

Submission to the Senate Inquiry on Commonwealth Funding and Administration of Mental Health Services

Summary

In this submission the author:

- a) supports the retention of client access to Medicare rebates for 12 psychology sessions per year with a further 6 sessions available under exceptional circumstances; and
- b) supports the retention of the two-tiered Medicare rebate system for psychologists but with the inclusion of Specialist Counselling Psychologists in the higher tier.

Author's Background

I have worked full-time in private practice for 5 years. I am nationally recognised as specialist Counselling Psychologist and a specialist Clinical Psychologist. I have a Masters Degree in Psychology specializing in Counselling Psychology. Two years ago I completed a bridging program to gain access to the Clinical Psychology College and therefore the higher specialist psychology rebate.

In relation to Item (b)ii: The rationalization of allied health treatment sessions.

Of my caseload approximately 72% of client contact is with people accessing the Medicare rebate. From my experience the Better Access Program is providing access to Mental Health services to a broad range of people who would otherwise lack the means to access such services. Potential public benefits include:

- a) benefits associated with preventing worsening mental health e.g. reduced demand for social security payments, and reduced suicides;
- c) reduced demand for GP services; and
- d) reduced demand for psychotropic drugs subsidized under the Pharmaceutical Benefits Scheme.

Only a minority of clients go on to access 18 sessions: in my caseload only 7% of Medicare-funded client contact is with people accessing more than 12 Medicare sessions. These are generally higher need clients with more complex conditions or circumstances who are well served under the existing exceptional circumstances provisions of the Better Access Program. Excluding such people from the Better Access Program would simply result in cost shifting to another program. The flexibility of Better Access together with the checks and balances within the program make it an ideal system for catering to a wide range of clients

In relation to Item (e) mental health workforce issues, including: i) the two-tiered system for psychologists

In principal I support the 2 –tiered system as it recognises and rewards the higher education and formal clinical training of psychologists. However, as I outline below I believe that Counselling Psychologists should be included in the higher tier.

A psychology qualification involves four years of undergraduate education focused on developing an understanding of human behaviour and the understanding and application of scientific principles. Then two years of post graduate education and training focused on applied, clinical training including training in therapeutic approaches, assessment, research and ethical practice. In Western Australia we then went on to do a further two years of specialist supervision while working as a professional psychologist in order to achieve specialist qualifications, thus providing a very comprehensive integration of education and on- the- job training. The post graduate emerges as a more flexible practitioner trained in a variety of therapeutic approaches to assist a wide variety of client personalities and learning styles, a variety of mental health problems, in a range of settings while using scientific, evidence-based and ethical practice. The more rigorous demands of ongoing professional development required to maintain specialist status is an important quality assurance process in the specialist branches of our profession, ensuring lifelong learning at a specialist professional standard.

The two-tiered system of remuneration provides incentives for psychologists to pursue further education as the two years of post graduate study is burdensome in terms of the private cost of tuition fees and forgone income. People like myself who choose to undertake post-graduate education are choosing to invest in our own human capital at great personal expense with a view to reaping career satisfaction and financial rewards later on. Medicare is a huge institutional player in the market for allied health services and the price set by Medicare should recognise the value of higher education and training and therefore provide incentive for people to invest in their human capital.

The two-tiered system should enable access by Counselling Psychologists to the higher specialist rebate. The exclusive access by Clinical Psychologists arbitrarily discriminates against Counselling Psychologists: Both groups studied most of the same units as part of the Psychology Masters Degree and the competencies outlined in our WA registration requirements were almost identical apart from some minor variations. There is very little that separates the two specializations and yet Counselling Psychologists were excluded from the higher rebate. People like myself were placed in the unfair situation of having to do further post-graduate study, which meant further higher education fees to get access to the Clinical College and therefore the higher rebate, when we should have had access in the first place on the same terms as Clinical Psychologists.

4 August 2011