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Consultant Psychologist

13 July 2011

Committee Secretary □ Senate Standing Committees on Community Affairs

PO Box 6100 □ Parliament House □ Canberra ACT 2600 □ Australia

Re: Commonwealth Funding and Administration of Mental Health Services.

Abstract

The Psychology Board of Australia views Counselling Psychologists as ‘specialists in the provision of psychological therapy’. The Department of Health and Aging makes no provision for Counselling Psychologists to supply Better Access Medicare Benefits Schedule ‘psychological therapy (items 80000 to 80020)’. The exclusive use of these items by Clinical Psychologists is inconsistent with other governmental guidelines as Counselling Psychologists rather than Clinical Psychologists are now defined in government documents as the specialists in ‘psychological therapy’. It is recommended that Counselling Psychologists become eligible to provide ‘psychological therapy (items 80000 to 80020)’.

I am a 51 year old psychologist with 15 years experience in the profession, having worked for 10 of these years in community and government services including a federally funded program for Child and Family Relationship counselling and as employee of The Department of Veteran Affairs, providing counselling to returned and traumatized soldiers who had served in war zones and treating the families who were also indirectly impacted on by trauma. I have an interest in providing services to a broad range of patients and have a full time practice in Reservoir, a socially disadvantaged area in the northern suburbs of Melbourne. In terms of life experience, I have raised two children aged 17 and 21. I am a Member of both the APS and the AAPI, though I do not feel that either group adequately represents my interests.

Professionally, I am a “Counselling Psychologist” and I hold an overseas registration under this title. Under ‘specialist listings’ on the Australian Psychological Society website: “Counselling Psychologists are specialists in the provision of psychological therapy. They provide psychological assessment and psychotherapy to individuals, couples, families and groups....” <http://www.psychology.org.au/community/specialist/>

The Psychology Board of Australia “Guidelines on Area of Practice Endorsement use the exact same definition as the APS: “Counselling psychologists are specialists in the provision of psychological therapy. They provide psychological assessment and psychotherapy for individuals, couples, families and groups, and treat a wide range of psychological problems.”

As a specialist in providing therapy, in addition to formal studies in Psychology at University level, I have undertaken an extensive personal psychoanalysis and years of supervision with psychoanalytically trained practitioners. It is important to note that there is no general requirement for psychologists to submit themselves to therapy in order to practice, however, this additional training and experience provides someone with a real interest in counselling and psychotherapy with a subjective experience of what it is like to be a patient, as well as providing some heightened degree of self knowledge, in order not to inflict the pathology of the practitioner onto the patient.

By contrast, the APS claims Clinical psychologists are “specialists in the assessment, diagnosis and treatment of psychological and mental health problems. They are also involved in designing and implementing a wide range of prevention and mental health promotion programs. They variously work with infants, children, adolescents, adults and older adults.” <http://www.psychology.org.au/community/specialist/>

The Psychology Board of Australia “Guidelines on Area of Practice Endorsement” use a slightly different wording to the APS: “Clinical psychologists are specialists in the assessment, diagnosis and treatment of psychological problems and mental illness.”

The distinction between Counselling and Clinical groups may not be as clear cut as it these definitions might suggest, but for the sake of consistency alone it would seem from the above that if any of these two groups were to be seen as ‘specialists in the provision of psychological therapy’ Counselling Psychologists are the group that more clearly meets that definition. The reader will note that there is no use of the phrase ‘psychological therapy’ in either of the above descriptions of Clinical Psychologists.

The newly formed Psychology Board of Australia acknowledges the existence of Counselling Psychologists, and has come very much to reflect the specialist groupings as defined by the Australian Psychological Society and its College structure. By virtue of having been a member of the APS College of Counselling Psychologists, I have now become endorsed by the National Board as a Counselling Psychologist.

