

**To the Senate Community Affairs Reference Committee Enquiry into Government's funding and administration of mental health services in Australia.**

**The following submission is submitted by Mr Daren John Wilson**

**RE: SENATE ENQUIRY SUBMISSION**

The recent announcement of budget cuts under Medicare Mental Health provisions has brought to a head the concerns many of my fellow Australian registered psychologists and I have regarding the provision of allied mental health services.

These concerns include:

- That the proposed funding cuts now focus attention on the need for an evidence-based approach to the two-tier Medicare system.
- Lack of research or evidence to support the assertion that clinical psychologist service delivery is superior to that of generalist/ non-clinical Australian psychologists.
- The lack of advocacy by the APS for ALL psychologists in Australia.

According to the Oxford Dictionary **psychology means the 'science of nature, functions, and phenomena, of human mind.'**

**Psychotherapy** is defined as the **'treatment of mental disorder by psychological means.'**

**General** is defined as **'completely or almost universal; including or affecting all or nearly all parts or cases or things; not partial, particular, local, or sectional.'**

**Generalist** is defined as a **'person competent in several different fields.'**

**Clinical** is defined as **'objective, dispassionate; coldly detached.'**

**... Can Non-clinical** therefore be defined as **subjective, passionate; warmly connected?**

**Endorsed** is defined as **'confirm (statement, opinion); declare one's approval of.'**

When I [Daren Wilson] decided to become a psychologist I was motivated by a fascination with human behaviour and how it can constantly shift in positive or maladaptive ways as a person develops. My career path over the past 21 years has been based on my constant endeavour to learn from people who require effective and

timely clinical treatment implementation. This treatment has been repeatedly focused on clinically formulated interventions to enable the client to adjust to psychological impact.

### **Psychology Background & Clinical Experience**

My experience includes treating clients from the local community, those with disabilities, the military including soldiers in war zones (Somalia, Rwanda & East-Timor), veterans and their families (WWII Vietnam & UNPeacemaking/Peacekeeping), victims of major disasters (Malaysian 5/7RAR truck MVA, Blackhawk Aviation Disaster, Thredbo Landslide, Glenbrook Train Disaster, 2004 Boxing Day tsunami) the horrific atrocities people can inflict on the innocent, devastating workplace injuries (Max % physical injuries, Concord Hospital 4 year NSW Workcover research project-2009) and the underprivileged of our society (GP Allied Health & Medicare provisions). It has always been my endeavour to enquire, assess, stabilise, process, reinforce improvements, protect with confidentiality and prevent relapse in all my clients.

Certainly all psychologists should ethically state their qualifications, clinical experience, capabilities, ongoing training and limitations as they endeavour to treat their clients with all they have learnt, assimilated and can reliably, predictably and effectively use in treating whatever the client presents. So, if a member of the community chooses to be treated by you while understanding your stated experience and limitations and makes use of your ever expanding clinical capabilities developed over the years, doesn't that client have the right to best judge and value whether your psychological treatment has improved their mental state in the long-term?

I feel that the government should understand that my very serious reservations about the Higher Tier Medicare funding rebate endorsed by the APS and Representative College of Clinical Psychologists are based on the view that the arguments of these groups are scientifically irresponsible and lack any evidence or research scrutiny. When a particular sectional group of psychologists (Clinical Psychologists) is endorsed and supported by the APS in representations to the Australian Government, such endorsements and support are in breach of psychological principles on many levels. It is extremely unfortunate that the APS has actually given credibility to a self-proclaimed group of Clinical Psychologists (without any scientific evidence) who claim that they are truly superior as treating clinicians to long-term experienced psychologists from a variety of specialised areas who have been continually advancing their skills in the treatment of extremely challenging cases.

For years highly experienced psychologists have for ethical reasons held case successes within their confidential boundaries to protect clients. Now, however, the actions and assertions of the APS and College of Clinical Psychologist have provoked an evidence-based response from me.

