Dr Christopher Duffy

TO:
Committee Secretary
Senate Standing Committees on Community Affairs
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Introduction

Thank you for the opportunity to respond to the Select Committee on Mental Health. I am a registered counselling psychologist and I would like to comment on the unfortunate and inaccurate oversimplified dual-titling of psychologists by Medicare: that of 'Generalist' psychologist (or sometimes referred to as registered psychologists) and 'Clinical psychologists' (the later being accurate and the former being inaccurate) and the two-tier Medicare rebate for Better Access to Mental Health Care, which I believe has the potential to continue to harm the psychology profession. I would also like to comment on the reduction of service under the Better Access scheme.

As a registered counselling psychologist, I belong to one of the nine areas of endorsement in the psychology profession, apart from the psychologists who carry no endorsement. With all due acknowledgement and respect to all of the other areas, including clinical psychology, I believe that there are currently some misconceptions about what each of the differently endorsed psychologists are able to provide to the public and would like to state my reasons for this below.

Medicare Evaluation

In a recent *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative of the final report (May 2011)* it was clearly demonstrated that all psychologists are able to effect equally measurable outcomes.

The Summative Evaluation section of key findings stated that:

> "Participating consumers who received care from clinical psychologists, registered psychologists and GPs under Better Access shifted from having high or very high levels of psychological distress to having much more moderate levels of psychological distress (as assessed by the K-10). Consumers who received care from clinical psychologists and registered psychologists also showed shifts from moderate or severe levels of depression, anxiety and stress to having normal or mild levels of these conditions (as assessed by the DASS-21). These consumers clearly achieved positive outcomes, as assessed by these standardised measures. These outcomes were not only statistically significant; they were clinically meaningful too." (Ch 8, p. 94)

And further:

> "For consumers recruited by all three types of providers, those with worst baseline manifestations of psychological distress (i.e., higher pre-treatment K-10 scores) made the greatest gains. For consumers recruited by clinical psychologists, no other variables were predictive of outcomes. For consumers recruited by registered psychologists, those who had completed treatment or were still in treatment experienced greater gains than those for whom treatment was incomplete, and those in metropolitan areas showed lesser improvement than their rural counterparts." (Ch 8, P. 94)

And importantly

> "…… the care provided by both clinical and registered psychologists was associated with positive clinical outcomes……the mean improvement on the K-10 was **9.53** points for consumers who received care from clinical psychologists and **10.58** points for those who received care from general psychologists. Taking the average of these two estimates, **consumers who received care from <u>any</u> psychologist improved by 10.26 points**." (Ch 4, p. 39, *bolding and underlining added*)

Psychologists' nomenclature

Inaccurate nomenclature has artificially bifurcated the profession of psychology: namely 'clinical' and 'general', rather than acknowledging the rich tapestry of experience and training that exists within the psychology profession. 'Clinical' encompasses clinical psychologists who have a minimum of six (to masters level) or more years (to doctorate level) of education plus two years of supervised practice in that area of practice. 'General' encompasses all of the other eight endorsement areas of psychologists (Counselling, Sports and Exercise, Clinical Neuropsychologists, Community, Forensic, Organisational, Educational and Developmental, and Health) and non-endorsed psychologists. It is not always made clear that the eight other endorsement areas also include six (to masters level) or more years (to doctoral level) of education plus two years of supervised practice in that specialty area, which is often overlooked when reported.

Also some non-endorsed psychologists have completed a masters degree but have not sought endorsement (for various reasons). Therefore it should be understood by the Senate Committee that many other psychologists who have regrettably been labelled by Medicare as 'General' or simply 'registered' do in fact have higher postgraduate qualifications to masters degree or higher, as many non-endorsed psychologists have also. Many also have a good number of years of experience working in psychotherapy and counselling with people with mild, moderate and severe mental health problems.

As a counselling psychologist I have found the training and skills I have gained over the years invaluable in supporting young people in schools, working mostly as a school psychologist. With all due respect to psychologists with other endorsement areas, but speaking as a counselling psychologist, counselling psychology is certainly one of the other nine (in total) areas, other than clinical psychology that can deliver an equally good service for people with mental health problems.

Counselling psychologists receive advanced training in psychopathology and treatment for mild, moderate and severe mental health disorders, and as stated previously, complete a minimum of six years of university training and a further two years of supervision, and therefore, should be able to access the top tier of the Medicare BAMHC as for clinical psychologists. I can only comment on myself as a counselling psychologist, but also believe that other psychologists with endorsement and those without endorsement who have many years of practical experience (and continuing professional development) in counselling and psychotherapy are as able to provide an excellent level of support for people with mild, moderate and severe mental health problems. Having said this, I currently do not deliver any services under the Medicare Better Access Scheme.

Conclusion

The Medicare Better Access to Mental Health Care is one such service that has been able to improve mental health for the public. As the Evaluation of the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative (2011)* has shown **all psychologists** have provided equally good outcomes for the public, regardless of endorsement type.

When established in November 2006, Medicare BAMHC provided a possible 18 sessions per year. This made it possible for those with more severe mental health problems a reasonable amount of access to support. And I believe that these people who require more sessions have now been limited, due to the changes access to only 10 sessions rather than 18 (possible) sessions.

With all due respect and consideration to all psychologists, it is unfortunate that the inaccurate and divisive nomenclature initiated by Medicare, and perpetuated by others, has (mis)led many to believe that only one endorsed area of psychology has the training and skills to provide mental health care to the public for which they are rebated at a higher Medicare rebate. In no way do I wish to do harm or cast aspersions on any area of psychology as I believe all psychologist have something to offer. I also believe that any profession should determine its own nomenclature and not be determined by other entities, such as Medicare.

I believe that the Committee should know, as a result of the *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiativeof the final report (May 2011),* that there is no difference in mental health outcomes for the public between generalist and clinical psychologists as measured by the K-10 and the DASS.

In conclusion, and in light of the above, I urge the committee to consider the evidence that exists for all psychologists to provide mental health services, acknowledge the multifaceted skills and training of all psychologists and review the two-tier rebate for psychological services.

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