To the Senate Committee 31st July 2011

Re: a response to the Medicare system for psychology Services and the terms of Endorsement for psychologists with the PBA.

I am a Psychologist in Private Practice, now for over 30 years. I was registered in 1977 while I studied for the completion of my PH D. I am endorsed as a Counselling and Clinical psychologist with the PBA. I have been a member of the APS College of Counselling Psychologists since 1994 and with the APS College of Clinical Psychologists since 2010. I attend the Mental Health Professional Network(Sexuality and Mental Health Interest Group) and ongoing Professional Development. I am also a Clinical member of the Australian Association of Family Therapists. I supervise and mentor psychologists.
I was granted College memberships and Specialist membership for Medicare rebates under grandfather clauses of application, after years study and of experience, varied and ongoing professional development(which was privately initiated and paid) well before PD became mandatory. I have training that equips me to work with adolescents, adults, couples and families and deal with mild, moderate and severe clients who have Mental Health Disorders across many areas. I worked with the Sudden Infant Death Research Foundation as its first psychologist before I went into Private Practice. During my post graduate studies I tutored in psychopathology and other related areas.

I am deeply concerned at the recent developments that affect psychologists:

- the 2 tier system of Medicare for psychologists
- the reduction of Medicare sessions from 18 to 10 after it has been shown that the Better Access has been working so well.
- the need for Reviews to GP's after 6 sessions.
- the lack of payments for mandatory Medicare Reviews by psychologists
- the discriminatory basis of the PBA relating to endorsements.

1: **The 2 tier system is discriminatory in relation to the Medicare rebate that is available to clients of Counselling psychologists** who have had in depth training to counsel clients with mild, moderate and severe mental health disorders. **Counselling and Clinical psychologists have all been trained to deal with clients of all ages and across the life span. Both Clinical and Counselling psychologists require 6+2 years training to attain their status.** Many psychologists in private practice have counselled successfully such clients for years prior to the introduction of Medicare. Unfortunately, prior to Nov 2006, many clients could not afford the fees of Private psychologists(Counselling or Clinical). It is now a much more caring and equitable system in that Medicare enables all clients to access of professional psychological services for all levels of mental Health Disorders.
I advocate that the 2 tier system revert to a one tier system at the higher level of Rebate and that it includes all Counselling Psychologists as well as Clinical Psychologists. Furthermore, cost savings could be made via the point 3 below. If the higher rebate does not fulfil Govt budget needs, then a slightly lower level could be considered (eg$100 instead of $119.80 per session).

2: Given the success of Better Access it seems a **great mistake to reduce the number of sessions from 18 to 10 per Calendar year.** In my practice, I see many clients with moderate to severe levels of, for example, depression, anxiety, post traumatic stress syndrome, complicated grief reactions, bipolar depression, chronic disease issues etc. As it is, many cannot afford to pay private fees, so the sessions are spread out 2-3 weekly in order to provide therapy and support over a longer period. This is also so that clients can reapply for Medicare the following year without too big a gap in regular therapy. I rarely see clients who are finished therapy in 10 sessions, and yet they are making good progress. I also work in conjunction with psychiatrists who oversee medication while I provide the counselling. This team approach works well, and includes the GP.

It is my view that unless the 12 + 6 optional sessions is maintained, treatment of many clients seen by both Clinical and Counselling psychologists cannot be as effective and this will in the long term be a further burden on the Government through more admissions to hospitals, less productivity at work, greater absenteeism and more relationship breakdowns.

3: **It is my view that the mandatory Review that is required by the psychologist after 6 sessions for the GP to then permit further counselling, is flawed.** It is the psychologist who conducts therapy and who makes the recommendation to the GP. It seems a complete waste of money to insist that the client sees the GP again(the GP is paid for this appraisal), and yet it is the psychologist who is in the position already to assess the needs of the client. Furthermore, the psychologist is not even paid for the Review! It is also a bureaucratic nightmare in that therapy is often interrupted while the clients attempts to get an appointment with the GP, AND the psychologist attempts to get the Review done and sent to the GP before the client attends there. The client cannot continue therapy until this all occurs (or else Medicare will not honour the Rebate). **This interrupts the course of therapy and is often an unnecessary source of stress for all concerned.**

I **recommend that the Review by the psychologist and the GP after 6 sessions be dropped altogether. Perhaps the psychologist could write a brief Report at the end of the 12 sessions, and then at 18 if that is required. This would be a major cost saving for the Government but still provides a link with the GP.**

4: **The discriminatory practice of the PBA in relation to endorsements is not based on facts. There appears to be a distinction being made between Counselling and Clinical psychologists in terms of their expertise and training.** As stated in point 1, both streams have 6 years of training in +2 years of supervision in all levels of psychopathology as well as normal functioning, and across the life span.

Another aspect that does not seem to be mentioned in this Better Access and Medicare debate is that therapeutic outcome does not just relate to evidenced- based practice and techniques. An essential part of therapy is the client-therapist relationship, genuineness, respect and empathy. An ability to assess a client not just in Clinical Assessment tools, but to really assess the clients actual living circumstances, the context and more wholistic aspects is just as important in order to be able to engage the client in real terms, so that therapeutic skills can also be utilised successfully when appropriate. In my experience, training from many approaches (even beyond psychology such as Family Therapy) encourages this essential aspect. Clinical Psychology training alone is no great benefit. In fact, I first joined the College of Counselling Psychologists because their Professional Development programmes were in my view of far greater value to the practising psychologist, given their acknowledgement that evidenced based techniques **as well as** many **other factors led to a better therapeutic outcome.**

My recommendation is that all Counselling and Clinical psychologists should be treated equally in terms of PBA endorsement.

In conclusion, I am saddened by the unnecessary angst that the 2 tier system has caused for the majority of highly trained and professional psychologists. I am also aware that the clients of so-called generalist(non Clinical) psychologists are discriminated against, even though the research has shown there to be successful outcomes regardless of the type of psychologist.

I am concerned greatly that the number of sessions is planned to be reduced from 18 to 10 as this will impact on the number of successful outcomes that are maintained in the longer term.

I write this in all sincerity as one of the older psychologists still in Private practice(aged 60 years) and been practising since 1977. I have had a successful practice for many years(29 yrs) before Medicare rebates were available. I was on the Committee of Independent Private Practitioners in the early days lobbying for Medicare Rebates! I am currently both a

Counselling and Clinical psychologist endorsed by the PBA. I feel extremely angry at the way many of my highly experienced, successful and professional colleagues have been treated in that their credentials have not been accepted by the PBA.

I hope you will read my recommendations with an **open mind** knowing that mental health is just starting to be addressed properly in Australia. **Better Access has made psychological services accessible to most people for the first time and this is to be celebrated. There are some flaws in the current system** that need to be addressed, successes to be built on, not de-railed, and inequities in service provision to be changed.

Yours sincerely

Elise

Dr Elise Julien
Counselling and Clinical Psychologist
B.A., B.Sc.(Hons), Ph D. (Psychology)
M.A.P.S ;MCouns.CP; MClinCP; Clin. M VAFT

South Yarra Consulting Rooms
Suite 204, 9-11 Claremont St
South Yarra VIC 3141
Phone 0488 777 399
E: drejulien@netspace.net.au