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To:  
The Productivity Commission Mental Health Enquiry  
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Issues of concern and suggestions for improved psychological mental health services across Australia relate to the following two categories:

- **Issues relating to users of mental health services. My concerns centre on people who have low or no income.**
- **Mental health workforce. My concerns are around the impact the 2-tier Medicare rebate payment scheme has on people who are less-well off and on the future of the psychology profession.**

They are as follows:

**1. The provision of increased psychologists' services for people with mental health issues who require Centrelink support.**

Many of the clients I work with are very poor, homeless, unemployed and less well off. They regularly report that having to deal with the current government regulations and guidelines, via Centrelink, results in a major escalation of stress, anxiety and despair, impacting adversely on their progress.

Attempts to help clients navigate their support options with Centrelink are unwelcomed by Centrelink. Centrelink officers are required to instruct clients to rigidly follow the guidelines. There is no consideration for the diversity of their clients' mental health needs – "one rule fits all". This situation is damaging and inhumane for all people involved

*Suggestions to address these issues:*

- a) There needs to be changes in government regulations around social welfare, acknowledging the complexities of Centrelink clients, and the need for increased safety-net structures.
- b) All registered psychologists need to be able to interact with Centrelink where their clients are needing greater support.
- c) Acknowledging that *work is healthy for people*, there also needs to be alternative options available for clients who cannot cope with certain work situations and the strenuous process of seeking employment, linked with their New Start program.
- d) The Volunteer scheme for the unemployed needs to have more flexibility and be linked with psychologist support services in a practical way to generate an appropriate practical management plan (with registered psychologist involvement).

**2. Many more treatment sessions should be available for complex cases regarded as “severe”.** All registered psychologists (not just clinical psychologists) need to be able to have more treatment time with people whose mental health conditions are complex and require a slow, careful pace to assess their needs, diagnosis, treatment plan and develop a therapeutic working relationship. Also, those people who have reduced incomes or no income, who need (and seek) psychological support have not got the means to pay privately to see their psychologist of choice after they have completed their 10 allocated sessions.

Suggestions:

Annual session allocation should be increased to a minimum of 20 sessions, with a maximum of 35 sessions for cases with extreme complexity (e.g. suicidal ideation and self-harm ruminations). Interaction between referring GP and the psychologist can effectively monitor the appropriate session needs over a period of treatment time.

**3. Mental health workforce – How the psychological service delivery to the public is adversely affected by the Psychologists’ Medicare 2-tier rebate payment schedule:**

The current 2-tier rebate payment is not in the best interest of the community. It is proving to have a negative impact on the public service delivery, in that it has:

- a) reduced access to psychological service delivery where certain services can now only be delivered by (higher fee charging) clinical psychologists.

There are (approx.) 67% qualified registered psychologists who treat clients at a (30%) lower rebate fee despite their equal competence with the 23% of available clinical psychologists who receive the higher fee, without any proven greater effectiveness (evidence-based research: Pirkis et al 2011).

- b) increased cost to clients who are now required to consult with (higher charging) clinical psychologists for certain services.  
Those who are less well-off need to be able to access a psychologist of their choice, who will bulk-bill.
- c) imbalance in service provisions to the public, which undermines the professional status of experienced, qualified registered psychologists available to deliver that service.

The current **tiered** rebate structure is creating **discord and division** within the Psychology profession and risks splintering psychologists’ service capacity in the community, with the 67% of registered psychologists having their careers threatened.

Suggestion to address this damaging cost-ineffective situation:

The Medicare Benefits Schedule Review Taskforce needs to review and resolve these divisive inequities that eventuate from the existing 2-tier structure. This review should be in consultation with past members of the Taskforce who know the history of how the 2-tier structure came about. The Taskforce needs to consider a **single item equal** rebate payment schedule established for **all** qualified registered psychologists across the country instead of the current two-tier rebate, where clinical psychologists are paid significantly higher rates than non-clinical registered psychologists. In 2011 research into psychology services under Better Access (Pirkis et al, which was widely published) showed no differences in treatment outcomes between clinical and non-clinical registered psychologists.

**4. Step-care model – There is a need for a lot more reconsideration of the model before it can be deemed to be safe.**

The Step-care model is not backed up by evidence or experience. It does not match up with how people's patterns of dysfunction manifest, and how treatment needs to be flexible and accommodate to unforeseen and unpredictable factors in a person's mental health issues.

**5. Professional qualifications and personal experience**

I have 43 years' experience as a counselling psychologist, with 40 years' experience working in rural and regional Australia. In those years I have maintained a focus on a very full Continuing Professional Development programme directed at "best practice" for my clients' needs.

I have a 2 year Master's degree (with both course work and a research programme). I have chosen not to seek APS Area of Endorsement status as it did not appear to offer me any advantages in my rural/regional practice. My focus has been and is only on "best practice".

However I was not to foresee that in 2008, the APS board would negotiate a Medicare payment system that favoured clinical psychologists and disadvantage me financially. For the past 10 years I have received the lower fee rebate, and yet this has not affected my clients as I always bulk-bill. It appears regulations now exclude non-clinical psychologists from delivering certain services, and this does disadvantage clients (access, choice and financial burden - see above).

Over the past two years I have been asked many times by my clients/potential clients such questions as:

"Are you a clinical psychologist?"

"Centrelink said I have to see a clinical psychologist, why?" and

"What's the difference?"

They are losing access, choice and have further financial burden if they continue to seek mental health support.

**This is now significantly affecting the service I can provide to the public.**

Colleen M. Hunt