

Commonwealth Funding and Administration of Mental Health Services Submission from Dr Crystal McMullen

My submission is in regards to the proposed change to:

- **The number of Medicare rebated sessions from 18 to 10 per year**
- **The two-tiered funding for psychologists and clinical psychologists**

In regards to the reduction of sessions from 18 to 10

I am a clinical psychologist in private practice in Mt Gravatt, Queensland. Approximately 90% of my clients need to access the Medicare rebate due to significant economical disadvantage. Without sufficient access to the full 18 rebated sessions, the most severe of these clients will be unable to access psychological assessment and treatment due to their significant economic disadvantage.

A large part of my work is with children and families, due to the complex nature of working with children and families I find that the option of the increased number of sessions is absolutely necessary in order to achieve therapeutic change in severe, complex presenting cases. In the case of working with children, the treatment process takes longer for a number of reasons, including but not limited to having to spend with the child, the child's parents, the child's teacher etc. Families are having to fund parent-sessions and teacher-sessions privately already as these are not covered within Medicare. If any exceptional circumstances arise for these families during treatment, given that the process is already taking a significant amount of time, having the extra sessions is essential. Reducing the number of psychology sessions available to these clients from the current 18 sessions to 10 will have a severe negative impact on the children, their families but also on the public mental health system.

If clients are unable to access private practitioners, this is going to place greater responsibility on the public mental health services. Given that 80% of my referrals come from public community mental health services who do not have the capacity to see these clients, I am well aware of the strain that these services are already under. There is NO ability for these services to accommodate the large number of clients who would be unable to access complete treatment in the private sector should the sessions be reduced from 18 to 10.

As a psychologist who works predominantly with children and adolescents, I think it is essential that we be encouraging and supporting parents who are doing the right thing by being aware of, acknowledging and responding to their children's need for emotional and psychological support.

Of more concern, is the proposed of removal of the two-tiered system

The recent proposal to reduce rebates for clinical psychologists is a significant concern for myself and others in my position who have gone through the accreditation, examination and lengthy training process to achieve this level. I have additional specialist training *and have completed a multi-faceted assessment component that has determined that I am competent and proficient in the provision of these specialist services*. Through removal of this system, the government is suggesting that the amount of training and experience a practitioner has, should be considered meaningless. This is the message that will be portrayed as in the eyes of the proposed single-tier Medicare system – all levels of experience, knowledge and training are equal. As someone who has worked with practitioners with many different levels of experience – I can assure you, THEY ARE NOT.

In brief, a general psychologist gains the right to offer psychological services through a pathway of four years of tertiary study plus two years of supervision. These two years of work experience may be narrow or varied; SUPERVISION STANDARDS VARY SIGNIFICANTLY from one psychologist to another. Many general psychologists become registered but have received NO SPECIFIC MENTAL HEALTH TRAINING, and have NO SPECIFIC EXPERIENCE with mental health clients.

This contrasts significantly with a Clinical Psychologist who has completed a minimum of 7 years of extensive study, with 3 years specifically focussed on providing them with vital skills in both ASSESSMENT, DIAGNOSIS AND TREATMENT. Unfortunately, undergraduate programs and the supervision that general psychologists receive following completion of their undergraduate courses, IS NOT ENOUGH to equip them with the same levels of skills in assessment, diagnosis and treatment, that a Clinical Psychologist receives during this period of time.

Post graduate programs involve a range of subjects preparing students for expertise in assessment, diagnosis, evidence- based treatment for a wide variety of mental health conditions, as well as at least four clinical placements with well qualified supervisors, and the experience of conducting research (thesis) in a clinical area. In my own career, I undertook an Honours degree in Psychology (4 years), a Clinical Doctorate (3 years), and within this time had experience in 6 clinical placements across a range of mental health areas. After 7 years of Clinical Psychology focussed study, I was very proud to achieve my title of Clinical Psychologist and I feel that it is very wrong to suggest that I deserve the same rebate as those who have studied general psychology for 4 years and have had no standardised supervision or experience following that period.

I am also concerned from an education and training point of view as a Lecturer of Undergraduate and Postgraduate students at the University of Queensland. Many students already express concerns to me as to why they should put the time, cost and effort into further training in postgraduate studies the costs (financial, time, effort) of this extensive training far outweigh the benefits. This proposal of removing the two-tiered system is very disturbing, as we have a large number of students graduating from Undergraduate courses, who are highly motivated to gain the extra knowledge, training and, experience but who already hesitate to do so because the benefits are already significantly outweighed by the costs of this extensive training. Clinical Psychologists put in significant time, effort and financial resources into the 3-6 years of postgraduate studies they must complete, and it is only logical and reasonable that this should be remunerated as such.

My last comment will be in regards to the impact that this change will have on Australian citizens. Australians deserve the best treatment available from practitioners with high quality education and supervised training. As qualified practitioners, we should not be expected to provide professional services at sub-standard rates. By further reducing the benefits of going through the hard yards to become a Clinical Psychologist, you are not only disadvantaging those who have completed this process, you are discouraging those who want to increase their knowledge and skills, and you are going to create a field of psychologists with, on average, 4-5 years less specific advanced tailored training, 4-5 years less essential mental health experience, 4-5 years less knowledge and understanding of mental health models, assessment and treatment. And that is not a field that I would feel confident in, if it was my family member who needed mental health support.

I urge those responsible to strongly consider who they would want themselves or their own children, parents or spouses seen by – someone with standardised, extensive training specifically in the area of assessment, diagnosis and treatment of the full spectrum of mental health concerns, or someone with unstandardised supervision, minimal-level training focussed on important, but only basic general psychological concepts, with potentially no actual experience in a clinical mental health setting.

Regards,
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