## Problem:

I am a Health Psychologist working in Primary care and private clinics, and associated with PHNs and the ACI. I believe the current two level system of MBS funding for Psychology services has been substantially detrimental for Health care, the community and Health Psychology. Most Universities no longer offer health psychology training. Australia is out of step with other similar countries, the effectiveness and efficiency of psychology services has been negatively affected, and there is continuing discontent within the Australian Psychologist's community. Health Psychologists have specialist experience and knowledge in chronic disease management. The Australian community are substantially denied access to the evidence based benefits of Health Psychologists due to the increased costs associated with the current MBS system and the dropping numbers of Health Psychologists. Australia is out of step with most other countries where health psychology is present and providing high quality services, research and outcomes. There exists a very substantial evidence base for health psychology based treatment in the context of medical diagnoses.

## Solution:

In my opinion, the only uniting solution that will lead to a best care delivery model and a cohesive and collaborative psychologists and integrating with other health care services as well as the community is this:

Any AHRPRA endorsed psychologist that is appropriate for, and can provide services under any MBS

treatment number, can access the higher rate the same as endorsed clinical psychologists do now for specific numbers associated with specific expertise; Health Psychologists for chronic disease related referrals, Counselling for relationship, loss etc, and clinical for a diagnosed mental health condition.

## Outcome:

Within the APS, Clinical members wanting to manage chronic disease could seek dual endorsement through a simple process (described elsewhere) and similarly, Health Psychologists and Counselling Psychologists could seek clinical dual endorsement. Thus importantly, the patients will have access to the right expertise and treatment at the right time and endorsed psychologist working with MBS clients will have no issue with the two tier system. Over time, Universities will reinstate Health Psychology programs for training and research that have almost disappeared since the two tier system was introduced. The APS and AHPRA and the MBS will then command a united and collaborative response to the range of psychological treatments available, and he able to track and report on their relative effectiveness. The community will have access to registers of appropriate clinicians for specific situations and health care is likely to be targeted to the consumer and delivered with maximum effectiveness. This is a MBS decision that, while very simple, allows for much ongoing further efficiencies and future proofs Australia's mental health and comorbid illness psychological care.