### **Evidence of Highly Complex Clinical Cases & Research**

Evidence of highly complex psychological cases must now be presented to make the point that no specialised psychologist can prove significant superiority over another.

The best chance of quality service lies with the clinician who has an eclectic range of capabilities.

The only genuine treatment outcomes lie with any psychologist who is willing to continually challenge, develop and learn within their demonstrated capabilities on behalf of the suffering client. Such treatment outcomes cannot be predictably produced by a specific direct or endorsed clinical training schedule as Clinical Psychologists speculate. Until transparent, scientifically advanced and openly scrutinised psychological data focusing on positive measured client outcomes and successes are gathered, recorded, peer assessed and published, no such claimed superiority can be attributed to a professional body advocating for Clinical Psychologists.

To represent to a member of the community that only 'Clinical Psychologists' possess such a skill set is contradictory and hypocritical in relation to the principles of psychological scientific enquiry and behavioural science research methods. If any psychologist did not adhere to ethical, objective, evidence based clinical practice principles in their practice to support and treat their clients, they would be severely dealt with by the Australian Psychology Society (APS) and Australian Health Practitioner Regulation Agency (AHPRA) for breaches. Why is it, then, that Clinical Psychologists are openly proposing that they are in some way superior to other psychologists who treat members of the public? Where is the Clinical Psychologists' objective, measured, accountable, scientifically scrutinised and outcome-focused research to allow them to make such unfounded statements of superiority to the public and to the Australian Government?

My background and experience in psychology is evidence based. I have dealt with highly complex, devastating, massively challenging psychological cases and environments, and this contradicts the unsubstantiated Clinical Psychologists non-evidence based claims. **As a Regular & Reserve Army Psychologist (MAJOR Svc ) who has served in Somalia twice [Feb-May 1993; Nov 1994, Rwanda [Feb 1995] and East-Timor [Apr-May 2000] [awarded Triple clasp Aust. Active Service Medal], I trained and formulated the Australian Defence Forces Best Principles of Practice for Military Psychology for War Zones [**

**]. Further, I was involved in SASR performance enhancement [awarded Campbell Medal-1995], resistance to interrogation, Psychological Operations and Counter Intelligence operations and research. I have worked in Veteran Affairs training and supervising Vietnam Veteran volunteers and Contracted Counsellors (some Clinical Psychologists). I practiced as the treating consultant Psychologist for the Kosciusko Thredbo Staff (over 650 personnel)**

**following the Thredbo Landslide July 1997. I am currently treating**

**and during the last 4 years have been undertaking research into Early Intervention for workers with soft tissue injuries at high risk of long-term disability (June, 2009) at**

supported by NSW Workcover

**All of the clients mentioned above and the NSW Workcover supported research personnel are keen to talk to anyone from the Australian Government to emphasise that my non-clinical Sport Psychology speciality and experience has enabled me to well and truly process, support and promote long-term well being in treating highly clinically complex cases.**

The final research conducted at Concord Hospital illustrates the clinical evidence based research of a non-clinical psychologist. The proposal to EML-TMF Insurance Company for ongoing follow-up research has been proposed to NSW Workcover for \$250,000 over a 2.5 year period. Although, the 25% significance evidence found by my psychological early intervention protocols with the intervention group, was achieved by a me a Sport Psychologist (non-Clinical Psychologist).

When I attended a NSW Workcover sponsored workshop for NSW Workcover Accredited Psychologists on 21<sup>st</sup> March 2011,

(Pain Mgt Research Institute, Uni of Sydney at Royal North Shore Hospital), gave the following presentation entitled: 'Which Psychologists?'; Clinical expertise (eg. Registered as Psychologist with AHPRA), but also need expertise in pain assessment and management, and; Ability to work efficiently in co-ordinated way with other primary care providers, workplace and insurer (understanding of legislative framework, workplace focus, time lines); Covering assessment, case formulation, and skills for intervention, communication and evaluation." [Directly quoted from presentation slides]. I am sure that would confirm with that I was the independent treating psychologist that prompted NSW Workcover to change their policies of early intervention on 1 January 2010.

