

Dear Honourable Members

As a highly experienced (over 40 years) and qualified Clinical Psychologist who has worked in both the public and private systems I am greatly concerned about the gap that will occur when we in private practice stop treating people with serious and chronic mental illness.

I have a number of clients who I bulk bill who fit this category, some I have been treating for some years. We need a high level of commitment over a number of years for these patients to regain control of their lives, with 12 sessions a year I believe I could effectively treat someone with a chronic illness, they need slow and sustained intervention, with the option of extra sessions for crisis management (often not used).

The reason they are being seen privately is that the public system has failed them, their problems are not acute enough. Yet they usually want a better quality of life, to work and **get off their disability pensions**, which is what we are aiming for and what the government wants. They want a meaningful life with meaningful occupation.

I have no problem people with serious mental health problems being managed in the public system, but please set the system up first before you withdraw services, the amount it will cost to do this is minute when compared with the health budget.

There has been a lot of concern regarding both the two tier system of rebates and the impact of the new national registration guidelines. As someone who has been able to gain a masters degree in Clinical Psychology I believe as a profession, as with other professions we need highly trained specialists. Until the Better Outcomes there was not the controversy that exists today. The rebates make it hard to work effectively and get a good income, hence the pressure for more psychologists to gain the higher rebate.

In my opinion there are two sets of problems. One can go straight to from an honours degree, to a masters degree if you have a very high level of pass, do 2 extra years at University, with no accountability about how much practical experience is gained and after two more years of supervised practice one is considered a specialist! For someone with even 10 years of practice including considerable personal development, let alone 20 or 30 years they are considered inexperienced.

There are many like one of my colleagues who has over 30 years experience, is considered an expert in his field of adolescent psychology, and has 30 years worth of very impressive training documented in his diaries, yet he was not considered for a bridging course to be eligible for the Clinical College. In most countries a bridging course has been available in these circumstances. The APS and the Psychologists Registration Board have persistently refused to seriously consider such a course.

Another very effective colleague has applied for a Masters Course on a number of occasions, but has not been accepted because the positions are very limited and are only available for those who have very high passes. I would probably not be accepted today, although I am considered a very well respected, senior and effective clinician.

The future of the profession for the next few years would seem to be in jeopardy. The new regulations for supervision are so unrealistic in my opinion that many, like myself, are not prepared to supervise new graduates for registration. There are very few work placements for Masters students, let alone those doing registration. Interns used to get jobs in psychology related fields,

now they are expected to change placements every 6 months for 2 years. The registration board is taking months to approve placements, so Interns could waste time and money in a placement which eventually the Board may not approve. It would seem that the Board is out of touch with the real world of psychology, and is perhaps weighted towards the Ivory Tower. Added to this, are the scarcity of Masters Degree placements, especially funded ones.

The decision to Medicare fund psychology has been very successful, many more people have access to treatment and the latest evaluation has supported this. However it fundamentally changed psychology, to be called a psychologist now, one has to be able to treat people with mental health issues, which seriously undervalues the breadth and diversity of our profession. It is my belief that from the beginning there should have been a specialist registration for those who had experience working in the field, and thus those working in other fields of psychology could still be valued and acknowledged. It would not have been a difficult process.

Regards

*Edwina Birch*