

Submission to the Senate Committee on Mental Health Funding, 2011

Personal Submission

Regarding: Term of Reference (e)(i) the two-tiered Medicare rebate system for psychologists

My name is _____ and I am in private practice in Armidale, NSW, as a psychologist. I have a Bachelor of Psychology (Honours) and a Master of Psychology (Clinical). I have just completed 40 hours of clinical supervision and 40 hours of clinical professional development and I am currently in the process of applying for APS Clinical College membership which will also qualify me as a “clinical psychologist” in terms of current Medicare requirements. To have achieved this level of education and experience has cost me many years, and much money and is something that I am duly proud of in terms of the commitment it has taken and also the level of skill that I feel that I have developed.

When I completed my Masters degree, I was eligible under the PELS program so I was able to borrow the \$12000 per year I needed for the two year degree (in addition to the HECS debt I had already accrued). I have repaid some of my HECS/PELS but still have a remaining debt of over \$20,000. Furthermore my 40 hours of supervision have cost me \$143 per hour (total \$5720), and the professional development I have undertaken has cost over \$3500 (more, as I live in a rural area and travel is expensive). In addition to the \$33,220 expense of my **specific** training to clinical qualifications (in comparison to many registered psychologists, who are able to train while working so expenses may be minor or minimal), there is the time it has taken. I completed my Masters program over three years, and there has also been the extra year of supervision / professional development I have undertaken to increase my skills and knowledge.

I consider this training completely worthwhile because of the skills I am able to bring to my work. During my Masters I undertook extensive coursework focusing on disorders, therapy, and assessment, as well as four practical placements. Without this clinical-focussed education I would feel ill-equipped to deal with many of the clients referred to me, particularly those with more complex problems or with multiple diagnoses. In the course of my work, I have been able to apply this education, as well as the additional practical support gained throughout my clinical supervision, to many clients including people suffering from post traumatic stress disorder, depression, bi-polar disorder, social phobia, panic disorder, generalised anxiety disorder and personality disorders (and combinations of the above). The application of evidence-based practice with skilled assessment and appropriate treatment has meant that many people who were suffering serious problems have improved markedly in health, many such that they no

longer require treatment and will not present as a burden on government and taxpayer money into the foreseeable future.

Given the above in terms of time and money spent in order to provide an absolutely professional level of evidence-based care to those who need it most, I would like to recommend that the current two tier system of payment for registered and clinical psychologists is fair and appropriate, and should be maintained for two reasons: 1. In order to encourage registered psychologists to gain the qualifications and experience to treat people at an optimum level based on the best current evidence-based practice; and 2. To somewhat recompense clinical psychologists for the hard work and commitment it has taken for them to reach that status.