

11th of July 2011

To whom it may concern,

RE: Commonwealth Funding and Administration of Mental Health Services.

I write in response to the following statement recently reported by The Senate Community Affairs Committee:

"The Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists....."

I am a psychologist who is eligible for clinical college membership working in public mental health at Orygen Youth Health in the Early Psychosis Prevention and Intervention Centre (EPPIC). Thus, I do not currently financially benefit from the two-tiered Medicare rebate system as it stands. I admit that I may in the future if I go into private practice; however, I currently have no plans to do so.

Counter to The Senate Community Affairs Committee statement, I believe there are very strong grounds for clinical psychologists to continue receiving the rebate they currently are receiving, and they are as follows:

- Clinical psychologists are better trained to assess, diagnose and treat people with complicated and severe psychopathology (Psychotic Disorders, Complex PTSD, Personality Disorders, etc.) than general psychologists.
 - In 1989, the Management Advisory Service to the NHS differentiated the health care professions according to skill levels. Skills in this sense referred to knowledge, attitudes and values, as well as discrete activities in performing tasks. The group defined three levels of skills as follows:
 - Level 1- "Basic" Psychology - activities such as establishing, maintaining and supporting relationships; use of simple techniques (relaxation, counselling, stress management)
 - Level 2 - undertaking circumscribed psychological activities (e.g. behavioural modification). These activities may be described by protocol
 - Level 3 - Activities which require specialist psychological intervention, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on a multiple theoretical base, to devise an individually tailored strategy for a complex presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories.
 - The group suggested that almost all health care professionals use level 1 and 2 skills and some have well developed specialist training in level 2

activities. The group went on to argue that clinical psychologists are the only professionals who operated at all three levels and (I quote) "it is the skills required for level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists..."

- This is consistent with other reviews which suggest that what is unique about clinical psychologists is his or her ability to use theories and concepts from the discipline of psychology in a creative way to solve problems in clinical settings.
- Clients that attend services such as Orygen Youth Health's EPPIC typically present with very complex psychopathology. When clients graduate from our service, it is very common that they will be discharged to the care of a private clinical psychologist for further treatment. And:
 - It is already very difficult to find a clinical psychologist without a very long waitlist for our clients to see.
 - If clients cannot be discharged to a clinical psychologist they will most likely be discharged to an adult mental health service, which, frankly is more resource intensive for the government and has poorer outcomes for the client.
 - Cutting the rebate available to clinical psychologists will reduce the incentive for clinical psychologists to practice privately, and/or it will force clinicians to increase the gap they charge to clients in order to run a successful business.
 - Either way, access to adequate mental health care will be further reduced for those with the most complicated mental health care needs, and the burden to the public mental health care system will be great.

All things considered, a move to a single lower rate for all psychologists is a step backwards in Australia's mental health care provision. In my opinion a step forward would include an increase of the rebate to the other colleges, to bring them closer to the rate currently provided to clinical psychologists, the work they do is also of great importance. However, I am also a pragmatist; I recognize there is only so much money that can be spent on psychologists at this time. Thus, I believe that the money should be spent on the service for which there is the greatest need, which I strongly believe is clinical psychology. There simply needs to be an incentive for psychologists to be adequately trained to work with people with the most complex presentations, otherwise, these people will not receive the care and support they need. In my opinion, this is a case where inaction is a much better prospect than the action proposed.

I hope this has been of assistance to the enquiry. Please feel free to contact me via email for further information.