

5 August 2011

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

By email: community.affairs.sen@aph.gov.au.

Re: Commonwealth Funding and Administration of Mental Health Services

I am very concerned about the current system of delivery of mental health services via Medicare funding and I am even more concerned about the potential detrimental effects of the changes that have been proposed to the system. I have several concerns and they are listed below.

My background

I was trained in the late 1980s to the level of a Masters of Counselling Psychology following an Honours degree and I have had extensive experience over a period of 25 years including several years of experience in many facets of government and private employment. I have been practising counselling psychology and forensic psychology in my own private practice for over 21 years and I have been employing only masters trained Psychologists in the practice.

My training and experience includes an Honours empirical thesis on domestic violence that involved groundbreaking research and findings and which has been followed up by Ph.D. students in their research. My experience also includes work with drug and alcohol clients in a drug and alcohol centre, the chronically unemployed, and work for organisations including critical incident debriefing and assessment of psychological risk of people being retrenched. I have recently completed the supervision of a Forensic Psychologist for Psychology Board of Australia recognition as a Forensic Psychologist following his Masters training.

Medicare rebate inequities

At present the rebate for a Clinical Psychologist is much greater than that for all other psychologists. This occurs regardless of whether or not they have been trained in specialist areas such as counselling or forensic psychology both of which require clinical training, supervision and experience. This not only implies to referring doctors and the public that a Clinical Psychologist will provide a better service than other psychologists which is not necessarily true, it also makes bulk billing unaffordable for counselling and forensic psychologists. It is important to realise that counselling and forensic psychologists go through similar training and

supervision programs as clinical psychologists and do similar work. In fact, most of my masters training was carried out alongside clinical psychologists in the same lectures, tutorials etc.

I own and run a psychological practice that employs counselling, forensic and clinical psychologists all doing the same work at a similar level of quality and effectiveness to each other. The only difference between them is the particular areas in which they have specialist skills and the particular personal style that they bring to the treatment of clients. The disparity in funding between clinical and other masters-trained psychologists leads to distortions in psychology as it implies that psychologists with a Masters in Counselling and/or Forensic Psychology and Psychology Board of Australia endorsement in these areas are somehow inferior to a Clinical Psychologist. It also implies that their Masters degrees are no better than a four-year degree in psychology with no Masters training. In my opinion this disparity should be abolished and the clients of psychologists with Psychology Board of Australia practice endorsement in the areas of clinical, counselling or forensic psychology should all be eligible for the same level of Medicare rebate. The present system is unfair to those clients. The Medicare rebate should be at least the same as the level of rebate which is presently paid for treatment by a Clinical Psychologist as this makes it possible to bulk-bill those needy clients to whom we have a duty of care and to cover the very high overheads of running a psychological practice. This level of rebate is quite low when the costs of running a full-time professional practice are considered.

Having carried out a very large amount of full-time work with Medicare funded clients since the commencement of the Medicare rebate system I have found that the 12 consultations with a further 6 for clients with exceptional circumstances has been essential as, although most clients cease their treatment between six and 10 treatment consultations, there are some who need much more. In my opinion reducing the consultations to a maximum of 10 will disadvantage some of our most needy clients and will save very little of the Medicare budget as only a small percentage of our clients require further treatment and those who do require it very badly.

Distortion of the Practice of Psychology in Australia

As the owner of a long established multiple practitioner psychology practice I have found that since the commencement of Medicare our recruitment of new psychologists has become severely distorted. Effectively we have had to employ only clinical psychologists as a counselling or forensic psychologist has such a lower rebate applied to their work that it is difficult to convince clients that they are any good at their work. We have to employ a clinical psychologist even though quite often an applicant with a counselling or forensic qualification is better trained, qualified, and more competent. This is a distortion of the practice of psychology in Australia that is unfair and damaging to psychologists, their clients, and mental health in Australia as a whole. Research indicates that clinical and counselling psychologists are just as effective as each other, the main difference is in the ability of the individual psychologist. At this point the practice of counselling psychology and the private practice of forensic psychology are in danger of extinction with the consequent loss of about 100 years of research and experience. This is not the case in other developed countries.

It is also very interesting to note that as a forensic psychologist I get quite a few referrals each year from clinical psychologists of people who have committed a criminal offence and who require treatment and/or assessment and/or a presentence or appeal report. The comment I get from the referring clinical psychologists is that they do not like to deal with anything to do with criminals or the court system as they do not know anything about how to handle legal matters and they are usually very anxious about the possibility of having to report to the court and/or attend court as an expert witness. As some of these clients have been charged with serious offences such as assault, rape and child sexual assault most clinical psychologists are also loath to treat them as they are often fearful of them and have trouble remaining objective, thus reducing the effectiveness of treatment. These are areas with which I am very confident, competent and comfortable and yet these clients get the lower Medicare rebate despite requiring forensic psychology expertise. Also, the community can gain a large amount from mental health care treatment of offenders particularly as it often reduces the likelihood of them reoffending. However, despite their often difficult financial circumstances, they are unable to get a clinical rebate for this very important treatment and often have difficulty affording treatment.

Summary and Conclusions

In summary both counselling and forensic psychologists receive advanced training in psychopathology and treatment for mild, moderate and severe mental health disorders, and complete a minimum of 6 years of university training and 2 years of supervision, and therefore should not be excluded from the level of rebate for a clinical psychologist. To do so relegates the training, experience and expertise of counselling and forensic psychologist to the wastebasket with the unwarranted and unfair and untrue implication that their years of education in studying for a Masters degree, supervision and experience does not improve their skills at all.

I sincerely hope that the Senate Standing Committees on Community Affairs will take these factors into account and make wise decisions as these will affect both the ability of psychologists to deliver effective services to their clients, to have an effective impact on mental health for the entire Australian community, and to provide effective mental health services for those people who need them.

Yours sincerely

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