

18 July 2011

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

Dear Sir/Madam,

**Re: Submission to the Senate Community Affairs Reference Committee - Commonwealth Funding and Administration of Mental Health Services.**

As a clinical psychologist in private practice, I am deeply concerned by the proposed changes to the Medicare rebate system proposing a single lower rate payment tier for all psychologists (including clinical psychologists), and the reduction in the number of client sessions permitted per year from 18 (maximum) to 10. In relation to these issues I submit the following arguments to the committee for serious consideration.

**Removal of the two-tiered Medicare rebate system for psychologists.**

I have several concerns in relation to the proposed removal of the current two-tiered payment system for psychologists, namely:-

**1. The failure to recognise the unique skills of clinical psychologists.**

Epidemiological studies have recently quantified the prevalence of severe mental health problems in the community. An examination of the data clearly shows the large numbers of people within society struggling with hugely debilitating mental illness that requires treatment from individuals who have undergone very high levels of expert training in psychopathology and the delivery of psychotherapy in mental health settings. Clinical psychologists have the required high levels of skills needed to provide the service. Other than psychiatry, clinical psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.

Unlike generalist psychologists (in Victoria) who undertake 4 years of study, clinical psychologists undertake a minimum of 6 years (Masters level) or 7 years (Doctorate level) and are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of clinical psychologist to bring research and empiricism to human service delivery and thus increase accountability. As a result of their training, clinical psychologists have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base. This very high level of specialist competence of clinical psychologists is acknowledged by all private insurance companies who recognise clinical psychologists as providers of mental health services.

In recognition of their unique skills the recently formed Australian Psychologists Registration Board has deemed clinical psychologists are deserving of specialist endorsement. This decision was based on the fact that clinical psychologists are not generalist psychologists, and acknowledges that clinical psychologists are professionals who:-

- are trained in scientific research and statistical analysis.

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- are trained in a scientist-practitioner approach to changing human behaviour and thereby use techniques with proven scientific effectiveness.
- have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base.
- apply their knowledge and skills to children, adolescents, youth, adults and the elderly at the individual, family group, system and community levels.
- are skilled in the use of psychological tests, behavioural observations and clinical and diagnostic interviewing. These skills are used to assess psychiatric disorders, specific aptitudes and cognitive deficits, personality, social functioning, adaptive behaviours and psychological issues pertaining to physical illnesses.
- are acknowledged experts in personality assessment.
- have expert skills in piecing together the complex relationships between biological, social and psychological systems and transforming this analysis into effective treatments.
- embrace the therapist-patient relationship as central to the effectiveness of all interventions together with the techniques of the various psychological therapies.
- act as consultants and so work with and through others to bring about change of the individual, group, family, hospital or agency settings.
- supervise the Clinical Psychologists in training programmes whilst on field placements (an essential component of university training) and Clinical Psychologist registrars (graduates in their first two years in the field).
- contribute to the teaching and education of other health care professionals such as psychiatric registrars, nurses, general practitioners, social workers and occupational therapists.
- are skilled in conducting research, planning service delivery systems, performing accurate evaluation, deciding on clinical indicators and implementing systems of accountability.
- through their close professional relationship with their patients, are uniquely able to assess, respect and enhance quality-of-life choices for each individual patient.

## **2. The devaluing of the profession of clinical psychologist.**

Why would any psychology student seek to further their education to become specialised in their chosen field when there is no financial advantage for doing so? This is particularly pertinent when you consider the average cost of obtaining a Masters degree in Victoria is \$22,000 and for a Doctorate degree is \$38,000.

Clinical psychologists should not be paid 'DOWN' because of the loud lobbying of colleagues who possess a 4 year degree. Those of us who have obtained the title of clinical psychologist have worked hard over many years for this specialist recognition. Given the rising rate of serious mental health issues in Australia, I would instead argue that the current 4 year minimum training should be abolished and a minimum of 6 years be introduced if the aim is to establish professional equality and a superior mental health service.

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## **3. The financial and treatment implications for clients.**

The simple fact is that I (like many private practice clinical psychologists) could not afford to run my practice if the specialist Medicare rebate is removed. To cover this lost income I would have to significantly increase the gap payment to clients (currently a low \$20). The majority of my clients are low income earners with complex mental health issues, this reality means many of them would not be able to afford to continue receiving therapy, or new clients seeking help would not be able to begin therapy with someone who is highly trained to assist them.

Instead, they would have to seek treatment from a bulk-billing generalist psychologist who does not have the same degree of training as a clinical psychologist. **Clients should not be penalised by having to seek help from a less qualified therapist.** Alternatively, clinical psychologists in private practice will be forced to try and recoup the lost income by shortening session times in order to see more clients per day. This will lead to increased stress (in what is already a highly stressful occupation), less focus on each clients' difficulties, and ultimately, therapist burn-out.

### **Reduction in the number of client sessions permitted each year.**

Reducing the permitted number of sessions from a maximum of 18 per year to 10 will have a significant negative effect on clients. The majority of my clientele suffer from complex mental health disorders such as, Post-Traumatic Stress Disorder, Major Depressive Disorder, Post-Natal Depression, Anxiety disorders (i.e., phobias, obsessive-compulsive disorder), unresolved grief (i.e., family members of homicide victims; SIDS) and Childhood Sexual Abuse. **The complex and long-term nature of many of these issues means they cannot be effectively resolved in 10 hours!** If the number of permitted sessions is reduced as proposed, these clients will have to terminate therapy at the very point at which they are typically starting to make progress - this reality should not be acceptable to the Senate.

### **Conclusion**

In conclusion, I ask the committee members two questions:-

**Q1:** "If you or a loved one were diagnosed with a brain tumour would you want your GP doing the operation or would you seek a referral to the best Neurosurgeon you could find?"

I think the answer for any of us would be to seek the referral.

Generalist Psychologists and Clinical Psychologists are also NOT interchangeable.

**Q2:** "Would you be happy for treatment to be terminated before you or your loved one had fully recovered?"

I think not.