

6th July 2011

To the senate committee investigating the two-tier Medicare system for rebates for psychology services:

I am a Clinical Psychologist with 12 years experience treating clients with a range of mental health issues and over 10 years experience supervising and training postgraduate level clinical psychology Doctorate, Master and PhD students in QLD. I have obtained a four-year undergraduate degree in psychology followed by a three-year Doctorate in Clinical Psychology from Griffith University. I am a full member of the Australian Psychological Society and member of the APS College of Clinical Psychologists.

WHY CLINICAL PSYCHOLOGISTS SHOULD BE RECOGNISED SEPARATELY FROM GENERAL PSYCHOLOGISTS UNDER THE BETTER ACCESS INITIATIVE:

The Better Access initiative was established to allow those suffering from moderate to severe mental illness access to psychological services. Clinical psychologists are the ONLY psychologists given *specialist postgraduate training in the assessment, diagnosis and treatment of moderate to severe mental illness*. Therefore, we are the ONLY group of specialist psychologists equipped to deliver the Better Access aims and outcomes. While all psychologists can be of some assistance to clients suffering from moderate to severe mental illness, Clinical Psychologists bring additional training and expertise to their work with this population and therefore should be recognised for this as per the current Medicare rebate arrangement.

WHY CLINICAL PSYCHOLOGISTS HAVE SPECIALIST SKILLS TO OFFER:

I want it to be very clear that after my four-year undergraduate degree, I did NOT have the skills appropriate to treat those with moderate to severe mental illness. My postgraduate training provided me with rich learning opportunities in multiple settings under the supervision and guidance of a multitude of highly experienced clinical psychologists. This training prepared me to enter the workforce and to provide an exceptional level of care to those in need; particularly those suffering from moderate to severe mental illness.

If I had entered a two-year supervised practice program following my meagre four-year undergraduate psychology degree, my training and skills would be entirely dependent upon the quality of the supervision I received from my ONE supervisor. While this might have made me an effective psychologist, I would never have gained the level of training that I received in my three years of postgraduate Clinical Psychology, university-based, Doctorate training.

WHY THE “TOP END” OF THE PROFESSION OF PSYCHOLOGY SHOULD NOT BE CULLED:

For Better Access to deliver the best level of care to society, surely the most highly trained members of the profession of psychology need to be remunerated

appropriately. While there are other specialist areas of psychology that receive high level training (such as forensic, organisational, developmental and neuropsychology), Clinical Psychologists receive high level training in the exact area that the Better Access initiative is targeting – the assessment, diagnosis, and treatment of moderate to severe mental illness.

If the rebate were reduced for Clinical Psychologists, this would drastically reduce the numbers of psychologists entering into this high-level training and therefore, reduce the skill set of the entire profession – particularly in relation to the management of clients with moderate to severe mental illness.

If costs need to be curbed, then the rebates for the LEAST trained psychologists need to be cut – not the MOST trained. Psychologists with only four years of university training and two years of supervised practice do not have the same level of training as those who have completed a minimum of six years university training (plus the accompanying two years of supervised practice once completed).

May I draw your attention to the fact that in the rest of the western world, for example, Britain, Canada, UK and USA, a minimum of six-years university training is required for a psychologist to practice.

I hope that these points are given weight in your discussions of the two-tiered Medicare rebate system within the Better Access initiative and I stress that the profession of psychology and the community as a whole will suffer if the Clinical Psychology rebate is reduced.

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