Submission to the Inquiry into Commonwealth Supported Mental Health Access.

I am writing as a psychologist in response to a proposal to:

(i) reduce the number of Commonwealth supported sessions from a maximum of 18 to a maximum of 10 per calendar year and

(ii) to withdraw specialist Medicare rebates for clinical psychology in favour of providing both generalist and clinical psychologists with equal levels of government rebate.

I am a psychologist and have been practicing as such for the last 10 years; five of those were in Sydney, Australia. During this time, I have worked mostly in private practice, as well as in the NSW Health System.

You just make no sense to reduce the number of sessions. I work in an disadvantaged area of Sydney and bulk bill nearly all of my patients. Nearly all of them need 18 sessions to get better. With a rebate lower than the Clinical Psychologist rebate how could I survive only giving 12 sessions. I need the extra six sessions just to break even — after tax, rent, professional fees it works out I’m lucky to be on $40 per hour. I would love to work in a rich area and charge $150 per hour but just can’t do that. The poor people I work with can’t afford it.

Also how can you justify paying Clinical Psychologists more than me. I do the same work!! Just because they go to university longer and have extra supervision does not mean they are better than me. I guarantee you that all the clients I see for 18 sessions are just as well off as those that see a Clin Psych for 12 sessions. 18 x $80 = $1440 and 12 x $120 = $1440. It’s the same price for the same outcome. If you paid me more the same as a Clin Psych then I could only see the client for 12 sessions and it would be better for the client. I could then fit in more clients and help more people.

Clin Psychs think they are better because of the extra education, which is stupid. With my vast experience, I am just as good. They walk around like they are superior to me and expect to be paid more. It is stupid.

Name Witheld