

## **This is a further addition to my original submission concerning the need for a single tier Medicare Rebate scheme for both counselling and clinical psychologists.**

In my original submission which is attached below I spoke about the connection I saw between the need to provide comprehensive psychological assistance to those most in need in our community by using the abundant resource of psychologists who are currently practicing in our community. I mentioned very briefly, "There is no evidence to suggest that clinical psychologists produce better counselling outcomes than general psychologists." I feel there is a need to expand and clarify this point.

It has been suggested that the longer training period for Clinical Psychologists makes for more well trained psychologists. All endorsed psychologists have extended post graduate training as Clinical Psychologists do. Counselling psychologists undergo 6 years of University followed by a further 2 years of supervision which adds up to at least 8 years of training. Counselling Psychologists have a critical role in the provision of mental health services to children, adolescents and adults with serious mental illness. Counselling Psychologists have significant post-graduate training and experience. They receive specialist training in the assessment, diagnosis, intervention and treatment of all mental health disorders, learning disabilities and developmental disorders and disabilities. This training, knowledge and expertise are equal to any other specialist field of Psychology including Clinical Psychologists.

The two-tiered Medicare rebate system for psychologists is discriminatory in nature as it applies discrepant financial remuneration (Medicare Rebates) to psychologists with the same level of training and qualifications. The two tiered system devalues the professionalism and qualifications of Counselling Psychologists by promoting the values of one area of speciality in psychology (Clinical). In doing so it communicates the devaluing of other areas of speciality.

This two-tiered Medicare rebate system also has the potential to impact on the employment of Counselling Psychologists as the discrepant rebate makes it significantly more attractive to utilise the services of a Clinical Psychologist. This is a decision which would be based primarily on money rather than qualifications, expertise or knowledge.

Whilst studies have been made into the effectiveness of the various forms of psychology there has been no evidence produced by these studies to support the assertion that Clinical Psychologists are more effective than Counselling Psychologists (Giese, J., Lindner, H., Forsyth, C., & Lovelock, H. 2008). It is unwise therefore to retain a two tiered system of Medicare rebate that by its very existence suggests that the evidence does exist to support this false claim. A single tiered system will be far more effective and fairer because it realistically reflects the true situation concerning Counselling and Clinical Psychologists.

### **Reference**

Giese, J., Lindner, H., Forsyth, C., & Lovelock, H. (2008). Survey of clients receiving Medicare-funded psychological services under the Better Access initiative. *InPsych*, 30(5), 32-33.

## **I submit there should be no difference in subsidy between the clinical and general psychologists Medicare Rebates.**

My back ground is:-

- I am a member of Victoria Police.
- I have been so for over 36 years.
- I have had over 12 years working in a sexual offences and child abuse unit
- I currently work as a youth resource officer.
- I have witnessed the disaster of badly implemented and handled deinstitutionalisation.

Whilst I do not want to see people in institutions I do not want to see them cut adrift within our community without proper supports. **Poor mental health from my own personal observations is the most pressing problem faced by our community.** It impacts directly on those poor people who suffer from it (**especially those poor souls adversely affected by deinstitutionalisation**) and it impacts upon the rest of us indirectly because of their actions as a result of their inability to access appropriate psychological assistance.

Some people can afford to pay large amounts of money to access the psychological services they need but others including the many people who once would have been assisted by institutions need subsidised mental health in order to obtain the assistance they so desperately require.

The assistance is there in the form of the many psychologists now trained within our community but we do not need the imposition of an artificial limitation between clinical psychologists and general psychologists that are now in place because of the difference in the Medicare rebate between the two different categories.

This artificial limitation unnecessarily restricts the access of people who need psychological assistance for the following reasons:-

- There is no evidence to suggest that clinical psychologists produce better counselling outcomes than general psychologists.
- There is a need for the greater number of general psychologists to service the pressing needs of increased numbers requiring assistance.
- There is also the pressing need for a variety of providers. One sort of provider does not suit all. People need choice.

For these reasons it is my recommendation that **all psychologists whether they be clinical or generalist should receive the same level of rebate in order to allow for the greatest access of the population to the psychological help they so urgently require.**