

Kevin Bulbeck
Clinical Psychologist

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

Dear Sir/Madam,

I am writing in regards to the proposal that Medicare rebates are changed so that general and clinical psychologists attract the same level of rebate.

This would be a retrograde step that is likely to harm the quality of service provided to clients in the future.

Firstly, this step would not recognise the specialist training that Clinical Psychologists have in diagnosis, assessment, formulation and treatment of mental health problems. In NSW the advanced training of Clinical Psychologists is recognised by NSW health, they receive a higher salary. Diagnosis of childhood mental health difficulties for funding in schools is required to be by a psychiatrist, paediatrician or clinical psychologist and Victims of Crime assessments can only be undertaken by a psychiatrist or clinical psychologist.

It could be argued that clinical psychologists are the only psychologists adequately trained to assess and formulate treatment of mental health difficulties. The group who have lobbied for one rebate rate for all psychologists are unaware of the knowledge gap between 4 year graduate psychologists and clinical psychologists. As a colleague of mine who in recent years undertook clinical training after a long career as a general psychologist stated, "I thought I had good knowledge of psychology and mental health issues until I did my clinical masters, I had no idea of what I did not know". My colleague spent \$50,000 to do her clinical masters so she could up-skill. If that differentiation is taken away then psychologists are unlikely to train to the clinical level which really should be a minimum requirement to work with clients with mental health problems.

There is also precedence for rebate differentiation due to specialisation in health. Psychiatrists and paediatricians who deal with mental health receive higher rebates than GPs who have training in mental health because they have specialist knowledge and training. It is the same for clinical psychologists in relation to psychologists and social workers.

Finally, savings to Medicare could be found by making clinical psychologists the gate

keepers for referrals for Mental Health difficulties. It is my experience there are a significant percentage of referrals that do not qualify as mental health difficulties. Training GPs to a proficient level of understanding of mental health that clinical psychologists have would be cost prohibitive.

Yours faithfully

Kevin Bulbeck
MClinPsy.MAPS