

Submission to Senate Enquiry on 'COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES.'
THE TWO TIERED MEDICARE REBATE SYSTEM FOR PSYCHOLOGISTS.

Dear Senate Standing Committee,

I am a specialist psychologist nationally endorsed to work as a clinical psychologist. I have been working in the field for 35 years and have worked in WA, NSW and Victoria.

Currently I work in my own practice which is located within a building with Psychiatrists and other Psychologists. There is cross referral within the disciplines of psychiatry and psychology and I often share management of clients with the treating psychiatrist. I have accreditation at two Healthscope psychiatric hospitals; The Victoria Clinic and The Melbourne Clinic. I also attend meetings organized by MHPN

I attend training workshops regularly as this is a necessary part of keeping skills current and appropriate. I have also attended workshops overseas such as training in Eriksonian Hypnosis in Phoenix, America in 2010.

My referrals also come from local General Medical Practitioners, Lawyers and bodies such as MSF, TAC and Workcover.

The above details show a fairly typical pattern of working as a clinical psychologist in Australia. My undergraduate and graduate training began a process of learning and questioning which firmly underpins my understandings of current theory and practice. I enjoy the challenge of assisting clients to overcome pathology in their mental health. I welcome referrals from GPs which enable people to meet their challenges before problems become chronic and very hard to change. I think of myself as a practitioner with very practical skills to teach clients as they explore their roles at home and work and in community interfaces. I understand the uses of medications and am ready to refer a client to a psychiatrist for assessment if it seems that medications could assist. As a clinician I work closely with colleagues from psychology and other disciplines to maximize patient care.

In every professional discipline there are opportunities for further training and specialization. Psychology is no exception and I absolutely support the APS push to have several categories of psychology specialization named and within those categories to encourage further training. I do not accept the argument that postgraduate training has little merit.

Psychologists who have not been able to pursue postgraduate training have been offered APS training to join colleges such as the clinical college. I spent several years working on assessment and further training for psychologists who wanted to join the clinical college but had to do further training.

Since medicare rebates were granted my practice has been accessed by many people who were always interested in learning coping skills but found psychology too expensive. As a clinical psychologist I am referred clients who have complex and chronic conditions. I continue to explore

new evidence based techniques and work with my psychiatric colleagues to minimize expensive hospital stays. Of course I am arguing for self interest if I support a higher rebate for clinical psychology but I do so argue!!! Clinical Psychologists who have put in further years of study have done so to try to provide a better level of client care.

I believe all health care workers who continue to pursue knowledge will be constantly trying to improve client services. Formal education is only one way, it is true. However in our society, an academic formal education is a deservedly well recognized pathway to more complex understanding of the human condition.

I am grateful for the opportunity to put my point of view on this aspect of service provision. I also welcome the priority that the government is giving to mental health care.

Yours sincerely,

