Committee Secretary Senate Standing Committees on Community Affairs
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Parliament House
Canberra
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To the Senate committee investigating Medicare rebates for psychological services,

I am a clinical psychologist working in two private practices, both in lower socio-economic areas. I bulk bill my clients as they would be unable to afford to attend psychological therapy without the Better Access to Mental Health rebates.

Perhaps there is some confusion about exactly what a clinical psychologist is. Clinical psychologists, as well as psychiatrists, are the only professionals who have received training exclusively focused on the identification and evidence-based treatment of mental health disorders with moderate to extremely severe symptoms.

Those who are "Clinical Psychologists" must meet certain criteria in order to maintain their clinical status. This currently includes obtaining 90 "PD points" over a two-year cycle. This equates to between 45 and 90 hours of professional development per cycle in areas that have been endorsed by the Australian Psychological Society (APS) as being relevant to clinical psychology. Therefore clinical psychologists are required to attend evidence-based seminars and workshops (with a focus on *clinical* psychology), engage in group discussions with other clinical psychologists, have one-on-one supervision with clinical psychologists and engage in a learning plan.

To become a clinical psychologist, a psychologist must have also obtained a Masters degree in Clinical Psychology (at least 6 years of tertiary training), a Doctorate (seven years) or a Doctor of Philosophy (at least eight years), accompanied by a further two years supervision by a clinical psychologist in a clinical work environment. To obtain clinical status, the psychologist also has to prove to the APS that they have worked (full-time) in a clinical setting and have engaged in post-graduate training (seminars, workshops etc) in a clinical area. Some clinical psychologists have studied and practiced more than 10 years before this status is obtained. Overall, it is a very rigorous and specialised area of training.

This contrasts to general psychologists who require a four-year degree followed by two years of supervision by a psychologist, not necessarily in a clinical setting. A large part of why general psychologists were given a deadline to be assessed for eligibility as a clinical psychologist was because it was recognised that the standards of these two years of supervision varied greatly. Further, those general psychologists who practice privately are only required to do ten hours of professional development a year in order to receive their Medicare rebate, and these ten hours do not have to be in a clinical area.

The differences between clinical and general psychologists are not greatly understood by the general public. However, it is recognised by employers and it is becoming standard practice now for the government (the largest employment

body of psychologists in Australia) and private employers to only recruit those with a Clinical Masters or Doctorate degree. This is because of the need for psychologists with highly specialised skills in a clinical area (as opposed to forensic, sports, education, general etc).

The two-tiered system ensures that service users can identify and be assured that they are consulting psychologists recognised for their tertiary training and professional development in a *clinical* area, rather than a general or other area (such as forensic, sports, organisational, no specialisation…). Further, it more adequately compensates clinical psychologists for their ongoing commitment to further education and specialisation in an important and highly demanding field. It is unfair to suggest that those who have achieved a higher level of training should not be recognised with this higher level of rebate.

As the Senate is aware, given the recent increase in budget spending into mental health programs, mental health is a significant problem in Australia. The burden upon society due to depression, anxiety and trauma (including from child physical, sexual and emotional abuse) and so on is considerable, as it also influences crime, physical health, productivity and mortality rates. Australians deserve access to a high standard of therapy; a standard of therapy that is maintained by a two-tiered system that encourages practitioners to focus their skills and dedicate their practice to evidence-based therapies. Further, as specialists in clinical psychology, we should not be expected to provide specialised services at sub-standard rates.

I am therefore respectfully requesting that the Senate committee consider allowing the two-tiered rebate system to remain unaltered.

I would also like to express concerns about the reduction of accessible sessions per year from 18 to 10 under the Better Access to Mental Health Scheme. If anything, the amount of accessible sessions should increase to be more on par with psychiatry! Many mental health difficulties feature complex co-morbidity (including addiction, trauma and personality disorder). The reduction discriminates against clients with more chronic, complex and/or severe conditions who require more prolonged intervention and will be detrimental to those who need the most help.

Thank you, again, for the opportunity to express my concerns.