SUBMISSION TO THE SENATE ENQUIRY

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Dear Senators

I have been studying and practicing my vocation as a psychologist for almost thirty years. During that time I have completed a bachelors and masters degree in psychology, educational research in special education, a Psy.D, majoring in clinical psychology, as well as all required individual and peer supervision. I have also invested countless hours in further study and thousands of dollars attending and completing professional development courses, workshops, seminars and conferences. I had considered these years to be an investment, invaluable for the experience gained, the personal growth experienced and the inevitable increase in skills and knowledge, which always increased the effectiveness with which I approached my clients.

Over the years, I have also served in my community as an educator and trainer, conducting training courses, seminars and workshops aimed at increasing individuals' life skills, as well as presenting clinical knowledge in the areas of intellectual disabilities and mental health. I currently work in a full clinical capacity with a major community mental health outreach organization and their severely mentally ill clients. I also work in a clinical neuroscience practice that specializes not only in a wide range of clinical counselling and psychotherapy treatments but also in neurocognitive assessment, diagnosis and treatment. I also have my own private practice.

Even as I write to you, I still feel a sense of disbelief at the apparent betrayal that has been visited on such a responsible, valuable and ethical profession. After contributing a high level of commitment to this profession for so many years, continually developing knowledge, skills and experience to better assist clients, I, and thousands of my colleagues, have now been relegated to the level of being a 'lesser', even 'incompetent', practitioner.

How has a situation like this come about? How have so many thousands of skilled and experienced psychologists become so demeaned and devalued ?

Over the past few years there are several actions on the part of organizations that have brought the profession of psychology to this crisis point, namely:

1. *The adoption of the current two-tiered Medicare rebate system.*

2. *The division of psychologists into the two factions 'generalists' and 'clinicals.'*

3. *The system of 'endorsement' which has further driven a wedge into the heart of the profession.*

When the Medicare rebate system was initially set up for psychologists under the Better Access program, all psychologists were considered as equally competent to provide services and were therefore, equally compensated.

When the system was being revised around 2007, it was unfortunately hijacked by a small cadre of psychologists who formed the clinical college of the Australian Psychological Society (APS) and who appeared to have a very personal and secret agenda. The APS is a private business organization, who at the time was supposedly representing the interests of all their members, the majority of whom were thousands of psychologists working to improve the mental health of Australian communities but for a variety of reasons, as it added further unnecessary expense, had not become members of their clinical college.

Without informing their members, the APS used a campaign of unsubstantiated misinformation in presenting to Medicare, the claim that a psychologist with a masters degree in clinical psychology, was somehow more competent and skilled than a psychologist who did not have this particular degree. All psychologists, however, have to complete at least six years of training which can include a bachelors degree, an honours year, a masters degree in psychology, a PhD or other and two years of a supervised internship before they can be registered.

This claim then became even more elitist by introducing a process of labelling psychologists. Those with the clinical degree would be called 'clinical' psychologists and those who didn't have that particular degree, would be labelled 'generalist' psychologists. These labels created the implication that the 'generalist' psychologists had a deficit in 'clinical' knowledge and therefore, must also be deficit in their ability to competently assist individuals with mental health issues.

A 'generalist' psychologist may have completed several degrees in psychology, including a PhD as well as having years of clinical post graduate and professional development. Many are also working in a clinical setting utilizing significant clinical skills. In spite of this, they are still considered less competent and less effective for working with mental health issues in the community. Of course, this implication resulted in the outcome that they were not worth as much in compensation for their services and must therefore, be reimbursed less for their work.

However, when this claim was presented to Medicare, the 'behind the scenes' machinations and personal agendas were hidden and so the two-tiered system of remuneration was implemented. This was a direct act of discrimination against all other competent and experienced psychologists and their clients, as any client who received services from a 'generalist' psychologist would now be penalized by being denied the higher rebate.

This system has caused a schism within the profession. However, it is interesting to note, that up to 80% of practicing psychologists are providing services to address the mental health issues of the Australian people, and the majority of these psychologists are in fact, 'generalist' psychologists. They are working in clinical mental health, clinical private practices, mental health units in hospitals and community mental health outreach programs.

