

Senate Committee on Mental health Funding, 2011-08-05
Personal Submission

The current letter is in reference to the proposed changes to the Medicare Better Access Initiative. Specifically, to the tender to eliminate the two-tiered rebate system in favour of lowering clinical psychologist rates. Secondly, the tender to reduce the maximum number of Medicare rebated psychological consultations per annum from 18 permissible annual sessions to ten sessions per year. Please view my response to the aforementioned proposed changes:

Clinical psychologists undertake specialist post graduate training in the assessment, diagnosis and treatment of moderate to severe mental illness. In contrast to general psychologists who undertake four years of university training, clinical psychologists are required to undertake a minimum of eight years university training. Post graduate training is comprised of a variety of subjects educating students in assessment, diagnosis and evidence-based treatment for a diverse range of mental health issues and disorders.

Post-graduate students also undertake a minimum of four clinical placements under the supervision and guidance of a multitude of highly experienced clinical psychologists. In contrast, the level of training and skills obtained by individuals undertaking a two-year supervised practice program is entirely dependent on the quality of supervision received from a single supervisor. As a result, individuals undertaking a two-year supervised practice program may not be exposed to the diversity and range of educational experiences compared to a doctoral student who has undertaken multiple placements with different supervisors.

Individuals with moderate to severe mental illness have a right to first work treatment standards that include practitioners with high quality education and supervised training. If the rebate were lowered for clinical psychologists, this would considerably decrease the numbers of psychologists seeking to undertake post-graduate training. As a result, the skill set of the entire profession would be reduced – particularly in relation to the management of clients with moderate to severe mental illness. Moreover, the proposed changes are out of line with the rest of the western world, for example, Britain, Canada, UK and USA require a minimum of 6 years university training for a psychologist to practice.

Thus, the removal of the tie-tiered rebate system has significant implications for Australian citizens with mental health difficulties as well as the broader community. Mental health disorders such as severe depression, anxiety, post-traumatic stress, schizophrenia and relationship distress cause significant burden on individuals and the community. Failure to provide specialised care and treatment of the aforementioned mental health disorders can lead to additional costs and losses in the form of work absenteeism, physical health problems, conduct disordered youth and suicide. Although all psychologists can be of some assistance to clients with moderate to severe mental illness, Clinical Psychologists bring additional training and expertise to their treatment of these individuals, and consequently should be acknowledged for this as per the current Medicare rebate arrangement.

In conclusion, the abolition of a two-tiered Medicare rebate system would represent a momentous loss for individuals with moderate to severe mental illness and the broader Australian community.

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