

Monday, 18 July 2011

*To: the Senate Community Affairs Reference Committee
Re: The Inquiry into Commonwealth Funding and Administration of Mental Health Services*

I am a Clinical Psychologist working in several mental health settings in Sydney. I do not work in private practice but I have in the past as a contracted Clinical Psychologist. I currently work in a very underpaid role as a Family Therapist at Relationships Australia, and also at a Division of General Practice under the ATAPS program.

I have recently been informed that:

"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 would like to put forward a submission to the inquiry relating to the above issue.

Reasons why Clinical Psychologists are able to offer a higher quality of psychological services to a registered psychologist:

- Most importantly Clinical Psychologists (here on referred to as CPs) have completed specialised post-graduate clinical training at a Masters or Doctorate level, which involves in-depth clinical training (both theoretical and practical) for working with all types of psychological and developmental disorders, and for people all ages. Registered psychologists (hereon referred to as Ps) have not completed this formal training, and have learnt only from their specific workplace or courses undertaken. That means they can have good knowledge of a particular population or specific area, but lack the generalist skills and training to work with all types of mental health problems and clients, especially those at the more severe end of the spectrum.
- Postgraduate Clinical Psychology programs offer intensive training in the most evidenced-based psychological therapy: Cognitive-behaviour therapy and most CPs graduate with excellent knowledge of CBT for individual adults, children and groups. Unless Ps have worked in a specific CBT focussed workplace, they are likely to only have an introductory level of knowledge about how to implement CBT with clients.
- Since the introduction of Medicare rebates for psychological services, public Community Mental Health Centers now work with only the most extreme and chronic problems. This has resulted in a big gap for many people whose symptoms are not severe enough for public mental health, but are significant enough to require professional intervention. CPs fill an important role because we are qualified enough to work with clients at all severities, and can take many of those that won't be prioritised in mental health.
- Clinical Psychologists are also trained in neuropsychological disorders, neuro-cognitive assessment and developmental disorders as well.
- Please note many other professions have a recognised difference in service provision between professionals with differing qualifications. An example

closest to psychology is in nursing, between registered nurses and enrolled nurses. The former are recognised in the health system as being trained and qualified to provide services at a higher level than the latter and receive differing incomes as a result.

- Finally, it should be noted that the four year undergraduate psychology degree that is the minimum university degree to become a registered psychologist, does not involve any compulsory clinical psychology training (at a theoretical level or at a practical level). It is not a practical degree at all.

I would also like to put forward some reasons why none of the Medicare rebates for psychological services should be reduced:

- The rebates were introduced to provide affordable private mental health services so that it wasn't only the rich that could afford to see a private psychologist.
- Before the Medicare rebate was introduced NSW and AUS had some of the lowest standards of mental health services in the developed world.
- The Better Access program has allowed many people to be able to afford to seek help from extremely qualified professionals. This although costly at the outset will lead to reduced costs on the public health system and the economy down the track, as more and more people learn to manage their psychological distress and decrease the impact this has on their lives.
- Reducing the rebate for CPs to be the same as Ps would just be going backwards. It would mean that only the people who could financially afford it could afford to pay the gap fees to see a CP.

If the Australian government is unable to afford the cost of the Better Access program, I propose that a better cut back would be to introduce an income tested use of the rebate.

To conclude, I believe it would be so despairing that if after years of desperately requiring better mental health services in Australia, and finally getting there, we were to all of a sudden go backwards and take away much needed and beneficial access to psychological services.

Sincerely,

Dr. Cate Arciuli.
Clinical Psychologist.

I have been asked to also send this on behalf of my colleague who is currently working overseas:

Dr. Juliet Donald (Clinical Psychologist).