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RELATIONSHIP AND PERSONAL COUNSELLOR AND THERAPIST



Clinical Psychology Recognition and maintenance of 12-18 Medicare rebated sessions

In the field of psychology, there is enormous potential to actually harm patients. This potential danger is always present, no matter how well qualified or well trained the individual psychologist. There is, however, no doubt that the potential to do harm is reduced by enhanced selection, qualification and training processes. Better trained psychologists do less damage and more healing.

Clinical Psychologists, in addition to Psychiatrists, are primary workers in the mental health field. Psychiatrists are trained primarily to treat mental disorders from a medical perspective with pharmaceutical intervention their specialty. Clinical Psychologists are trained in numerous "talk therapy" interventions which provide patients with skills and strategies to maintain their mental health. PSYCHOLOGY SERVICES ARE THEREFORE CORE IN THE PREVENTION AND MAINTENANCE OF MENTAL HEALTH.

I strongly believe that the two-tiered Medicare rebate system for psychological services differentiating between Clinical and Generalist Psychologists should be retained for the following reasons:

1. The selection process for Clinical Psychology programs demand very high academic standards as well as a rigorous interview process. This applies to both the Master's and Doctorate programs. The training is broader, deeper and is embedded in a scientific evidence based paradigm. Universities have recently extended the time required to complete training to match the higher standards in most other countries (minimum 8 years). In contrast, Generalist psychologists only complete 4 years of academic study, and are required to complete two additional years of supervised experience. The selection process is far less rigorous and often dependent on mere affordability. Having supervised many of these students, I can attest to a poorer qualitative difference in the knowledge and skill of many of these candidates.
2. Only Clinical Psychologists receive thorough training in clinical diagnoses and pharmacology. This allows them to work more effectively with General Practitioners and Psychiatrists within a comprehensive framework to ensure best outcomes. Patients with long standing severe conditions require the services offered by Clinical Psychologists who are more specialized to treat the severe end of the spectrum. Cost of treatment for longer periods, which helps these patients to stay out of hospital or prevents suicide, will become a serious issue if rebates are decreased. From November the number of sessions available to patients will drop from 18 to 10 which will add to the financial stress for all patients, but particularly for this category of patients.
3. I bulk bill several patients who receive benefits or who cannot afford treatment at all. Lowering the rebate makes it far more difficult to offer bulk billing and still cover my costs. It would be totally unfair to discriminate in these cases. Furthermore, it will add to the government's financial burden of supporting these patients for longer periods if their mental health status prevents them from functioning independently.

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4. The specialization of Clinical Psychology has relatively recently been recognized in Australia. Not recognizing the specialization of Clinical Psychology effectively works against current attempts to raise the standard and recognition of the profession which has long lagged behind that afforded it in most developed countries. Not rewarding high achievement and best practice will result in the demotivation of future candidates with a far less desirable outcome for the public.

The changes proposed would overall undo substantial progress made in the recognition of the struggle and cost of maintaining society's mental health.

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