

As a General Psychologist in private practice in Ararat I am very concerned with the Medicare Review currently underway. My professional body – the Australian Psychological Society (APS) (Note: I have since resigned from the APS as clearly they were not representing my interests, or the interests of the community. I have since joined with the Australian Association of Psychologists – AAPI) - made a submission to this Review which supports a three tier system whereby only Clinical Psychologists can treat clients with “Severe and Chronic/Unremitting Disorders” and “Moderate-Severe disorders and more Complex Disorders”. If this proposal were passed it would obviously have a significant negative effect on Generalist Psychologists and their clients.

Mental illness – of one kind or another - unfortunately is widespread and does not discriminate in terms of gender, race, age or any other basis. The availability of treatment and support for mental illness, however, often does not meet the demand. This is especially true in rural and remote Australia. I have done some quick research into the availability of Psychologists from the area outside of Ballarat through to the South Australian border. As far as I am aware there are eight – yes, that’s correct only eight – Registered Psychologists covering the area stretching from Beaufort to Ararat to Stawell to Horsham to Bordertown and all the outlying areas along that path. Of those eight Registered Psychologists four are Clinical and four are Generalist. There are three Psychologists in Ararat – one Generalist (me) and two Clinical, one Generalist in Stawell and in Horsham there are two Generalists and two Clinical. Not all of these Psychologists are full-time in their practice. If this proposal were passed there would be only four Clinical Psychologists to cover the demand of those in the most distress in our community – stretching some 400km. I am aware there are also Social Workers who provide a valuable service. There has not been much information as to what the impact will be on them. I suspect their ability to provide services under Medicare would be pretty much non-existent if the proposals were passed.

Roughly 40% of registered Psychologists in Australia are Clinical and the other 60% (like me) are Generalists. Losing 60% of a skilled workforce is a disaster in any field – let alone in one so important. Many Generalists are questioning the value of being members of the APS as the APS has systematically been trying to reduce the work Generalists can do whilst still taking our membership fees. As mentioned above, I have now cancelled my membership with the APS and have joined another peak body – the AAPI, who are more supportive and inclusive in regards to recognising the skills of all registered Psychologists in Australia.

I have worked in mental health for twenty-one years now. The first ten years I was working in, and coordinating, the Drug and Alcohol program services at Ararat (now Hopkins Correctional Centre) and Langi Kal Kal prisons. For the last eleven years I have been in full-time private practice in Ararat. I only see adults in my practice as I do not have the experience and skillset to be treating children and adolescents. A “typical” day for me is seeing six clients. I currently have over 50 “active” clients and have archived over 800 files of individual clients since I commenced practice on 22.02.08. These are comprised of clients referred by their GPs through Medicare, Workcare, TAC, Veterans, VOCAT, Forgotten Australians and others. I also have the EAP contract with East Grampians Health. The Medicare clients are about 20% of my caseload. As a rural practitioner I have had to be resourceful in terms of the work that I do and given the few mental health workers available, we do not have the luxury of specialising in any particular field. If the three tier system were passed it is not a huge leap for Workcare, TAC etc to also change their requirements for providers and only allow Clinical Psychologists to do the complex trauma work that this clients bring. My practice would then be gone as most of my clients have some degree of trauma in the past or current lives – don’t we all? I don’t think my story is at all unusual. In fact, I think many Generalist Psychologists in private practice would also be very concerned about their longevity within a field they have studied hard for and enjoyed.

My main concern is not for myself and my livelihood. I can adapt and adjust (promo – see link to my apps below). My concern is for my clients. Some I have seen on and off over the eleven years of being in practice. As you may know, the best determinant of positive outcomes in treatment is the therapeutic relationship. I believe many of my clients have built up a hard earned sense of trust in me. I feel privileged, humbled and honoured to share in their lives and hopefully contribute to helping them lead a happier and less troubled life. If the proposed changes go through I would no longer be “allowed” to see many of these clients. I doubt that many of them would have the energy or trust to start with another therapist. What about continuity of care?

I refer you to an article written by Eva Cripps in theaimn.com entitled “Australian Psychological Society Medicare review submission betrays members and clients”. I believe this gives a very good summation of the issues at hand. A website “reformaps.org” also provides an account of the state of play.

On a personal note, I have a 24yo gay son [REDACTED], who lives in Ballarat. He has struggled with mental illness – mainly depression – for many years. He has taken himself in a suicidal state to Emergency at Ballarat Base before as my husband and I sped to Ballarat to be with him. He is now a very active member of the wider Ballarat community – volunteering with the Wendouree CFA and the local St John service – in fact he has received the award from Federation Uni for the most volunteer hours performed in one year amongst all students. He has engaged in counselling with a Psychologist in Ballarat since he moved there in 2014 for university. I am grateful for the help that he has been able to receive by the Generalist Psychologist he has seen. I don't know if he would trust seeing a new therapist and this, as a mother, would be a real concern for me.

I assume you will be also looking into the role that public Psychiatric Services play in supporting people with mental health. I do appreciate their role is very difficult in terms of the mental health issues they are supposed to assist with. Quite frankly, I am at a bit of a loss in understanding what their role is given services provided seem quite limited (at least in this region).

I appreciate you taking the time to read my rather lengthy submission. I assume you would have received lots of other correspondence regarding this matter and all may not be taking the same position as me. I look forward to following your representation on this very important matter.

I would be very happy to meet with you to discuss this further if a mutually agreeable time can be organised. PS - [REDACTED] says he would like to come too! (you may be able to sway him away from the Greens).

Regards

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