

Submission by Natalie McCall

Commonwealth Funding and Administration of Mental Health Services

In relation to point:

e) mental health workforce issues including:

- i) the two-tiered Medicare rebate system for psychologists
- ii) workforce qualifications and training of psychologists
- iii) workforce shortages

I note that the "The Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists....."

This recommendation, if implemented, in combination with the reduction in the maximum number of sessions per year, will ensure that both access to and delivery of psychology/clinical psychology services will change significantly. While current data indicates that ten sessions has been sufficient for the majority of clients currently accessing Medicare rebates, a significant proportion of these services are provided by clinical psychologists and therefore attract the higher rebate. Clearly, clinical psychologists are unlikely to remain working within the Medicare rebated system if their working conditions are eroded (that is, the rebate is reduced to the single lower rate for all psychologists) given the inherent lack of recognition and re-numeration for the knowledge, skills and expertise of the specialist clinical psychologist. Therefore, clients will be disadvantaged as their access to clinical psychology services will be significantly reduced.

Currently, clinical psychologists treat the more complex clients. Under the new proposed system, psychologists would now treat complex clients, yet psychologists lack the required training and skills (that is, they lack the broad, thorough and sophisticated understanding of the various psychological theories and the skills/expertise in specialist psychological intervention acquired through specialist clinical psychology academic and clinical post graduate study) to effective intervention. The proposed changes also reduce the incentive for psychologists to develop/enhance their skills and expertise via engaging in advanced training and acquiring specialist qualifications. Hence, if implemented the new scheme dumbs down the services accessible to those with mild to moderate mental illness and is in complete contradiction with the standards adopted internationally (USA and UK require post graduate qualifications to engage in intervention).

The National Committee acknowledges that Clinical Psychology is one of nine Psychology specialisations; specialisations created for to acknowledge and easily distinguish the differences within the profession; thereby providing a pathway for professionals and clients to determine whether to refer to a

generalist or specialist depending on the evidence base for the presenting problem. .

In summary, it is abundantly clear that there are significant gaps in mental health service provision for people presenting with the most complex and severe presentations. Clinical Psychologists are well equipped to treat this section of the population, and have been doing so for many years. Continued recognition and remuneration is essential to ensure that this population retain access to accredited professionals trained specifically to treat their conditions. The current proposed changes will severely erode the treatment options available to the most disenfranchised section of the population and discourage psychologists from undertaking post-graduate training designed specifically to build assessment and treatment skills for this population. As this population is not expected to decline in numbers over the ensuing years, the current proposed changes are clearly a backward step and demonstrate a lack of care, concern and commitment to the people from the government.