3 August 2011

Committee Secretary
Senate Standing Committees on Community Affairs
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Dear Committee,

COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

I wish to express my concern in relation to the above.

Specifically, I hold grave concern about the proposed removal of the two-tiered Medicare rebate system for psychologists, resulting in equal recognition of general trained psychologists and psychologists who have completed a clinical masters degree.

As a clinical psychologist in private practice in Sydney, I feel I have direct knowledge of the issue and hence a responsibility to provide an informed viewpoint and to highlight the obvious fears myself and my peers hold if the proposal goes through.

In order to gain accreditation as a clinical psychologist who can access the higher Medicare rebate to provide to clients, I have had to undergo not only specified University training, but also extensive workplace supervision and additional training. I have then had to maintain my status by meeting strict standards for ongoing professional development that are specific to clinical psychology and thus specific to the provision of treatment to clients. By removing this system, you remove the need for working psychologists to maintain this stringent requirement of continuous training. The reality is that many working psychologists do not attempt to gain accreditation to the higher Medicare rebate, because they do not want to have to complete the additional professional development requirements that are expected. This has the potential to foster a profession of psychologists with outdated skills and beliefs about treatment. Clients deserve to be informed about their treating professional and the level of both current and foundation (tertiary) experience. The tiered system is one way of doing so, while also regulating psychologists' requirement to participate in clinically based, specific, ongoing professional development activities.

As a psychologist who bulk bills, I have additional concerns about the removal of the two-tiered system. The number of psychologists in Sydney who will bulk bill is becoming smaller and smaller. I predict this number will drop further if current clinical psychologists are forced to receive payment of only the generalist rebate. Alternatively, this cut will be passed onto clients who will then be required to pay a significant gap fee. The majority of the clients I see on a bulk bill basis experience financial strain and could not afford to pay a gap fee. These clients would surely lose access to much needed treatment.

Further to this, the removal of the two-tiered system has the potential to mislead clients, and has the potential to cause harm and increase costs to the community. The tiered system identifies to the public differences in training , and hence qualification. A four year psychology degree provides little to no formal training in working with clients. The focus is on theoretical knowledge rather than practical knowledge, and centrally, on conducting and evaluating research. Removing the tiered system essentially downgrades the recognition of postgraduate training. This is not only misleading to the

public but could also put Australia out of step with Britain, Canada, the UK and USA, where a minimum of six years formal study is required for a psychologist to practice.

On the job training and supervision simply cannot impart even a fraction of the material covered in a clinical masters course. In this alternate context, supervision is rarely imparted on a day to day basis and the experience is highly varied and largely unregulated. Further to this, in the absence of postgraduate clinical training, individuals do not have the language or concepts to discuss clients with their supervisors in a way that is conducive to clinical learning. For instance, if the individual is not trained in the subtle nuances of differential diagnosis, then they may not observe or report vital information that can assist with accurate diagnosis, which is integral to informing treatment planning and implementation. Incredible harm can be unwittingly done when clients are led to believe they have a disorder they do not have, or treated for a disorder they do not have, and untreated for the condition they do have.

This does not even touch on the fact that those with only generalist counselling skills lack the treatment knowledge that clinical psychologists are equipped with. Many evidence-based treatments for specific disorders involve counterintuitive elements, which would not be attempted by a practitioner operating from the perspective of general counselling rather than disorder-specific, or formulation-specific, treatment. In addition to the suffering caused, this increases the cost to the community in the long term as disability due to the untreated disorder is exacerbated, and treatment-seeking is prolonged.

It is also pertinent to remember that a clinical masters degree is the only degree in psychology where there is a sole training focus on mental health. As the Medicare rebate offered under the Better Access to Mental Health initiative relates to Mental Health conditions / disorders, the only psychologists who are specifically and comprehensively trained to provide these services are clinical psychologists.

As a final note, I, in addition to numerous writers before me, draw your attention to the problem with making arguments about Medicare funding on the basis of one study- a study which has been repeatedly identified as being highly methodologically flawed, rendering the results meaningless.

My second concern I would like to outline regards the proposed reduction to the number of sessions available to clients. I raise this concern for a number of reasons:

1. Many clients require more than 10 sessions and I fail to see who will now see these clients. These clients whether moderate or severe are most at need, and no workable plan has been put in place for these individuals to receive timely access to treatment, if they not considered appropriate candidates for a Mental Health Care Plan.
2. As a busy psychologist in private practice, I don't see how it will reduce costs for the program overall. So many people require treatment that when a client has used their 10 sessions, if they cannot afford to pay for additional treatment there will be a new client that will effectively take their place. If budget cuts are what are required, the answer is surely in refining the suitability criteria and educating GPs in adhering to this, or alternatively means testing clients, rather than reducing the overall number for everyone. Clients do not use the full twelve sessions unless they legitimately need to.
3. Reducing the number of sessions can be misleading to clients. Many clients view the Medicare sessions as a guide to what people 'normally' need to recover. Many clients internalize those numbers as the "norm", and believe that if they cannot recover in either 6 or 12 sessions, that they are untreatable and a "hopeless case". Such hopelessness is counterproductive not only for the client's psychological health, but for their responsiveness to treatment. Self efficacy, hope, and faith in treatment are important components of a client's response to psychological intervention. When psychologists are forced to use valuable therapy time addressing counterproductive attitudes fostered by session

entitlements, not only is the progress of therapy slowed, the client's improvement is undermined.

I sincerely hope that the government re-considers these cuts and changes, and perhaps reviews alternative methods of cost-saving.

Thank you for considering this feedback.

Yours faithfully

Name
Qualifications
Email