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Submission to the Select Committee into Mental Health and Suicide Prevention

Background: We are a small clinic of psychologists based in Queanbeyan NSW. We specialise in diagnostic tests and a range of therapeutic interventions for the Canberra/Queanbeyan/Bungendore region. We have been in operation since 2005. Our website is at <https://helpcentre.com.au>

We welcome your enquiry: Our submission focusses on the mental health crisis and our declining ability to respond to the range of issues facing our potential clients. Specifically we are experienced in elaborating on the issues facing mental health workforce and their inappropriate funding arrangements.

Economic Pressures: For the past 10 years (90% of our clients have been bulk-billed. We have found it is not possible to run a business solely on income solely from that source. In response, as psychologists, we have been forced to decline new clients referred under mental health care plan arrangements since the beginning of this year.

The Medicare rebate failed to keep up with the cost of delivering a quality service with all the documentary requirements entailed for the current \$84.80 per session. Allowing for follow-up documentation, securely storage, rent and utilities, the true costs are well over \$150 in line with State and territory-based victim support programs.

We believe a figure close to \$150 may encourage more in our field to respond to the growing demand as well as maintain the clinics that still offer this service to do so.

For now, residents trying to access an experienced qualified Psychologist on a one-to-one basis usually face a waiting list of at least three months in some cases. In response, this year we charge a base rate of \$220/session paid up front and the client is assisted to reclaim the rebate for themselves.

Unless they have separate insurance, such as NDIS, they will be out of pocket by some \$134.20. Psychologists that bulk bill are becoming tougher to find. As a result, many on welfare benefits or unemployed, retired will miss out as they don't have the discretionary income. It will be worse in the regions as telehealth is being phased out by the end of this month.

Discrimination and Unwarranted Restrictions: A second reason for the decline is the unjustified discrimination in remuneration between clinical psychologists and other registered psychologists. It has led to irrational discrimination of psychologists without clinical endorsement in areas including but not limited to employment opportunities, scope of practice and funding.

When you seek help from a psychologist, whether it be from a Clinical Psychologist or a Registered Psychologist, you should expect the same level and quality of care, ethical behaviour and standards of practice. All psychologists, whether Clinical or Registered must be registered with the AHPRA and meet high standards in education, training, supervised practice and ongoing learning and development (yes, we have to keep this up for as long as we wish to practice in psychology).

More than 60% of Australia's psychologists are registered psychologists and they usually provide much the same, if not exactly the same (if in private practice) types of work that a clinical psychologist does.

If you were to ask whether you should see a Clinical or Registered Psychologist, it depends on the psychologist, their experience, inclination and their availability. The distinction between the two is quite superficial and is unhelpful in practice.

For example, NDIS requires that certain tests can only be accepted from a clinical psychologist, when the actual standardised test can be performed by psychologist trained to perform it. Its interpretation is a matter for the psychologist performing the test.

All it does is reduce the capacity for meeting the demand for the test and charging more merely because it can only be accepted by a clinical psychologist.

I recommend:

- One-tier Medicare rebate for the clients of all registered psychologists in Australia and the Medicare rebate increased immediately \$150 per session to promote greater access, to facilitate more bulk billing, and to enable appropriate treatment rather than an inadequate and often belated psychological health care response
- Cease discrimination of psychologists without clinical endorsement in areas including but not limited to employment opportunities, scope of practice and funding
- Include Medicare rebated assessments funded at a sufficient level
- Prioritise key prevention and early intervention settings such as schools and workplaces
- Permanent universal telehealth
- Implement the Productivity Commission's recommendation for up to 40 MBS rebated sessions per annum
- Simplify the process of accessing a psychologist. This includes simplifying referrals, reviews, letters back to referrers, and upgrading the MBS to reduce the burden on psychologists. Psychologists should also not be held financially accountable for referral errors by medical practitioners. A classic example concerns referrals that fail to quantify the number of sessions mandated - it is usually a just four or six. But its absence can result in

Medicare penalising the GP and the referred psychologist of the fee involved, in the event of an audit.

- Broaden MBS rebatable sessions to psychologists to incorporate vital prevention and early intervention strategies in addition to responding to mental illness as well as couples counselling and family therapy
- Re-instate self-referral processes integral for client's sense of autonomy, important for psychological recovery, to increase access to psychological services. Here, the psychologist is once again, as had been in earlier times, relied upon to liaise and communicate with the client's treating medical practitioner/s as appropriate and as per the privacy and informed consent legislations
- Fund a dedicated preventative/early intervention psychology workforce
- Establish a 'Provisional Psychologist' Medicare rebate to boost the psychology workforce, increase access to mental health and provide reliable income for both employers and early career psychologists
- Include incentives for rural and remote psychologists- similar to GP's
- Expand the evidence-based approaches able to be used by psychologists to allow the clinician to use any technique that has adequate Level I, Level II or in some specific conditions Level III evidence. Psychologists are trained in evaluating the evidence base for the use of therapeutic techniques and need to have the freedom to choose the best approach for each client independently rather than have restrictions on their treatment
- Review the increasing trend toward mental health "hubs". While attractive to Government, these hubs require a lot of funding to establish and maintain. They often incur high staff turnover due to low financial remuneration for providers due to their reliance on bulk billed Medicare rebates for practitioners and often do not facilitate access to mental health services to those with disabilities, transport issues, or reside a distance away from the facility.

Adequately funding the Medicare system to allow clients to choose a mental health clinician in their local area is the most cost effective and easily implemented strategy

I am happy to elaborate and respond further as appropriate to any issues the Select Committee wishes to pursue.

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