Committee Secretary
Senate Standing Committees on Community Affairs
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To: Senate committee investigating Medicare rebates for psychology services

The introduction, by the Howard Government, of medicare rebates for psychological services was an essential and timely initiative. The introduction of the medicare rebate for psychological services enabled Australians who could not afford self-funded psychological interventions, and who were not considered to have the severity of mental illness required to receive public mental health services, to access 12 medicare-rebated psychological treatment sessions per year, with the option of a further six treatment sessions in exceptional circumstances.

I am a clinical psychologist who has been in private practice for 12 years. Since the introduction of the medicare-rebated system I have noticed an increase in patients with moderate to severe levels of symptomology accessing my services. Most of these patients are on average incomes or are in a family with only one income. Approximately 30 - 40% of those patients have chronic, complex and/or co-morbid presentations that require regular and sustained intervention to make a substantial difference (at least in the first year of treatment). The majority of these patients could not have accessed self-funded psychological services and are likely to not receive the most effective intervention if the number of medicare-rebated sessions is reduced from a possible 18 to a maximum of 10 annually. In my view the reduction is likely to result in higher mental health costs in the longer term because the lack of access to an appropriate level of psychological intervention for those people who have significant mental health issues and are often at risk of deterioration results in a widening circle of distress. That is, a reduction in services to such people can precipitate mental health problems in their family members (eg depression, anxiety, marital problems) and work colleagues (stress, burn-out). Clinical psychologists complete extensive and rigorous training in assessment, formulation, diagnosis, data analysis, intervention and evaluation. Clinical psychologists play a key role in providing the level of intervention and support that such patients require. It is not in the interests of the Austalian public to have the number of medicare-rebated psychological treatments reduced to 10 per year.

It seems that another recent proposal is to reduce rebates for clinical psychologists. This proposal is also misguided maybe because the difference between clinical psychology and general psychology is not well understood. The effect of a reduction in the rebate for clinical psychologists services would be to create one flat rebate for all psychologists regardless of quality and depth of training. The following differences should be closely considered by the committee: A general psychologist completes four years of tertiary study plus two years of work supervision. These two years of work experience may have been narrow or varied and supervision standards vary. In contrast, a clinical psychologist has undertaken a

minimum of six (Masters), seven (Doctorate) or eight (PhD) years of tertiary study plus a further two years of supervised practice. To suggest that the two pathways are equivalent and therefore receive the same rebate is similar to suggesting that all medically trained people receive the same rebate irrespective of level of university study and specialisation. I completed over eight years of tertiary study (Doctor of Philosophy in Clinical Psychology), plus a further two years of supervised practice, plus hundreds of hours of further professional development (eg 200 hours accredited training in Clinical Hypnosis). It is difficult to see how this amount of education and training is equivalent to the general psychology pathway. I urge the Committee to leave the rebate system as it currently stands.

Thank you for taking the time to read this submission.

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