Despite the experience and clinical knowledge I have gained in the pursuit of treating and understanding complex mental health issues, I don't believe I am any better than or superior to any other registered psychologist. All psychologists bring a unique diversity and clinical skill to therapeutically treat a client's developed psychopathology to the best of their ability. All psychologists should have equal opportunity to provide better access psychological support to the Australian community.

### **In Conclusion**

In my view the solution lies with **ALL REGISTERED PSYCHOLOGISTS having the opportunity to provide evidence based clinical therapeutic practice for the benefit of members of the public suffering from a mental disorder.** The non-evidence based, speculative and untrue assertions propagated by a minority Clinical Psychology speciality over non-Clinical Qualified (i.e.: Community, Counselling, Sport, Applied and Forensic Masters Qualified and extensively experienced) psychologists are simply false, misleading, self-serving and deliberately propagate misinformation for the benefit of a few (less than 20% of all psychologists).

### **Value for Government Funding**

The two-tiered Medicare system is presented in a deliberately misleading way through an APS non-evidence based promotion, which implies superiority or better quality of service over a massively experienced non-clinical majority (over 80 %) of registered practicing psychologists, who have not undertaken a promotional campaign.

**There is no evidence that a Higher Second Tier Medicare Rebate provides better results to the public.**

### **Only One Medicare Rate to allow treatment sessions to remain at the same level**

**One Medicare rate for all registered psychologists will save the government money, with the same results for the public. The current 12 sessions per year, plus 6 more in exceptional circumstances, can remain if the higher non-evidence based rate is abolished. The rejection of a Two-Tier Higher Rate will allow greater access and a higher number of treatment sessions required by members of the public suffering from mental health issues.**

**If the supposition is that one or a group of psychologists is better or holds supposedly superior clinical skills or competency, let the client and suffering community decide.** If a psychologist can clinically produce better results, the public will decide whom they want to see and then assess the clinical qualities the psychologist demonstrates with them when stabilising their mental health.

The approach I am suggesting is no different from that taken by the AMA in relation to rates for General Practitioners. **Why can't the Australian Government adopt the same strategy for ALL Psychologists as it does with ALL GPs, in the absence of any shred of evidence that any psychologist or specialised group is of better quality /superiority (this argument is advanced by Clinical Psychologists to justify receiving more money) to another.**

**The Australian Government has been misled by a professional body (APS), which has been influenced by a forceful, self-appointed, non-evidence based, self-promoting few (Clinical Psychologists).**

The APS should stick to its role of professionally supporting ALL psychologists with no speciality bias to any particular group. Having been a full APS member since 1992 and a Registered Psychologist since 1995, I believe that the APS should be making sure ALL psychologists act with sound professional integrity, ethics, morality and a clinically competent manner for the betterment of the profession of psychology and the community we serve.

**Closing comment**

In closing, I again challenge any Clinical Psychologist to a randomised control, evidence based and outcome based research study devised by the Australian Government and the APS. The more complex the research study, the better!

**Yours Sincerely**

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Aust Registration Board No: PSY0001140588 (Not Endorsed)

**Memberships**

Australian Psychological Society  
Australian Association of Psychologists Inc.  
EMDR Association of Aust.  
Australian Pain Society  
Aust. Peacekeepers & Peacemaker Veterans' Assoc.  
ASTSS

**Accredited Provider for:-**

**NSW Workcover Provider No: 6968**  
**Medicare Provider 2831071A & 2831072K**  
**Dept of Veteran Affairs Provider**  
**Blue Mountains Division of General Practice ATAPS Provider**  
**Vietnam Veterans Counselling Service Contract Counsellor**