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To the Senate committee investigating two- tier Medicare rebates for psychology services

In 2006, the Howard government introduced psychology services for Australians with mental health problems. This was a timely initiative offering an alternative to medication-only or no- treatment options for Australians who could not afford self-funded psychological interventions. As in all areas of medicine, patients presenting with mental health problems report a range of severity in their symptoms, from mild to severe, with accompanying variation in impact on levels of individual distress, capacity to function in family relationships and ability to work. It was determined that a two- tier system of rebates would best address this wide range of severity in presentation, with clinical psychologists being the preferred referral option for patients with moderate to severe levels of symptomatology.

The recent proposal to reduce rebates for clinical psychologists, creating instead a “one size fits all” approach is highly regrettable. It is akin to suggesting that a recently graduated medical doctor should receive the same pay as a qualified psychiatrist who is a Fellow of the Royal Australian and New Zealand College of Psychiatrists. I speak with experience as I am both a private practitioner (Member of the College of Clinical Psychologists, APS) and an academic, teaching post- graduate students in medicine and clinical psychology (Discipline of Psychiatry, The University of Queensland).

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. In contrast, to achieve Clinical Psychology status, a minimum of six (Masters), seven (Doctorate) or eight (PhD) years of study are required, accompanied by a further two years of supervised practice. The post graduate programs for training clinical psychologists in Australia (such as the one in which I teach) 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 case, I undertook an Honours degree in Psychology (4 years), a Clinical PhD (4.5 years), and a further two years of supervised practice. **Ten and a half years after commencement I was proud to achieve entrance to the College of Clinical Psychologists of the Australian Psychological Society.** It is insulting, even farcical, to say that I deserve the same rebate as a general psychologist with a four year degree.

Finally, my concern rests with the well being of Australian citizens with severe mental health difficulties. Severe depression, anxiety, post -traumatic stress, relationship distress, family

dysfunction, sexual dysfunction, to list just a few reasons for referral under a Mental Health Care Plan, create a substantial burden on individuals, families and the workplace. Ultimately, society carries the weight of untreated mental health problems through divorce, work absenteeism, conduct disordered children and youth, suicide and physical health problems (eg., cardiovascular disorders) that can develop as a sequelae of untreated mental health diagnoses. The treatment of moderate to severe mental health diagnoses is no trifling matter; Australians deserve First World treatment standards that include practitioners with high quality education and supervised training. As qualified practitioners, we should not be expected to provide professional services at sub-standard rates. With respect, the Senate committee proposing the abolition of a two- tier Medicare rebate system is making a serious mistake.

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