Submission to the Senate Community Affairs Committees on the Government's funding and administration of mental health services in Australia

Comment with particular reference to:

(b) changes to the Better Access Initiative, including:
(iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs,

Having worked as a mental health professional for the last 16 years, I have established a practice in Sydney in which I work alongside clinical specialists, psychologists and psychotherapists with a wide variety of skills, backgrounds and experience. This practice was established before Medicare rebates for mental health were on offer. The practice succeeded at that time because referring GPs recognised their patients need to access a diversity of practitioners and a key part of their role was to match the case to the most suitable therapist.

The two-tiered rebate system has, however, significantly undermined GPs doing that, and the collegiate nature of my psychology practice.

I believe that this system has evolved out of a mistaken belief that there is a hierarchy of skills and level of qualification within the profession of Psychology, with Clinical Psychologists and PhD holders seen at the top. This appears to have been driven by those within the profession seeking to differentiate themselves and gain financial and reputational advantage over others. The reality of the situation is that these are specialisations much as the legal profession has conveyancers, solicitors and barristers. Each might feel they are superior to the other, but in reality they have different skills suited to different clients – GPs, surgeons and medical researchers provide another example.

When I studied to become a psychologist in the 1990s there was no mention of 'generalist psychologists' and no course offering to train you to become one. This previously non-existent and rather meaningless term has evolved as a way of Clinical Psychologists setting themselves apart from others.

I did not choose to undertake a Clinical Psychology course. I undertook a Masters degree in Counselling Psychology – it being the qualification that would best equip me to provide counselling to patients within a psychological practice.

The current two tier Medicare system quite bizarrely creates a situation where those who chose to specialise in academic research, or in clinical testing and treatment of long-term psychiatric illnesses are provided with a Medicare rebate larger than those like me who have been trained and gained the practical experience to deliver individual psychological therapy to clients with mental health issues, but we are not allowed to deliver that item due to not being a Clinical Psychologist. In my experience, individual therapists with insufficient experience and training not appropriate to the task at hand (eg primarily training in research) are delivering these services less well than those who have specialised in Counselling, yet their clients receive a higher rebate for it.

Indeed, I have personal experience of a Clinical Psychologist referring a case beyond their expertise to me, and I have subsequently provided effective treatment to the patient, who has been mystified as to why they receive a lower rebate for effective treatment provided by me as opposed to a higher rebate when treated ineffectively by a recent graduate. Referring Doctors are also now confused by this and I am aware of examples of GPs who refer only to Clinical Psychologists to ensure their patients receive a higher rebate, or because they mistakenly believe that the higher rebate is a reflection of a higher level

of quality. Often these patients are referred on by the Clinical Psychologist because they recognise they don't have the right mix of skills and experience for the particular case.

Worse still, the two-tier system has increased the perceived divide, friction and competition between Clinical and PhD Psychologists and the others, decreasing the collegiate nature of the practice I created. I believe that the future is bleak for the profession under this system, as there is now a significant disincentive for graduate psychologists to choose any specialisation other than Clinical Psychology. Surely those other programs will disappear due to lack of students. Clinical Psychology does not provide all of the solutions to the problems faced by patients with mental health issues. A diversity of approaches, skills and experience is essential if this profession is to meet the needs of the community effectively.

Unlike other differentiations in the Medicare system which are based on the actual service being offered (eg. a particular surgical procedure, which the provider must be qualified to perform) the Mental Health items ascribe a different value to the same service being delivered by people of different qualifications. This is inappropriate and discriminatory. I would like to see the two tier system abolished, with all practitioners qualified to deliver psychological counselling as a registered psychologist eligible for the lower rebate. This would also provide a significant cost saving to Government, enabling more funds to be delivered to the parts of the system that need further investment and support.

Should the Government deem it essential that a two tier system remain, it would make more sense for the Medicare items to reflect the condition being treated, as there are some conditions requiring different levels of skill and training, and differentiation could then be based on an actual rather than a perceived difference. Alternatively, every person providing counselling services who has an endorsed specialisation as recognised by the Government's own Australian Health Practitioner Regulation Agency should be eligible to provide services at the higher rebated level, and those without a specialisation at the lower level. Again this would be more equitable than the current situation, though it would continue to discriminate against many experienced psychologists who deliver higher quality services than inexperienced recent graduates with Clinical qualifications.

Despite my strong misgivings, and indeed opposition to this two-tier system, and the negative effect it is having on the attitude of psychologists to each other, I continue to try to foster a co-operative and collegiate approach in my practice. I assist Clinical and other psychologists in establishing themselves, and lead professional development activities that particularly help Clinical Psychology graduates in becoming Counsellors, as much of what they need to know is not covered in a Clinical Masters degrees. I feel I am no higher or lower than any other psychologist, and I feel my experience has helped colleagues using both Clinical and Psychotherapy approaches, just as their different knowledge and training has been of value to me when seeking their advice and input.

(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;

'Mild' or 'Moderate' may also include complex cases which will require more sessions than the budget changes now allow. These complex cases are the minority, but are not always easily identifiable when initially referred.

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