

To Whom It May Concern,

Re: Concerns Regarding Proposed Changes to Medicare Rebates for Psychological Services

In response to a Green Paper proposed by the Australian Psychological Society recently, the CEO stated in a telephone feedback session (Thursday 28th March) that the Green Paper reflected concessions that will be required of ALL psychologists. This is simply not the case. The vast majority of working psychologists and their clients will be detrimentally impacted by the proposals in the APS Green Paper, should Government be influenced by an organisation that no longer reflects the ideals of the majority of its members. I chose this industry to assist, improve and care for the mental health of people within our community and in considering the proposed changes I foresee the following major concerns:

1. Major disruption to client progress and mental stability
2. Further fracturing amongst colleagues (which in itself will not benefit community confidence)
3. Insufficient endorsed psychologists to provide services; and
4. An unrealistic burden of responsibility and expertise on General Practitioners.

Of grave concern is that although Psychology purports to be a scientifically evidence-based industry, the APS Green Paper, with its basis in a 3-tiered model of segregating its workforce for the apparent welfare of consumers, omits to acknowledge scientific research illustrating that there are NO differences in treatment outcomes based on years of tertiary study. It takes far more than years of heads in books to be a good psychologist, and there is *actual* research to support this.

I can only assume that this evidence has not been acknowledged by the APS or used to inform the development of the Green Paper, as it quite simply does not assist the APS in their financial or political goals. This is horrendous to consider that a society aligned with mental health of the community is absolutely not putting consumers before themselves. This goes against the ethical principles and guidelines that I was taught to honour and uphold as a psychologist.

My concerns regarding any support the Government gives to a 'tiered' Medicare rebate system for psychologists, rather than offering a single rebate amount for ALL psychology services are as follows:

1. I don't understand why a pathway I chose in order to practice as a 'fully-fledged' psychologist was acceptable at one point in time, but not now. Why will I, and 70% of working psychologists, have to pay for the decision to move the goalposts? Will anyone be held accountable for that decision impacting on my practice, the staff I employ, my sense of worth, and my family if I am forced back into study?
 - a. Please tell me also how the APS can make the judgement that I am not adequately trained to deliver effective treatment when I have built a business based upon my reputation of making a significant difference to people's lives. A significant portion of referrals to my business are word-of-mouth endorsements.
 - b. The big winners in the APS Green Paper proposals will be the Universities and institutions offering the **bridging courses** for non-endorsed psychologists, with approximately 20,000 psychologists needing further education - according to what? How can this not be seen as financially and politically motivated? The potential loss of such a large number of psychologists in the workplace, even if temporary, will be detrimental to consumers particularly in terms of increased wait times and a smaller number and selection of psychologists to serve them.

2. I believe that **40 sessions** of Medicare-rebated psychological treatment could be considered unethical ‘over-servicing’ to the vast majority of consumers. Whilst I acknowledge there are those whom 40 sessions might be reasonable, this would be the minority of consumers and applicable to a group of clients whose severity falls far wider than just requiring psychological services, but rather requiring a team of health professionals.
 - a. I believe the original Medicare 6x6x6 method, totalling 18 sessions per year, was close to adequate. 10 sessions is most definitely not adequate. (For example, with issues such as addiction where first the addiction needs to be eradicated and then investigating and treating the reasons behind the addiction.)

3. Of great importance is the question of whether **GPs** would realistically be able to determine the **severity level** of a client when I would argue that few are actually informed of the real issue that clients end up discussing in therapy? This is particularly pertinent to my area of interest which involves childhood trauma and abuse. I repeatedly hear from clients that I am the first person they have ever told about their childhood abuse. I attribute this to them feeling comfortable with me, rather than to how many years of tertiary study I have completed. Clients living with the impact of childhood sexual trauma and abuse, often can appear to function well on the surface, so might be categorised by a GP as ‘mild’ when I have no doubt that these clients would refer to their daily challenges as anything but mild. I also see plenty of people who view their childhoods as “normal” and therefore would not think to tell their GP otherwise, resulting in a more severe classification.
 - a. Given that relationships with GPs are becoming increasingly ‘functional’ rather than relational, a client is unlikely to disclose to a relative stranger an area shrouded in shame and secrecy. This is just one example of a GP, regardless of ability, being unable to accurately categorise a client in terms of their ‘severity’.

4. So if a client feels comfortable enough to trust me and disclose their (sexual) abuse for the first time in their lives, according to the APS Green Paper I then send them back to their GP for an upgraded severity level of their mental state, thank them for telling me their life-long secret, and tell them they need to tell someone else. **PLEASE TELL ME HOW THIS PROCESS WILL BE IN THE BEST INTERESTS OF MY CLIENTS AND CONSUMERS OF MENTAL HEALTH SERVICES?**

The contents of the APS Green paper have fractured the psychology industry to an extent that I am not sure it will ever recover – and that is heartbreaking. The only remedy is to provide a **single-tier** for ALL psychologists, because that is what we are, regardless of how we got there. Whilst I obviously have no idea of the Government figures, my thoughts are for a Medicare rebate of, for example, \$100 per session with a psychologist THAT A CONSUMER BELIEVES HELPS THEM.

Yours sincerely,

Vikki Prior
Psychologist