This system has disenfranchised them professionally, financially and vocationally. The message presented by this system is that 'generalists' are less competent, less educated, less qualified and less skilled, than those with a clinical masters degree.

During the early days of this system, it was anticipated that there would be an inevitable eroding of the skills of the 'generalist' psychologist. There were fears that organizations and the community would take this attitude on board and actually believe that the 'generalist' psychologist was an incompetent practitioner or as one 'clinical' psychologist described, as even 'dangerous'. At first, most psychologists couldn't believe this could happen, as they knew it was a fallacy, as over the years they had done the same work as in the clinical masters, only in through different means of study.

However, over the past few years, the repercussions of this attitude are now slowly filtering into the community. The 'generalists' psychologist are receiving less referrals from the medical profession, from insurance companies, educational institutions and other community organizations and individuals. They have even been excluded from taking professional development courses by a large well-known training organization. There are many psychologists who now feel thoroughly betrayed by this system and are leaving the profession in disgust and disillusionment.

It is puzzling that no attempt has been made to provide a realistic 'grandfathering-in' process to the 'clinical' status, for all the current long standing 'generalist' clinicians with years of experience and clinical professional development training. Nor has any attempt been made to provide added specialised and clinically-focused professional courses for all psychologists, to up-skill in those areas as part of their regular career training.

The APS made themselves the 'gatekeeper' which was a conflict of interest, and set up a team to review the applications of the many 'generalist' psychologists applying for the 'higher' status. However, it is not surprising that even psychologists with masters and PhD degrees, who were professors at University and had years of clinical experience working in mental health units, hospitals and community mental health organizations and would have more clinical knowledge and skills in their little fingers than the new graduates with a masters in clinical psychology, were also denied access.

The interesting angle on this travesty initiated by the APS and it's clinical college, is that, for an organisation that prides itself as being academically driven, *there was never any evidence to support their contention* of the superiority of the 'clinical' psychologist over the 'generalist' psychologist.

In fact, currently, the 2011 Better Access Evaluation Report from Medicare itself, is the only research to date in Australia, indicating preliminary evidence for the effectiveness of psychologist practitioners in Australia. Most importantly, their findings have shown that there is *no* difference between psychologists, whether their pathway was the four year honours degree in

psychology with a two year internship or a masters in clinical psychology. It also found that most of the clients in the moderate to severe range of mental ill health, received services from the 'generalist' psychologists and that most of these consumers reported being improved from their treatment. It also was noted that the cases treated by the 'generalist' psychologists, were equally as severe as those treated by the 'clinical' psychologists. More importantly, the clients of the 'generalist' psychologists showed marginally *higher levels of improvement than those achieved by the clients of the 'clinical' psychologists*. How could this be possible, if the 'generalist' psychologists were insufficiently trained and less competent?

The fact is, in the real world, clinical psychology is what most psychologists practice. They are working in a clinical setting dealing with clinical problems. In other words, most private practicing psychologists addressing mental health problems with assessments, diagnoses and treatments, as well as psychologists working in mental health units, mental health access and assessment teams, and community mental health programs, are all practicing clinical psychologists.

Research by the APS itself, has shown that <u>all</u> psychologists are required to regularly complete professional development training courses each year throughout their careers. So if a psychologist has been practicing for ten, fifteen, twenty or twenty-five years, one can only imagine the amount of post graduate professional training they have 'under their belt', not to mention the experience they have in assessing, diagnosing and treating their clients.

In spite of this evidence, however, the Psychology Board of Australia (PBA), eight of whose members are also members or fellows of the APS and five of those being clinical psychologists themselves, (a possible conflict of interest you might say), has further reinforced the false allegation of the difference between the 'generalist' and 'clinical' psychologist, by setting up a system of 'endorsement'.

In effect, this means that while all psychologists who have completed the requirements can be registered, only those psychologists who qualify for the specialist categories, can be 'endorsed'. The specialist category that would apply to the work of most 'generalist' psychologists is 'clinical' psychology. However, they don't 'qualify' and are therefore unable to gain the level of 'endorsement'.

