

4th August 2011

Submission to the Senate Community Affairs Reference Committee enquiry into Commonwealth Funding and Administration of Mental Health Services

Terms of Reference:

Mental Health Workforce Issues:

The two tiered Medicare rebate system for psychologists

Presently I am working as a bulk bill private practitioner psychologist. For some years I combined this with supervision of psychologists employed by a large Employment Assistance Provider (EAP). However most of my working life was in academia where after an earlier involvement in undergraduate teaching I was concerned with training aspiring specialist Clinical and Counselling psychologists.

From this background I would like to make a few comments to the Reference Committee concerning the appropriateness of the present two-tiered system and related matters,

Most university Schools of Psychology teach three sequential years of psychology within the structures of broader degrees. A relatively small number of psychology students during their second and third years complete more psychology units, some of which focus on how to evaluate and conduct research. A proportion of these students, the more talented ones in terms of their prior performances are accepted into a fourth Honours year. Virtually all specialist training in psychology both professional and more academic pivots on successful completion of this honours degree.

Postgraduate programmes training various professional specialist psychologists are quite purposely structured to teach different defining skills and to provide carefully correlated early supervised experiences. If it were otherwise it would be logically ridiculous.

So leaving aside the details, which I am certain others will provide to the committee, clinical psychologists are trained to be able to assist individuals afflicted with chronic and severe mental illnesses. That is the psychologically disturbed being treated in hospitals and attempting to live in the community. They are of course also trained to work with individuals who are less psychologically disturbed. In their university training they undertake supervised practice that tests their practical skills across a number of lengthy placements. These placements occur over the two-year duration of their postgraduate studies. Beyond this they are required to undertake a further two years of work under supervision before they are allowed to practice independently. Counselling psychology students are trained to assist a quite different population in a more limited context (e.g. Educational-vocational settings). Their supervised placements reflect this.

Many psychology students complete their academic studies at the end of a fourth year. Some with honours research degrees do not proceed to further postgraduate studies. There are others who complete extra psychology units from those offered by universities at the second and third year undergraduate levels. Many of these students following some supervised practice but absolutely no further specialist university training ultimately fill the ranks of generalist psychologists. The point is clinical psychologists start their careers with different specialist training from their other specialist colleagues. Generalist psychologists start their careers without specialist training and this is I believe reflected in a reduced level of competence with respect to those with specialist training.

My observation while working in EAP and private practice with only a few exceptions has supported this fact and that the early difference in competence mentioned above persists.

It is an unfortunate fact that the substantial proportion of individuals with severe mental illnesses do not have the financial resources to meet a Medicare gap for private treatment. The Medicare bulk bill payment to clinical psychologists, who are specifically trained to assist this population, makes it possible for them to provide appropriate rather than less adequate mental health services to these people.

Changes to the Better Access Initiative:

The impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare benefits schedule

I believe that a reduction of rebated sessions to 10 sessions will impact negatively on the treatment of individuals with chronic mental illnesses currently being maintained in the community rather than in expensive institutions. A reduction in the Medicare rebate as well will, because of the reduced number of specialist who will be able to afford to see them, will further negatively affect these people and I believe will be contrary to the proposed intention of Medicare.

Dr James Jupp
Clinical Psychologist