

Community Affairs, Committee (SEN)

A response to the recent budget changes relating to mental health

I am a psychologist in private practice. I am a member of the Counselling College of the Australian Psychological Society and of the Educational and Developmental College of the Australian Psychological College. These memberships were gained after years of hard study and training in educational and developmental psychology and in counselling psychology.

Nine years of previous classroom teaching was followed by more than thirty-years work as a psychologist in schools, both departmental and independent, working with students, parents and school staff, across a range of mental health, welfare, psycho-educational, and developmental areas. There were years when I worked with as many teachers as parents and students, over a range of personal problems. There can be no better training for work within the wider community than this.

Eventually, I moved into private practice and was heartened by the advent of the Better Access initiative although I was dismayed by the two-tier system of remuneration that was a part of this initiative.

It beggared belief that some psychologists [those with Clinical College membership] would be better remunerated than the counselling psychologists, often regarded as more talented practitioners. I share this bias. Any perceived difference in orientation appears to be predicated on an approach emphasizing techniques over a more holistic approach to the client. In practice there is little difference in the skills applied by experienced psychologists in either colleges. My professional supervisor is a "clinical" psychologist who makes no distinction between our roles.

I have always taken the view that the Better Access Initiative is about "access" and my billing reflects this view. In my practice I see people who could not have accessed the services of a psychologist before the scheme was introduced. I have developed excellent working relationships with GPs who prepare care plans. They tell me that often patients who come in with the need for an assessment of a physical condition go on to become Better Access clients in the course of disclosing other issues to the GP. From my perspective, most GPs earn the money they are paid for an extremely lengthy and complex session with a patient.

The proposed changes to the Better Access Initiative, to be introduced from November 2011, raise many problems and concerns. Psychologists rarely cater exclusively for the "worried well", no matter how often this view is espoused. The longer I have worked in this area, the more I see people with a variety of extremely complex mental issues requiring a "reasonable" period of therapeutic intervention. Client's issues cannot be dealt with in a program that allows six sessions of therapeutic intervention per calendar year, (twelve sessions has its own downside in terms of brevity). This is a wasteful use of therapy as it cannot result in productive change. I have concerns as well about this change being introduced in November, 2011. Does this mean that clients being seen in 2011, then have to wait till January 2012 to re-enter the program, leaving a gap of two months without support? Most of my clients cannot afford to meet the basic fee during this time.

I am writing to you from the perspective of a working psychologist who is simply trying to achieve fair working conditions whilst meeting the needs of my clients. I would like you to consider the disparities in professional recognition. In the past new regulations applying to different colleges and individuals in the Australian Psychological Society were covered by a "grandfather's clause" which applied to experienced workers. This principle could be considered in the current situation.

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Psychologist