

27th July 2011

Dear Senate Standing Committees on Community Affairs,

Re: Submission to the Commonwealth Funding and Administration of Mental Health Services Committee Inquiry

I am deeply concerned about two proposals which, if implemented, are likely to undermine the adequate provision of services for mental health. Your inquiry is considering options to:

1. Scrap the two-tiered rebate system in favour of lowering clinical psychologist rates
2. Reduce the maximum number of Medicare rebated psychological consultations per annum from 12 - 18 permissible annual sessions to 6+4 model of session per year.

In this submission will address these two proposals.

1. The two-tiered rebate system

A two-tiered system reflects the vast difference in training, knowledge and specialisation between Clinical Psychologists and psychologists. In brief, a general psychologist undertakes four years of tertiary study plus two years of supervision. These two years of work experience may be narrow or varied. In contrast, to achieve Clinical Psychology status, a minimum of six (Masters), seven (Doctorate) or eight (PhD) years of study are required, accompanied by a further two years of supervised practice. The post graduate programs for training clinical psychologists involve a range of subjects preparing students for expertise in assessment, diagnosis and evidence-based treatment for a wide range of mental health conditions, as well as at least four clinical placements and the experience of conducting research (thesis) in a clinical area. Apart from Psychiatry, no other discipline receives as advanced training across the lifespan and the entire spectrum of complexity and severity of mental health disorders as the Clinical Psychologist.

The current recommended national fee for clinical psychologist is \$218.00 for 45-60 min session. The current scheduled fee for the lowest rebate tier is \$81.60. In my opinion, this hourly fee is not proportionate with the services that clinical psychologists provide, nor reflective of our qualifications. It seems unreasonable to expect clinical psychologists to work for approximately 35% of the recommended fee.

2. Number of sessions model

I practice out of a GP clinic located in Sydney South West and I currently offer bulk billing services. Limiting the number of sessions that are rebated often means often result in sessions been stretched across the year not because clients need less frequent treatment but rather to ensure they do not remain without psychological support for long periods of time. Or in the early termination of treatment as clients are not able to continue to pay for services post 12-18 sessions. The populations I work with would otherwise not be able to afford to pay for mental health services.

In addition it would not be viable to continue to provide bulk billing services at the lowest rebate fee. Our minimum hourly fee is the current bulk billing rate of \$119.80, which is well below the recommended national fee (\$218.00). The cessation of bulk billing would have significant negative consequences for our patients' access to mental health services.

The impact of such a situation will see an increase in clients turning to government mental health services. This will also undoubtedly place additional pressure on already overwhelmed government mental health services. This will not represent a financial saving for the government, but rather place government services under increased pressure to meet demand and patients waiting on long wait lists whilst their symptoms and distress worsen.

I would appreciate the Committee's consideration to two-tiered rebate system and maintain the current number of session's model.

Kind regards