

Committee Secretary

01/08/2011

Senate Standing Committees on Community Affairs

PO Box 6100

Parliament House

CANBERRA ACT 2600

Dear Senate Standing Committee,

At first, I like to congratulate Australians having experienced one of the most advanced Mental Health Support/Counselling Systems since the introduction of Medicare Rebates for Psychology services in 2006. In my over 20 years in Private Practice as a Clinical Psychologist in regional (or can we say remote) North Queensland, Townsville with APS College membership of Clinical Psychologists for 15 years I have learnt to appreciate being able to offer 12 and in exceptional circumstances 18 consultations for distressed clients with mostly moderate to severe mental health problems.

I deeply regret the suggested proposed cut to reduce counselling sessions to 6 + 4 per year which will be insufficient for the majority of mental health clients/patients. I doubt that the proposal to transfer more complex mental health clients to organisation such as headspace and ATAPS psychologists due to the colleagues' inexperience with lesser pay is feasible. I ask the question why fixing a system that is not broken for the sake of saving a 'few dollars'?

It is of further concern to note that some of our own psychologists' colleagues question the higher medicare rate for clinical psychologists who require a longer more specialised training to up to 8 years. A change of the current two tiers system will discouraged colleagues in the future to undertake specialist's training and jeopardise the opportunity for clinical psychologists to pursue extra training in what has been proposed at our recent National APS conference for Clinical Psychologists at Coolumb/Sunshine Coast to obtain knowledge and skills in prescribing psychotropic medications such as anti-depressants etc. The experience in a number of states in the US has shown that the approval of psychologists with recognised training in pharmacology and approval to administer psychotropic drugs has led to an actual reduction of prescription of antidepressant medication. I wonder if ever anybody has questioned the higher rate of medicare rebates that psychiatrists obtain in comparison for instance to GPs with some often short-term mental health training? I would expect that clinical psychologists would be in the forefront to assist getting more mental specialists moving into disadvantaged rural and remote areas where a lack of psychiatric services will continue to exist for generations.

I hope that the Senate is taking the opportunity to review the suggested cost cuttings of mental health services of psychologists without bias. I urge you to reconsider the reduction of medicare consultations of psychologist and maintain the current two tiers system to encourage more colleagues to opt for specialised training in mental health by becoming a clinical psychologist in order to deliver interventions in disadvantaged rural and remote areas of this country.

Please feel free to contact me if you require further clarification.

Michael Schauer, Clinical Psychologist