health practitioners, often due to finances, exacerbates mental health problems. By expanding the rebates to all practicing psychologists, there would be a much larger number and pool of psychologists who could afford to bulk bill as well.

As highlighted in the programme there are also many people who are hesitant in going to psychologists, but once exposed to others getting support, even open up, and often are prepared to get the assistance they need.

We have heard so often in recent years about the negative, sometimes dangerous and tragic effects, of bullying. Psychologists are experts at assisting people to develop strategies and deal with this practice, but often the people who most need it (younger people, people in the workforce at the receiving end of powerful people bullying) are often the ones who can afford it least.

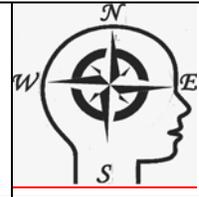
The economic effects of bullying are huge. In an article in the Australian (28 January, 2010) **BULLYING and harassment in the workplace costs the economy about \$15 billion a year and is not properly addressed in occupational health and safety laws.** In a draft report released yesterday, the Productivity Commission found 2.5 million Australians experienced some aspect of bullying during their working lives.'

The emotional impacts are even more serious (with a number of suicides attributed to bullying making headlines in the last several years)



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A Work Outcomes Research and Cost Benefits (2005) research has shown that 6.7 percent of Australian employees in any organisation suffer from clinical level depression each year, and that their attendance and job performance significantly deteriorates. Moreover, around 65 percent of these individuals have not sought any treatment in the previous 12 months and seem to 'bunker in' as a way of coping (Whiteford, Sheridan, Cleary & Hilton, 2005).

In a 7.30 Report Kerry O'Brien interviewed Professor Ian Hickie he stated that *'Firstly, only four out of 10 Australians with a mental health problem gets any service'* and that *'.. Early intervention is critical. Seventy-five per cent of mental health problems start before the age of 25. You've got to get in early and prevent the problem'*...

In response to the mental health initiative being set up in 2007 Mr Kennett said he expected thousands more would seek help under the new scheme in the coming months. "I'm not surprised at all by the rush. Many people have been carrying their illness and not seeking help because they can't get access or they can't afford it."

In recent years quite a number of media and sport personalities have publicly admitted to suffering from depression. Even politicians (such as John Brogden, Andrew Robb, Geoff Gallop, Bob Hawke) have admitted to suffering from depression. It is wonderful to have the courage to go public, but they are able to **afford** psychological or psychiatric treatment, whereas there are many people (employees or others not working), who cannot afford treatment. By increasing the rebate clients can get back, or allowing all psychologists to bulk bill at an affordable or even reasonable rate, the numbers of people getting assistance would increase dramatically, especially at an earlier stage, stopping the depression, etc. from getting to a worse or more dangerous stage.

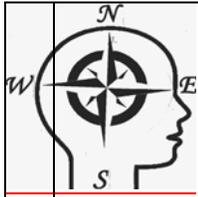
I would be happy to discuss examples of work done by Non-Clinical College psychologists that have greatly helped clients who have not previously been helped by psychiatrists, clinical college psychologists, and mental health institutions.

I feel it would be best if psychology services were funded at an equal level, allowing the community equal and quicker access. To have the discrepancy between psychologists is counter productive to the profession which exists to help people in need.

As such it may be that psychologists other than those members of the clinical college have their rebates raised to the clinical college level.

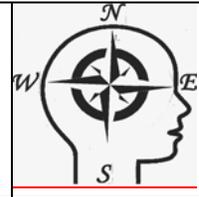
I am sure that every psychologist has many stories of success with difficult to treat clients.

I will briefly highlight 2 scenarios.



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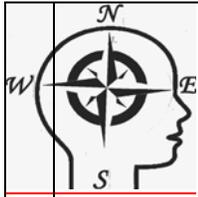
I have had one client, now 86 years of age, who had suffered depression for 48 years (including hospitalisation for long periods, and on strong medication for many years) who had seen psychiatrists and clinical psychologists throughout his 48 years of depression. This depression was the kind that everyday the thoughts of dread were how to get through each day. As a counselling psychologist, after seeing him off and on over 3 years (at times delaying appointments because of a lack of funds and his inability to pay), he is now looking forward to each day, with the only frustration being that he does not have the energy to complete the tasks, and has failing eyesight hindering him completing them. However, he is now sleeping well, not waking with dread, and is enjoying his life – and has stopped his medication. This achieved through him working not with a clinical psychologist, or psychiatrist, but a garden variety, common Counselling psychologist (with a Masters in Counselling).

The second case is a war veteran who for 40 years had flashbacks, nightmares, sweats and panic attacks, due to his experience. This gentleman had experienced time in psychiatric homes, hospitals and received treatment from psychiatrists and clinical psychologists, with very little effect. Yet after over 18 months of treatment he now does not have any flashback, nightmares, panic attacks, sweats. Again, a 'generalist psychologist, with a Masters in Counselling, has got this client to this point. Again, being on a pension, he limited his visits for financial reasons, as he could not be bulk billed by me. And he could not afford the fee out of pocket (\$50 approx).

Yes of course there are many factors that could account for this – yet, when Clinical psychologists and psychiatrists claim their superior or specialise training is better than all other psychologists, why could they not, with all their specialisation, positively impact these 2 examples?

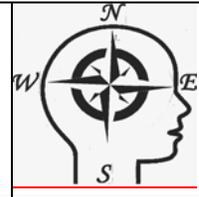
This is not an exercise in tit for tat. This is a plea for consideration to treat professional psychologists, with training, education and expertise that is very similar, to be paid in an equivalent manner.

The crucial issue for the profession overall, and which may hinder the clients improving and dealing with their mental health issues, is that of the new government changes to be introduced which limit the number of sessions for which clients can get a rebate. Whilst it is currently 12



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sessions, plus 6 in exceptional circumstances, it is now being suggested to reduce the number to 6 in total, plus 4 in exceptional circumstances. This is quite impossible to comprehend.

Whilst not all psychologists have clients which use this full entitlement of sessions, there are many psychologists who have clients that need the full amount of 12 + 6. By limiting the number of sessions there is a real danger that client will not get the help they need, especially when they cannot afford to see psychologists.

It seems that there is a perception that any psychological issues can be cured in 6 sessions. The reality is quite different, and most deep seated issues require many sessions. Whilst there may seem to be a financial reason only to limit the sessions to 6 + 4, the reality is that for sound and effective psychological help to occur it often requires many more than 15-20.

My opinion is that the current options (12 + 6) should be kept as a minimum, so clients who may need the full amount may have access to them. Not all clients utilise the full quota, and the money does not get spent by Medicare if they do not use the full quota. However, it makes sense to leave the option in place for those who actually need these full number of sessions.

Thank you.

Yours Sincerely,

Joseph Gagliano PSYCHOLOGIST

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