

To Whom It May Concern

In response to the Senate Enquiry on:

- Reducing the Number of Sessions under Better Access
- The Two-tiered System

Number of Sessions Under Better Access

I have been treating people via the Mental Health Care Plans (Better Access) since it began and have found the following:

- Prior to Better Access, the only people who could afford to come and see me were those who were in private health funds or who could afford to see a psychologist;
- Since Better Access, I have been treating mostly people with Healthcare Cards e.g. Disability Pensions, Unemployment Benefits, Carers Benefits etc – These are the people who could not previously afford to seek help privately and who NEED the help as they have severe to extremely severe illness and in many cases a compounding effect of several mental health and physical health problems.
- I provide a low gap fee for people with Healthcare Cards to make the services even more accessible to them.
- Better Access has also allowed people who are employed but who could not generally afford to see a psychologist, the opportunity to seek out help.

Presenting Issues:

Those clients accessing help via Medicare have usually got:

- Severe to extremely severe psychological issues – chronic depression, post-traumatic stress disorder with chronic pain and injuries, severe anxiety, borderline personality disorder, eating disorders, sleeping disorders, abuse of all types, addictions, adjustment disorders
- A minimum of 2 presenting issues – the more issues, the more complex and difficult to treat
- Historical duration of more than 10 years – this is not something that can easily be treated and improved within 6-10 sessions
- Usually have little or no support systems
- Poor social connections and support
- Poor social, emotional and communication skills

This client group does not have the skills and capacity to progress quickly and smoothly in treatment. There are usually many setbacks and daily/weekly issues that need to be addressed, leaving it difficult to treat the underlying cause of the issues appropriately (as you are helping them to put out fires in their lives constantly).

Many of my clients begin to see some hope at the end of 6 sessions and many of them need and qualify for the current 'special/exception' circumstances of receiving 18 sessions. However, for some of them, they are so ill that this is still not even enough. On numerous occasions I have tried to get Community Mental Health involved and they have been of no assistance with my most 'ill' clients in both assessing and providing them with care, services and medication. This is very disappointing as

they are clients' whose histories are dating back 20+ years and have at least 3 extremely severe illnesses, making them extremely difficult to manage and treat.

For the clients that don't have such a complex history, I find that within 6 sessions they are building up their resilience, hope, confidence and skills and need a further 6 over the next 6 months minimum to continue progress. Even for these clients, 10 visits over 12 months would leave them still needing assistance.

Reducing the Better Access program to a maximum of 10 sessions will see many of the people who desperately need and who use the system, just starting on their progress towards an improved self, health and future when the support runs out. They will again have limited support and probably not be able to maintain the progress they have made. They will have to wait another 12 months before they can obtain psychological services and a lot can happen in 12 months.

Two-tiered System

By having to go through this process, it is apparent that Medicare's own survey and results are not being regarded highly. Are the people who are ignoring the results doing so because:

- a) There was a flaw in the way the survey was carried out and the results are not reliable, OR
- b) They have an existing agenda and are dismissing the results because it doesn't fit with and support their pre-existing agenda which is flawed?

I was under the assumption that a Government department such as Medicare and Organisations such as the PBA and APS are supposed to be unbiased and are to protect the interests of the people they act for and to protect the interests of the consumer. Well this is what we are not seeing. We are seeing a minority in the association place themselves in a superiority position and not taking into consideration anything outside of their own agendas. The considerations that are not being addressed:

- All psychologists need to obtain CPD to retain their registration and regardless of being a Generalist, Clinical, Counselling etc Psychologist, the seminars, workshops are the same and there are not separate, specialised workshops just for 'Clinical Psychologists' as their knowledge is greater in an area. WE ARE ALL EQUAL!
- All psychologists who provide services through Better Access need to provide reporting, testing, liaising and referrals on, if needed. WE ARE ALL EQUAL!
- According the APS recommended fees all psychologists' fees are the same, not one recommended fee for Generalists, Clinical, Counselling etc. WE ARE ALL EQUAL!
- The cost of running a practice and business is the same despite what area of psychology you practice in. WE ARE ALL EQUAL!

We all specialise in certain things and cannot be a jack of all trades. My knowledge in certain specialised areas, as a Generalist, far outweighs that of a Clinical Psychologist because it is the area that I specialise in (and these are complex and very difficult areas of health and mental health). I receive referrals for clients whom I am believed to be able to help due to my specialised knowledge over others. However, I am not paid extra in this area. It is what sets me apart from others. I am now UNENDORSED yet my money has been taken and a Clinical Psychologist who is endorsed pays the

same fees as I do. How is that fair and equitable? This was driven by the agenda of a select few to the detriment of the majority.

Clients of Generalist Psychologist are DISADVANTAGED! They are given lower rebates and yet these are the people who can least afford services. How is this fair and equitable? Many of my clients have seen several Clinical Psychologists before they see me and did not feel as though they helped them and have only seen them once or twice. I am a Generalist Psychologist and they stay with me as long as they can, given the number of sessions still available under Better Access.

Who is Disadvantaged under the 2-tiered System?

- The client – lower rebates with greater out-of-pocket expenses
- The psychologist who bulk bills
- The client and the psychologist IF generalists are given a maximum of 10 sessions and clinical psychologists are given 12+.

Both the reduction in sessions and the 2-tiered system is driven by the personal agenda of people in the psychological industry who are serving their own interests and not the interests of psychology as an industry and psychologists as a whole, and the consumer. Are we going to allow a select few to set the agenda of an industry and system rather than looking at the research from Medicare's own survey and creating a fair, equitable and client-centred system for all (particularly the majority of psychologists that are constantly being told they are inferior and clearly for their clients, they are superior).

Psychologist