

1<sup>st</sup> August, 2011

Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

To the Senate Standing Committee,

I wish to take advantage of the opportunity to correspond directly with the Senate committee concerning some aspects of their terms of reference.

By way of background, I have been working as a psychologist for over 30 years. I completed my training in the 1970s and 1980s, registered as a psychologist under the 4 + 2 system and like many other psychologists at that time worked in a range of settings which primarily had a counselling and clinical focus. I have continued to be actively involved in professional development activities over those years and believe that I am a competent clinical practitioner, albeit not designated under the current nomenclature as a 'clinical psychologist'.

I am a service provider under the Better Health Initiative. I believe that the introduction of Better Health Initiative by the government was a fantastic 'initiative' that enabled the community and in particular, many disadvantaged sections of the community, to access cost effective psychological services.

There are three areas I would like to briefly touch on that have relevance to the committee.

**The two-tiered Medicare rebate system.**

I understand that the Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists. I concur with this conclusion. Whilst my support for this view might be seen as somewhat predictable given that I trained under the older 4+2 system, I am not aware that there is any evidence to support a dual classification system. I believe that it is a rather arbitrary and misleading classification and that most psychologists from either training system could meet the demands of treating a wide range of mental health issues that present under the Medicare system. Having said this it is obviously incumbent on every psychologist to ensure that the nature of their training, knowledge and experience is sufficient to treat a particular mental health issue irrespective of the training or educational background that they have.

**The reimbursement rate for psychological services.**

Whilst the committee has apparently recommended the single lower rate for all psychologists I think this needs to be examined with care. On the surface the hourly rate may seem to provide reasonable financial compensation for a psychologist but in practice it is my experience that there is usually at least another hour, and sometimes more, that is put into treating and supporting the client. This includes for example, the development of specific documents and materials for the client to assist in their treatment, contact and discussion with other important professionals involved in the client's care and the marking and interpretation of quite complex assessment devices that may have been administered to the client. I do not believe that this extra time is often recognised, or adequately compensated for. An inadequate hourly rate will be a disincentive for many psychologists to provide services under the Better Health Initiative, and will potentially leave some groups underserved.

**The proposed reduction in the number of sessions per year for which a rebate will be provided.**

Many of the clients who present under the Better Health Initiative have complex and long-standing psychological issues. Commonly, clients present with more than one difficulty – for example, a mood disorder associated with alcohol and/or drug dependency, developmental issues and/or a history of trauma and abuse.

Whilst the provision of 10 'rebate' sessions per year is useful it will not be enough to treat complex cases. Typically, these clients have relied heavily on the public health system (GPs, domestic violence services, public hospital emergency areas, public psychiatric clinics) in the past and ultimately will be forced to fall back on the services again at some considerable cost to the community when psychological services are withdrawn at the 10 session limit.

I would recommend that the committee consider how these 'complex' cases will be catered for within the Better Health Initiative. I believe that the previous system of 12 sessions per year, plus another 6 if required, did offer a greater degree of flexibility than the current system being advocated.

I acknowledge that my submission is a somewhat brief and simplistic statement of my own experiences and views, and that also embedded within these opinions are a myriad of other considerations that the committee would have to address.

Thank you for the opportunity to contribute to an issue that is very personally and professionally relevant.