So in real life, the label of 'endorsement' further reinforces the implication that even the PBA itself has made a judgement of the practitioner. If you don't have that 'status', the unspoken message is that you don't have the qualifications and therefore the skills to be 'endorsed'. Psychologists who have worked all their lives for the betterment of others, have now been relegated to the level of 'lower, less than, less qualified, less educated, less skilled, less competent and even, dangerous'!! They are losing the confidence of the community, losing work, losing respect, facing financial hardship and being slowly choked out of their chosen career.

If we remember that around 80% of the psychology workforce are the 'generalist' psychologists, and that these are the practitioners who are providing effective mental health services to communities all across Australia, then what happens to the large number of individuals with poor mental health, when a large number of these clinicians are no longer able to treat them ?

How will the relatively small number of around three thousand 'clinical' psychologists, cope with the onslaught of the increasing number of individuals with mental health issues who had previously been seen by the approximately fifteen thousand 'generalist' psychologists? The short answer is, they won't. What might be the long-term 'big picture' of mental health in Australia if this system is allowed to continue ? The growing possibility will be a reduction in services available to the mentally ill in Australia and it will be these individuals, who in the long run, will suffer.

The situation will also be drastically affected, if Medicare reduces the number of clinical consultations available, especially to the moderately and severely mentally ill, from the current 12-18 sessions to only 6-10 sessions per year. Research has shown that up to 20 sessions is usually required to effect change in an individual. Many of these clients are also on disability or other pensions and would be unable to pay for further needed sessions, if they could not be subsidized by Medicare. This is especially true in this area of the northern rivers, where there are fewer services than in the cities. If the sessions are reduced to such a low number, there is a greater likelihood that these individuals will 'fall through the cracks' in the system, and as was the case in Australia previously, become an unsettling presence in their communities.

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May I be So Bold ?

Just imagine that you have studied and worked hard over years to develop the skills and experience necessary to obtain the successful position you now hold as a representative of your constituents in parliament. Then 'out of left field', a professional, private business organization, who is supposed to represent all the senator's interests, puts forward an idea to set up a system based on the premise that you and many other members like you, don't have the 'qualifications', which by the way, they determined, to deserve the higher salary. You are informed that you and the other senators in your category, will only receive a small stipend instead.

Then it is decided to label the other senators as 'super' senators and your group as ' adequate' senators. May I ask, how would you feel? You would say to yourself – 'that will never happen'. This is what we said. You also know this is a false claim. For one thing, there is no proof for this claim and secondly, you know you have the same skills as the other members for doing your job just as competently. However, you discover that a committee has been set up to explore this new system and make a decision, and you think 'it will never go through' - until you realise that many of those putting forward the claim are also on that committee. So the 'adequate' senators get together and protest but nothing happens.

Unfortunately, the 'super' senators are now enjoying the status and the extra money. So the system is implemented and you are incredulous - 'how can this have happened?' Slowly over time, you find that the 'super' senators are beginning to develop a demeaning attitude towards you and seem to now believe they are more competent that you are – but worse, your constituents are also wondering if you are a less competent person to represent their interests. How would you feel ?

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This situation has been a terrible travesty perpetrated on an unsuspecting government, a dedicated group of psychologists and the community at large, by a handful of misguided people who have not taken into account the 'big picture', nor thought through the long-term consequences of their actions on the mental health of the Australian people.

Those supporting the 'clinical' view, claim they are only doing this because they want to 'raise the bar' on the skills of psychologists in Australia. I don't know any psychologist who is against either improving their own skills to become better at what they do or improving the quality of assessment, diagnosis and treatment of those with mental illness.

This was not the way to go about achieving the best outcome for all concerned. It didn't take into account all those 'generalist' psychologists who *are* competent and knowledgeable in clinical areas, who *do* practice competent and effective clinical treatment skills and who *do* effect significant improvements in their clients. It also did not take into account what would happen to all the Australians who have mental health issues.

For the inevitable future problems to be avoided, the dichotomy between the 'generalist' and 'clinical' psychologists and the 'endorsement' system must be dropped, the two-tiered system of Medicare rebates must be brought to one level for all psychologists as with other allied groups of health professionals and the number of consultations must remain the same (12-18) for all individuals presenting for psychological services.

Thank You

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