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To Whom It May Concern:

Re: Senate Community Affairs Reference Committee decisions regarding Medicare tiered subsidies for Clinical Psychology Services

I am writing to you to express my serious concerns in regard to the new proposal to limit future Medicare subsidies to a single level. There are a number of reasons for retaining the current 2-tier system of Medicare rebates/subsidies.

First, there is currently a consistency across the United States of America, Great Britain and Australia for Clinical Psychologists to be considered specialised in working with individuals who have a diagnosed mental health conditions. This is a direct indication of the level of training and experience that Psychologists need to engage in, in order to be endorsed as Clinical Psychologists. The advanced training required, Clinical Supervision, and ongoing professional development to attain and retain endorsement is all based on evidence-based research and is directly focussed on those clients with some significant impairment in their daily lives. I, myself, spent 2 years further study and supervision to upgrade my qualifications of M.Psych (Counselling) in order to join the APS College of Clinical Psychologists.

Second, the Medicare funding for therapeutic services is specifically directed towards clients with identifiable mental health issues. It is my opinion, and the opinion of many others in the field of mental health, that this requires a very structured and insightful way of thinking, an approach which Clinical Psychologists are intensively trained in. Rather than accept a clients superficial presenting issues, Clinical Psychologists attempt to delve deeper below the surface and try to determine what is going on, behind the words of the client. Then, they have the competency to share skills to assist clients in making positive changes with their thoughts, feelings and behaviours.

Third, unless this approach, that is, the competent assessment and therapeutic intervention provided by Clinical Psychologists, is recognised, there will be only limited benefit to clients, leading to prolonged counselling, in an already overloaded system. Supporting this logic is the fact that General Practitioners, Paediatricians,

Psychiatrists, CAMHS & Mental Health Workers all refer their most difficult clients to Clinical Psychologists with the belief that Clinical Psychologists are the best trained to deal with these complex issues, and to support these clients through the change process, or at least until their needs are substantially reduced.

Finally, to have a 2-tier system gives a message to the general population about the level of skills provided by the psychologist. Uninformed individuals do not distinguish between counsellors, Psychologists, and Clinical Psychologists. A differentiation in the rebate level may help to educate them in this regard.

It is my sincere hope that the Senate Community Affairs Reference Committee will consider the logic behind the reasons outlined above and decide to continue with the current 2-tier model of Medicare Subsidies.

Regards,

Linda Hansen MAPS (Clinical)