

Submission to Senate enquiry into psychologists.

1. Cuts to the number of sessions for seeing psychologists.

As a practicing psychologist of thirty years standing I have always been an advocate of the poor and underprivileged having access to psychological services. I worked as telephone counsellor on Life Line for six and a half years.

Poverty in itself brings stress, anxiety and depression to name but a few conditions and I believe the Labor government understands this well. Prior to the Medicare rebates in 2006 I charged my patients from one third to one half of the fee that many of my colleagues charged. Now I bulk bill all my patients. I am serious about the needy gaining access to psychological services.

Like many of my patients and colleagues I was astounded when a Labor government cut the number of possible sessions to nearly half of what the Howard government had instituted. Having worked in most hospitals in Melbourne over the last ten years, I am aware of the enormous expense to the taxpayer of in-patients treatment vs. the more cost effective private treatment in the community. Psychologists do not over service as patients are very discerning. They will not keep seeing a therapist if they no longer feel the need.

While it is true that the many patients only require between 6 and 10 sessions a significant number of severe and complex cases do require more. We must be able to treat them before they become chronic. The taxpayer dollar is still wisely spent if most patients only need 6 to 10 sessions. It is very difficult to help severely traumatized patients with only 10 sessions. My concern is that statistics in future may indicate that psychological therapy is not effective if the proposed cuts to Medicare are implemented. Governments work on statistics when planning budgets and this may eventually lead to further reduction of the Medicare rebate for psychologists.

The natural disasters in Australia and overseas have been a drain on the government but it is false economy to cut back on psychology services in order to make up the shortfall in the budget. Patients who are not treated in the community now may develop more severe conditions later. Even those with private health cover will indirectly affect tax spending as private funds lift their premiums and more people leave private funds to become a further burden on the public hospital system. In addition there is the government 30% rebate which will also face extra demands as health premiums increase.

I would urge the government to reinstate the previous 18 sessions as mental health is a very serious issue with enormous social and financial cost to the community and the taxpayer.

2. The Two tier Medicare Rebate

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In my thirty years membership of The Australian Psychological Society (APS) I have not yet witnessed such a divisive issue as this. The government is telling qualified, experienced, registered psychologists that around 10% -the clinical psychologists- of their members are worth more than the rest. This then implies that the patients treated by the majority are being penalized because Medicare classes their therapists as second rate. There is, however, NO evidence that clinical psychologists are more skilled than the rest of us and we are all registered by the Psychology Board of Australia (PBA) and are members of the same association, APS. Public confidence in psychologists is eroded with two rebates.

Labor is supported by unions who fight for better working conditions and equal pay for equal work. Here we have a perfect example of a few workers (clinical psychologists) getting paid more for treating their patients than their colleagues (the majority) who are doing precisely the same therapeutic work. I suspect Martin Ferguson would have something to say about this if it occurred in any other industry!

We are all members of PBA and most members of APS. We all pay the same fees. As students we did receive a cheaper membership rate until we qualified as naturally, students do not have the skills of fully qualified psychologists. At no time have any *general* psychologists been told previously that we are not considered to have the skills to treat complex cases such as trauma, severe depression, anxiety or panic disorder, dissociative disorder, bipolar disorder, personality disorder, eating disorder, addictive disorder, chronic pain, anger to name just a few. If non clinical psychologists are less skilled we should be paying a lower fee (like students) but we are not.

I have worked in many public and private hospitals over the last ten years. I have worked alongside clinical psychologists where I have performed **precisely the same duties** as them. In private practice GPs make referrals to psychologists. They complete a K10 mental health plan but it is up to the psychologist to further refine this initial assessment and then determine in consultation with the GP, what therapeutic strategies to implement. The great majority of registered psychologists would like the government to realize that clinical psychologists are NOT better skilled at assessment and working with more complex cases. As a counselling and health psychologist I too work with the medical model as most of my referrals are on prescribed medication. Like clinical psychologists I studied and have been using Cognitive Behaviour Therapy (CBT) among dozens of other evidence based techniques for thirty years.

I work in a remote area (Hurstbridge) and many of my patients saw devastation with the 2009 Black Saturday bushfires. I have seen the results of unimaginable suffering and have had to meet the challenge of supporting and promoting the emotional growth and survival of extremely traumatized people. It is time the government also recognized that the current arbitrary delineation between two groups of qualified and registered psychologists who happen to belong to different colleges but have done very similar training should be scrapped.

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All psychologists want a return to 18 sessions for our patients. In the end the community suffers by not getting the treatment at an affordable cost. This is everyone's right. ***Please restore the 18 sessions for all patients of all psychologists.***

I will probably not be popular with my colleagues for suggesting this but has the Senate Committee considered setting ONE rebate for all psychologists? Perhaps this could be somewhere between the current two tiers. It might also be worth considering imposing a bulk billing restriction as exists for ATAPS where psychologists must not charge a gap to their patients. This would ensure that needy patients are getting the treatment they so badly need and deserve. It would also restrict access to Medicare only to those psychologists who genuinely want to help the poorer patients.

Thank you for the opportunity to put this submission and I am very happy to discuss this in person with any committee or government member.

Michael Costa