

Submission to the Senate Committee

I opened a private practice in Ipswich, a regional city in South-East Queensland in April 2010. I was prompted to open this service after being involved in the regional education system during 2009. This regional city is some 40 mins drive from Brisbane city; the Ipswich region is a low socio-economic area with high unemployment and reliance on government funded services, including psychological services. The region was severely affected by the Flood Disaster of January 2011.

I am of the view that the desperate need for psychological services in the region, particularly for children and adolescents, reflects an ongoing failure of state and federal agencies to provide infrastructure to meet the escalating demands of the increasing population.

I am classified as a generalist psychologist. An independent contractor (also a generalist psychologist) joined the practice to meet demand for services. A snapshot of my practice for the financial year of 2010-2011 indicates that, on average, 70 bulk-billed sessions (child, adolescent, and adult) were conducted per week (including Saturdays).

ISSUE (1): REDUCTION OF NUMBER OF AVAILABLE SESSIONS

Clients are referred under a Mental Health Plan – it is *not* a Mental Illness Plan. A reasonable interpretation of the intent of the plan is that it:

- Firstly, provides pre-emptive services for mental health and well-being; this mitigates the significant long-term costs of unmanaged early psychological problems
- Secondly, evidences sustainable change and implements relapse strategies prior to termination; I tell my clients it is like going to a nutritionist/personal trainer – we do very well while we attend sessions – but we quickly slip back into old habits if we stop attending as soon as goals are initially met; a lack of monitoring after initial change places our services at risk of failure

The intent of a Mental Health Plan simply cannot be met under the proposed reduction to 6 sessions per calendar year; please note that exceptional circumstances criteria (proposed grounds for a final 4 sessions) requires a significant decline in functioning; we may assume that we have not had made sustainable change - we are back where we started

SUBMISSION: The current status of sessions should remain; this is such that change can be made (6 sessions); that it is sustained (up to a further 6 sessions); and a further 6 sessions are available if exception circumstances (ie relapse) arise.

ISSUE (2): A TWO-TIER SYSTEM OF REBATES

I have read many of the submissions from psychologists who have obtained post-graduate qualifications in clinical psychology; there is not one clinical psychologist in the Australian Psychological Society (APS) “Find a Psychologist” service who has a practice address in the Ipswich postcode area (4305).

An APS search for clinical psychologists providing services for adult depression and anxiety (identified as representing the greater proportion of Mental Health Care Plan referrals) in a 25 km of Ipswich identified 20 providers; of these, 13 are based in the affluent suburbs closer to inner

Brisbane (Indooroopilly, Toowong, Taringa, Kenmore and Auchenflower); most of my clients cannot afford to travel to these places – let alone pay the fees which are generally not bulk-billed.

A further search for children (5-12 yrs) and adolescents seeking services for depression/anxiety also showed no clinical psychologist in the post-code area; the 10 or 15 (respectively) clinical psychologists were the same as providing adult services, largely in inner Brisbane suburbs.

The majority of clients in the first year of my practice were bulk-billed as they were Health Care Card holders, commensurate with regional demographics. As generalist psychologists, we receive \$81.60 for a 50-60min session.

I can no longer afford to maintain a private practice at this rate of remuneration. I employ a practice manager (30 hrs per week) and two part-time receptionists (an older lady and a university student; together another 25 hrs per week). I rent a property and utilise local businesses for services including office supplies, computer, communications, and security services.

If I were to receive a rebate of \$110 per session, I would not be now turning away people who cannot pay my recently set fee of \$110 per session for clients on a Health Care Card (HCC). I provide on the spot Easy-Claim services - but many don't have that much money in the bank to pay up front. I still bulk-bill a proportion of clients - but simply cannot do that for every HCC referral.

I note many clinical psychologists consider their skills superior to that of a mere generalist such as myself. For the record, I have Honours (First Class) in Psychology, and a subsequent Doctorate in human memory performance; these degrees took 8 years of full-time study to complete; after lecturing in Universities (Queensland and NSW), I subsequently completed a graduate entry Bachelor of Education (Secondary) and gained teacher registration - a further 18months full-time study and two years of teaching; then, to finalise registration as a psychologist, I worked in the Women's Correctional Centre and back in the education system as a Guidance Officer - a further two years of supervised practice. Prior to studying psychology, I was a radiographer for 20 years – in the public and private system; I have post-graduate degrees in that profession. I know I can provide a service equivalent to any clinical psychologist - if they want to practice in the region I service.

SUBMISSION: I urge the committee to:

- Consider those who live outside of larger Australian cities; in these economically challenged regional areas, services are largely met by generalist psychologists. Further, I propose generalist psychologists providing services in regional areas (that clinical psychologists are unable or unwilling to provide) should be remunerated at the Medicare rebate of \$110.
- Rescind the exclusive payments made for one section of a diverse profession (ie, clinical psychology); to endorse the notion that the expertise of professional psychologists who have gained specialist skills and abilities are below that of a of clinical psychologists is, at least, elitist.

I thank you for your consideration.

Dr Charmaine Daly