9 March 2021

**To the Select Committee into Mental Health and Suicide Prevention:**

**My opinion on how my clients are affected by the current mental health system and what I would like changed:**

I am an Australian psychologist of a minority ethnic background who can speak two languages. I start with this statement because when GPs find I can speak the patient's language, they will refer to me. A psychology session in the client's language is most essential. Usually, of immigrant population, and of minority, the clients I see are blue-collar workers and with Sydney's cost of living, they cannot really spare much of a gap to pay for their psychology sessions (but are desperate to have these sessions). So with their tight economic status, plus their unique cultural beliefs/experiences in migrating, I see them quite late into their mental health condition - so they are seen initially in very severe form. Their therapy sessions would also become far in between or interrupted or ceased more often because they will tell me or their GP, that they cannot afford the sessions.

Unique to these CALD groups are the young children/adolescents - who grow up in Australian way of life but with significant exposure to their parents' culture, beliefs, and language. This can cause great resilience, but also major conflicts amongst parents and their children. These are the children, teens, and young adults I see and they need professional support. It is good if the parent or the young adult is guided toward professional psychology help, but with the culture, I wonder how many do not get the proper help because of cultural beliefs, plus economic strife.

So - I think, there is a need for the CALD population to go directly to a psychologist and not have to use the GP as gateway for psychology sessions - they are one group who demand extraordinary privacy and utmost confidentiality, that going to a GP to be referred to a psychologist is something they usually view as a negative. If we had a system where they can willfully decide to see a psychologist independent of GP consult to obtain Medicare, I think we can catch issues earlier and invite this group to value their mental health more.

I am a psychologist but I have achieved other degrees too. I am paid $87.45 for a Medicare session. This pay is not enough to hold a livelihood, so I have no choice but to implement a gap from my clients. Initially, I perform a more exhaustive exploration of my clients' issues, and yet I get paid so much less by Medicare than a mental health care plan by a GP (~$140). The GP's letter is helpful to give us a gist of what's going on - this should only take 10 min of their time. But this MHCP, I find does not really help me much. I will make my own assessment in the psychological perspective. I do not look at a mental health condition along the medical model, but in a more specialist psychology mode. I think the MHCP is redundant and had you passed onto us, the specialists for mental health, the pay that you give the GPs - there will be enough for all psychologists and clinical psychologists alike to have a more just remuneration for our service.

Also, the service that psychologists perform are the same as what clinical psychologists do - same service, same outcome, so why is there different pay? The patient populations that I see are not best served by this disparity. I have not made an exhaustive research, but in my area, I believe I am only one of three registered psychologists who can speak the language, and I do not think there is a clinical psychologist who does. I think with the very low pay that Medicare rebate gives to my client in this CALD population - there is an imbalance of the two-tier system and the CALD population is the one group who most suffers. I'd like to ask of this on behalf of the CALD groups - why is that? When they are the very population who is of higher risk for the development of mental health problems because they are economically at a disadvantage, have less work progression opportunities, deal with immigration changes in their lives and have to adjust to their new environment.

I think the two-tier system has had great negative impact on this big and disadvantaged population. Another group I also see are clients from far Western Sydney area, who have lesser opportunities, and lower incomes. They are also having to pay more gap with the small Medicare rebate that is allocated to psychologists. To make our business viable - we pay rent, expenses, receptionists, etc - most of us do not bulk bill anymore.

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In my opinion, there is a need of fair and open-minded client-centred discussion and deliberation. I trust you can discern well - and note decisions that are politically influenced versus the real experience-driven decisions that our clients will most benefit from.

By listening to our experiences, I hope you can make major changes for the betterment of our clients' mental health.

Thank you for your dedication to mental health.

Yours sincerly,

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