

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

4 August 2011

Dear Secretary

I am writing to indicate that the limiting of the Better Access initiative for Psychological Services to six sessions, with a maximum of ten for those presenting with exceptional services is likely to result in disadvantage for a significant number of those currently accessing these services and future participants.

I am a clinical psychologist and my practice is a 100% bulk billing service with many of my clients coming from disadvantaged areas and backgrounds. These clients were often unable to access psychological services prior to the introduction of this excellent government funded program and once again will likely be disadvantaged by the limitations of the new program. In 2011, approximately 25% of my clients have attended for six or more sessions and none have attended for more than twelve sessions. All who have attended for more than six sessions have met the diagnostic criteria of a mental illness of moderate or severe degree. None of my clients meet the criteria of the wealthy well. Many of those presenting for therapy have been diagnosed with co-morbid conditions, in addition to their common presentation of a Mood and/or Anxiety Disorder; these are typically Personality Disorders or Substance Abuse concerns, and a significant number have been the victims of sexual abuse. This means that the complexity of the clients' concerns require comprehensive assessment and diagnosis and detailed therapeutic interventions.

As a person who is a four year trained psychologist, and who now provides supervision for Master of Clinical Psychology students and also for those seeking to join the Australian Psychological Society's College of Clinical Psychologists, I am aware of the significant difference in the level of training and expertise of those who have completed training at the Master of Clinical Psychology level. Despite my employment history as a guidance officer and psychologist for approximately forty years, I find myself still learning as I attempt to do my job (therapy in private practice and supervision of Masters students) to the best of my ability. The comprehensive training undertaken by Master of Clinical psychology students, with many hours of therapy recorded and viewed by supervisors, ensures that their training and expertise is of a more thorough standard than those who have not completed such programs. Their capacity to undertake detailed assessment to ensure appropriate diagnosis, in particular their awareness of the frequency of comorbidity and its impact on the more obvious presenting issues of clients, to guide their therapeutic intervention is ensured due to the comprehensive nature of their training.

Accordingly, while I recognize and acknowledge the excellent work performed by many psychologists who have not completed a Master of Clinical psychology program of studies, I am supportive of the differential that is paid by Medicare for the services provided by those psychologists with endorsement in the clinical psychology area of practice and would argue that such a differential should be preserved.