

To the Honourable Member

The issue as to whether there should be a two tiered system for Medicare rebates for psychologists has been confused by the initial error in the application of the system. Generalist Psychologists (4 year trained) were only ever meant to apply specific programs for non-diagnosed mental health issues. For example, delivery of anger management, assisting with sleep disorders and stress reduction. In most countries these interventions are delivered under the supervision of a Clinical Psychologist (6 year trained or "Masters" level and higher), however in Australia our 4 year trained psychologists have the skills to provide these services independently.

The higher rebate for Clinical Psychologists (6 year trained or "Masters" level and higher) recognises that these psychologists have been trained in the diagnosis of specific mental health disorders and the development and delivery of individually tailored treatment programs for such patients. Because of the complexity of mental health problems, 6 year trained psychologists also undertake 2 years supervision by an experienced clinical psychologist in a corollary of psychiatry in order to be able to apply their tertiary training in an applied (community) environment. In the end this equates to 8 years training in order to specifically deal with the individual nature of mental illness. Often this means additional preparation and research outside of the face to face contact with the patient (what has been referred to as the "scientist-practitioner" approach).

The higher rebate for Clinical Psychologists is both justified and necessary in order to allow clinical psychologists to continue to allocate the time and resources to proper patient care. It is also necessary to maintain the motivation for the best of the psychology undergraduates at Universities to aspire for selection into the Clinical training programs. There is a real danger that disincentives for the higher qualification will result in reduced levels of patient care. However, it is equally important to maintain a Generalist rebate because of the vast number of specific needs that exist and which often deteriorate into mental health problems if not addressed.

With respect to the reduction in maximum treatment sessions, with respect, this change makes no sense from a treatment perspective. While it may have some verisimilitude for specific programs delivered by Generalist psychologists, the complexity of disorders that Clinical Psychologists should and do treat necessitates the availability of up to 18 sessions. For example, the international literature on Post Traumatic Stress Disorder clearly recommends between 12 and 24 sessions for most patients. It is ridiculous to expect that a chronic or serious mental illness can be effectively treated with what amounts to (under the new 6 + 4 regime), 1 session a month.

Finally, I wish to point out that psychologists promote treatment that is often instead of medications, and otherwise works toward the reduction in medication dependence. There should be a financial incentive to the Australian Government to facilitate the access and use of psychological therapy so as to reduce the PBS costs of unending psychotropic medication use or enhance the efficacy of psychotropic medication use.

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