Mental Health and Suicide Prevention Submission 16

I am writing to express my dissatisfaction with the current 2 tier system of Medicare payments for psychologists. I am a psychologist with over 20 years of practice with a specialist training in trauma. Yet I am deemed less qualified than a new graduate who has done a clinical program, and therefore as a 'generalist psychologist, I am paid a lower medicare rebate. Over 60% of registered psychologist do not have a clinical endorsement, yet the Government has decided due to the APS targeted discrimination against non-clinical endorsed psychologist and their unfounded and no research-based assertion that I am less 'qualified. By paying the bulk of Australia's registered psychologists the minimum rebate, we have no choice but to opt-out of Medicare and charge our clients private fees or, in my case, abandon psychology as a career. This is almost certainly is likely to limit access to mental health care and disadvantages those most in need of care and support. I am advocating for a One-tierMedicare rebate for all clients of a registered psychologist in Australia. Furthermore:

- Raise the Medicare rebate to \$150 per session to allow for greater access, to facilitate
 more bulk billing, and to enable appropriate treatment rather than an inadequate
 psychological health care response
- Cease discrimination of psychologists without clinical endorsement in areas including but not limited to employment opportunities, the scope of practice and funding
- Include Medicare rebated assessments funded at a sufficient level
- Permanent universal telehealth
- Implementing the Productivity Commission recommendation for up to 40 MBS rebated sessions per annum
- Simplify the process of accessing a psychologist. This includes simplifying referrals, reviews, letters back to referrers, and upgrading the MBS to reduce the burden on psychologists. Psychologists should also not be held financially accountable for referral errors by medical practitioners
- Expand the evidence-based approaches able to be used by psychologists to allow the
 clinician to use any technique that has adequate Level I, Level II or, in some specific
 conditions, Level III evidence. Psychologists are trained in evaluating the evidence
 base for the use of therapeutic techniques and need to have the freedom to
 choose the best approach for each client independently rather than have
 restrictions on their treatment.

