

From: Mary Fitzgerald

2nd August 2011

**To: The Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT 2600
Australia**

Re: The Government's funding and administration of mental health services in Australia

I would like to address the following issues in my submission to the Senate inquiry:

- (A) The impact of the reduction of psychological services under the Medicare Better Access Scheme;
- (B) The inadequacy of funding for culturally and linguistically diverse communities and for people with disabilities;
- (C) The two tiered Medicare system for Psychologists, and:
- (D) I would like to make comment about services to children and adolescents.

To provide a context for my submission, please note the following. I have been a Psychologist for over twenty four years, with eighteen years in private practice. As well as running a private practice, my husband and I rent rooms to other Psychologists and Social Workers at Giverny (the name of our practice building).

(A) The impact of the reduction of psychological services under the Medicare Better Access Scheme

The reduction in services to ten sessions will impact on a number of highly complex clients that we see at Giverny. Some examples of the types of clients that might be effected: (1) The African woman experiencing grief related to the death of her baby at full term whose husband left her during the course of counselling; (2) An obese young woman who is diagnosed with both intellectual disability and Borderline Personality Disorder, and also experiences multiple health issues coupled with significant behavioural issues. (3) The 65 year old woman with a diagnosis of Bipolar Disorder who spent over twenty years in an institution and lives in constant fear of having another

breakdown. These clients have needed more than 12 sessions in one year and have benefited from the extra six sessions provided. Many of these clients have chronic, long term conditions that benefit from long term support rather than short-term intervention.

(B) The inadequacy of funding for culturally and linguistically diverse communities and for people with disabilities

Our location is in Footscray, a suburb in the inner west of Melbourne, which is considered one of the most culturally and linguistically diverse communities on the planet. Some of our clients are refugees and many are new migrants struggling with the issues related to resettlement and dealing with traumas experienced in their countries of origin. English is often a second language for our clients. They frequently have limited English and wherever possible we try to refer clients to a counsellor who speaks their first language. These counselors are unfortunately a limited resource. The lack of provision of interpreter services seriously limits the availability of Psychological services to those migrants without adequate English.

With reference to services for people with disabilities, the exclusion of Neuropsychological services including cognitive assessment, behavioural consultancy and counselling for carers/clients is a significant concern. People with developmental and acquired brain injuries and their carers are amongst the most disadvantaged population in the community.

(C) The two tiered Medicare system for Psychologists

While Medicare Better Access overall has extended our client base to include more disadvantaged clients, the lower rebate under the two-tier system has put significant strain on our business resources. The rebate for Generalist psychologists is about 30% less than what we had been charging pre-Medicare. Despite this, many of us bulk bill clients as we have a strong commitment to social justice and health care for all. In my own practice bulk-billing clients make up about 40% of my practice. The shortfall has had to be incorporated into our businesses within a climate where all other practice costs have increased.

The term Generalist psychologist under Medicare Better Access is a misnomer and in the case of the two-tiered system includes many psychologists with specialist endorsement. I would recommend that consideration be given to altering the two tier system so that either (a) all Psychologists with endorsement are recognized or elevated to the current higher tier or remuneration or (b) all Psychologists are treated equally and receive a single tier of payment.

In my own case, I have had a specialist title for Educational and Developmental psychology in the past and I currently hold endorsement as a Counselling Psychologist. I have completed additional postgraduate training in Family Therapy, Clinical Hypnosis, Art Therapy and Special Education. Further, I have recently completed a Masters in Clinical Neuropsychology and am working towards endorsement in this field. There is an assumption that generalist psychologists have only four years training when in fact many are specialists in their fields (including other areas such as Forensic, Health and Organizational Psychology) and have at least a Masters level of training.

(D) On services to children and adolescents.

Finally, I would like to make comment about provision of services to children and adolescents. This group has been shown in previous research to be underrepresented in the MBA cohort. A significant part of my practice is paediatric. One ongoing concern is the inability to provide services directly to parents without the child present. This reduces the quality of our services to children. Further, work with children can often be particularly time-consuming, due to the parent involvement in therapy, making one hour appointments difficult to contain. A review of the provision of services to children/adolescents would be most helpful.

I would be most happy to assist the Senate Inquiry in any way to clarify the information provided above.

Yours sincerely,

Mary Fitzgerald

Psychologist