

Senate Community Affairs Reference Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

I am a Clinical Psychologist with 30 years experience working in Australia and the NMHS in the UK. I welcome the Committee's inquiry into the Funding and Administration of Mental Health Services and would like to address briefly two TOR of the Inquiry, specifically, the proposed reduction of Medicare sessions for patients from 18 to 10 sessions and the two tier system for payments for psychologists. In my opinion:

1. The number of psychological consultations allocated to patients under Medicare (currently 12 + 6) should not be reduced under any circumstances.

Research and my clinical experience indicates that patients who suffer with moderate to severe mental health disorders need longer term therapy than 6+4 sessions per year to heal or function effectively. By reducing numbers of available consultations, the neediest patients will be treated less effectively and the taxpayer will have to pay more as these patients move inevitably, with greater needs, into the public health system.

2. The Medicare two tier rebate system should be retained because it uses attained educational qualifications as a valid industrial benchmark to determine appropriate role expectation and competence and commensurate financial remuneration.

Firstly, regarding role expectations and competence, the two tier system reflects the difference between those psychologists who can be expected to treat effectively more complex mental health problems because they have obtained higher education qualifications to do so, from those psychologists who have not received those qualifications and for whom there are therefore lesser expectations and relative degree of competence. Six year trained Clinical Psychologists have received specialized post-graduate University level education, training and supervision in assessment, diagnosis and therapies for people with more severe mental disorders. As a result, they can be expected to routinely deliver an effective service in more complex cases. By contrast, while no doubt there are some 4 year trained psychologists who have developed clinical expertise in particular areas by virtue of their own self-directed further training and experience, in the absence of higher educational qualifications, they would not be reliably expected to have the competence of a 6 year trained Clinical Psychologist.

Secondly, regarding financial remuneration, if the committee recommends overturning educational qualifications as a valid industrial benchmark for the determination of financial remuneration, (ie in effect by leveling down Masters and doctoral graduates to that of Bachelor level graduates and paying them the same), this may have wide-ranging repercussions to other professions. Might we then similarly expect to see other medical specialists who have undertaken higher studies and supervision (eg psychiatry) have their higher level of education and training disregarded and payments pegged back to that of general practitioners?

Finally, the two tier system as it stands currently fosters the pursuit of excellence in the higher education of psychologists because it provides a financial incentive and remuneration for those psychologists undertaking additional 2-3 years post-graduate training for the necessary qualifications. My concern is therefore that if the higher payment is withdrawn it may lead in the future to a lower level of skill and expertise amongst Australian psychologists because 4 year trained psychologists may decide higher education is simply not worth the cost and effort.

Thankyou for your consideration.

Yours sincerely,

Steve Runciman
Clinical Psychologist