The Department of Health and Aging would appear to have completely ignored the existence of Counselling Psychologists and continues to do so, despite them now being recognized by the newly formed National Registration Board. The Department’s Guidelines for the Better Access to Psychologists read as follows:

“The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative commenced on 1 November 2006. Under the Better Access initiative MBS items provide Medicare benefits for the following allied mental health services:

- psychological therapy (items 80000 to 80020) - provided by eligible clinical psychologists; and focused psychological strategies – allied mental health (items 80100 to 80170) - provided by eligible psychologists, occupational therapists and social workers”. <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-pcd-programs-amhpm-pdf-explan>

Under these Departmental guidelines, Clinical Psychologists are viewed to be the only sub-group of Psychologists who can provide ‘psychological therapy’ and Counselling Psychologists have been grouped in with non-specialists; providers of ‘focused strategies’.

It would appear that there is a need for at least some appearance of consistency in federal government definitions and guidelines in order that the general public might continue to have faith in the profession.

The present spurious distinctions have led to a situation where new graduates with Clinical Doctorates may come to be seen as more skilled than Counselling Psychologists with significant professional and life experience. I am aware of at least one Clinical practitioner working locally who is young enough to be my daughter. She has limited life experience, has undertaken no significant personal therapy and she has not practiced for that long, but who under the two-tiered system this practitioner would appear to be more highly regarded by the Department of Health and Aging and thus might come to be viewed by local GP’s as having some skill set that I lack.

While it might be argued that the Clinical Psychologist has specialist skills in assessment, the present model requires that the GP making the referral is paid to make the psychological assessments and a plan of treatment. It does not seem necessary and neither to have a specialist in assessment and even if this were required, this is not the basis on which the two-tiered system makes a special case for the Clinical Psychologist. In reality, each psychologist has to make his own assessment and the Counselling Psychologist employs forms of assessment that are not limited to DSM criteria which in any event are known to be culturally biased.

Not only this, but my practice has been located due to my having an interest in serving culturally diverse patients including ATSI patients and these people are often not in a position to pay significant gap fees. To facilitate these patients, I attempt where possible to encourage GP’s to refer them to me via the Better Outcomes in Mental Health Program (ATAPS) , however the Northern Division of General Practice has had such a demand for services under this program that due to a shortage of funds it has not been able to fund generalist patients since December. An expansion of these programs, designed for low income earners, is very much desirable. My main concern with the new Better Access Guidelines is that while middle-class Australians may be able to afford any additionally required sessions, this is not the case with low income earners.

Other than Medicare, providers of psychological services including the Better Access in Mental Health (ATAPS) , TAC, Workcover, National Carers Counselling Program,

and Victims of Crime and do not in any way suggest that Counselling Psychologists are in any way inferior to Clinical Psychologists, that they are not in any way unable to provide 'psychological therapy' and nor do they distinguish between the scheduled fee provided to these two groups.

Unfortunately, there is no national body representing the interests of Counselling Psychologists. Counselling Psychologists in WA are represented by the Association of Counselling Psychologists. (ACP) I wish to quote from a paper by that Association: "Response to the Psychology Board of Australia, consultation paper on registration standards and related matters": " Although post-graduate training in Counselling Psychology is a lesser known qualification, Counselling Psychologists make significant contributions to mental health care across Australian society in both the public and private sector. The ACP is hopeful that the new scheme will provide an equitable basis for Counselling Psychologists to make their contribution without the implication that they deliver anything less than 'psychological therapy'. Since the inception of the Better Access initiative our specialists have persisted in the health system at a disadvantage, with around 50% working in private practice. Our experience has been that GPs are not concerned whether a specialist bears one title or another, but rather, whether they can do complex mental health work – Counselling Psychologists can".

I suggest that a change be made to the two-tier Medicare guidelines so that Counselling Psychologists become eligible to provide 'psychological therapy (items 80000 to 80020)'. I am not in a position to quote exact figures, but due to the low number of endorsed Counselling Psychologists this would not be a costly budget amendment, it would however produce greater consistency between the guidelines put forward by the National Board and those adopted by the Department of Health and Aging.

Yours faithfully,

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