



18 July 2011

To: The Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Re: Senate Community Affairs Reference Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

I am writing to strongly support the current two-tier Medicare rebate system for psychologists and clinical psychologists.

I am a clinical psychologist. I had the opportunity to be a 4-year trained psychologist but decided to undertake the extra training in order to become a clinical psychologist because I believed that this would make me a better clinician. I was right about that. Obtaining a Masters degree of clinical psychology made me a better clinician. By virtue of our rigorous training and ongoing assessment in the master's course, clinical psychologists have the skills to:

- Diagnose psychological and psychiatric disorders
- Apply evidence-based treatments
- Critically evaluate new treatments
- Adapt and combine various psychological theories appropriately
- Treat mild, moderate and severe psychological and psychiatric disorders
- Reduce relapse rates (thereby reducing costs in the long run)
- Achieve results with brief, focused interventions

In deciding to become a clinical psychologist I not only gave up two years worth of pay but also accumulated a substantial HECS debt. None of this I regret, however, as I know that the people referred to me receive the best possible mental health care in the fewest possible sessions with future lowest relapse rate.

It is worth noting that the organisation representing both psychologists and clinical psychologists, the Australian Psychological Society (APS), support a clear distinction between psychologist and clinical psychologists in recognition of the difference in training. The APS has been advocating for many years for a 6-year training program over a 4-year program in recognition that we work with vulnerable populations and it is imperative that we have the right theoretical and practical training to do this optimally.

The Psychologist Board of Australia (PBA) also recognizes that there is a difference in training and therefore in title between psychologists and clinical psychologists by providing an endorsement as a "clinical psychologists" to those that meet the requirements.

The argument put forward by the psychologists is that because they do the same work as clinical psychologists they should have the same recognition and receive the same Medicare rebate. This argument is deeply flawed:

- Medicare recognizes that clinicians with more specialized training receive a higher rebate within the medical profession. For example, you get a higher rebate for a consultation with a cardiologist than you do with a GP. A GP may be able to do a basic cardio check-up but for anything more complex, they refer to the specialist – the cardiologist. Similarly with psychologists and clinical psychologists: psychologists are able to do basic, supportive counseling but for complex and severe mental health diagnostic and treatment issues clinical psychologists are – because of our longer training - the specialists.
- In private practice I often get referred clients who have seen a psychologists for many sessions without improvement because they have not received the right evidence-based treatment. All clinical psychologists have because of our rigorous training a strong background in evidence-based treatments.

- I often describe the physiological processes involved in psychotropic medication to clients if they have not had these properly explained by their doctor. This does *not* make me a psychiatrist and I do not claim to be the same as a psychiatrist just because I do some of the things that they do. Similarly, psychologists may do some of the things that clinical psychologists do but it does not make them the same as clinical psychologists. To claim that the extra training clinical psychologists have mean nothing is ridiculous.

In summary, I believe that giving the same Medicare rebate to both psychologists and clinical psychologists will have a detrimental effect on the standard of mental health care in this country because it will send the false message to the public to GPs that people suffering mental health problems will receive the same level of service from both psychologists and clinical psychologists. This message directly undermines the standard set by the educational system, the Australian Psychological Society and the Psychologist Board of Australia.

Yours sincerely,

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