

Members of the Committee

I have been a registered psychologist working in the state of Queensland for over 25 years. I have worked as a senior psychologist in a number of positions, including the Family Court of Australia and Corrective Services in Queensland. I have worked in both public service, private enterprise, and as a sole private practitioner. I have also worked in precursor programs providing what were termed clinical psychological services for the College of General Practitioners Bribie Island and Caboolture Division.

I currently work as a senior psychologist at a large school in Brisbane as well as maintaining a small private practice.

I have provided Medicare funded services in my private practice since the inception of the scheme. Prior to this I have held provider numbers for a number of the Private health funds to cover psychological services. In my submission to the committee my experience has been that the current Medicare funded services have widened the clientele to many people who previously would not have had access to psychological services, often seeking such services from their local GP. I know from close working relationships with GPs that there has been a clear benefit to the majority of the clients they have referred to me and that they have subsequently required fewer health services. Limiting access to these services will only create further demands in other areas servicing family and health.

I would also like to make comments about the anomalous two tier system of rebates, based upon a false dichotomy of clinical and general psychologist. I am of the view that quite clearly there never was, nor ever has been any scientific or any other kind of evidence to support the notion that was put forward that psychologist who identify with a clinical College versus any other College provide superior services. These demarcation disputes have arisen from misunderstandings when the Commonwealth moved into a National Registration Board and responded to one sector of the psychological community, namely the APS for advice. I am a member of the APS but was never adequately consulted about their decision to back a two tier system. Most of the psychological services that have been delivered in Australia have been provided by psychologist who are now regarded as general psychologists. It is difficult to accept the position that on one date people were competent to deliver services and then on another date the same people are no longer competent. I personally identify with the College of counselling psychologists in the APS which reflects a professional distinction not of quality of care but of emphasis of care. My emphasis of care is anchored to an understanding of people in the context of their personal functioning and in their social connection. This perspective has strong evidence base to support it and is in line with the British psychological Association recent comments about the importance of not over medicalising people's problems but construing them within the context of their lives and their functioning.

I would strongly urge the committee to maintain the number of sessions allocated for psychological services for clients. The response by general practitioners and the public to take up these services reflects a deep and abiding need. To deny this need after getting adequate feedback of its importance would be a calamity. I would also urged the committee to abandon the anomalous two tier system of rebates and put an end to the restrictive trade practice that has arisen out of patently false categorisations of psychological competence based upon allegiance to an identification with one College over another.

Michael Geary