

SENATE COMMITTEE: Commonwealth Funding & Administration of Mental Health Services

This short submission will address some of the divisive issues within the profession of Psychology.

I have been a Psychologist since 1970 and operated a private practice since April 1988, 23 years. My certification is that of a Registered Psychologist, and trained Psychotherapist.

I am a full member of the APS College of Counselling Psychologists and the Educational & Developmental College. These mean that I am endorsed, in the present system, for these aspects of psychological work.

In contrast to this status, those who happened to train as Clinical Psychologists find themselves elevated to an elite tier of the system. It is *as if* they know more, have trained more, and deliver more. Evidence does not support this. Within the Psychology profession, there are 9 Colleges of the Australian Psychological Society, arguably the peak professional body. Of the 9 colleges, 2 are considered Clinical while the other 7 are considered (by whom?) to be lesser areas of endeavour and performance.

If this were, hypothetically, the Engineering profession, one might be arbitrarily giving more kudos and reward would to, say, the Civil branch, while the Mechanical, Electrical, and other branches gained less. Implicitly, an electrical problem would have lesser value than a Civil construction problem. The work, though done competently, would be less valued, and 'merit' less payment.

Viewed logically, this does not make much sense. Something other than logic is more likely operating here. And it is giving rise to a situation that penalizes competent professionals, deliverers of training courses, and the health-seeking public.

Furthermore, it is considered an equal thing to have a Mechanical problem and consult a Mechanical engineer, as to have a Civil problem, leading to consultation with a Civil engineer. Yet, within Psychology, it seems that to have a personality or depression problem would be somehow a more 'valuable' problem, than, say, a school-based problem where a lower-tier Education & Developmental Psychologist might be brought to the consultation table.

It is *as if* the Clinical Psychology was considered a Specialty. Like a Surgeon. Yet, this cannot be the case, because specialties are not allowed in the national law within Psychology. Given, then, that it is not a specialty, it could not have a specialty fee level in the way that Gynaecologist or an Oncologist might have, or an orthodontic surgeon within Dentistry.

It is one thing for this to be the case within a private health fund, albeit a major one with many members, as is the case in Western Australia particularly. The members can still exercise choice should they decide to do so. But, it is another thing for this situation to be reflected nationally across a government system, than which the Australian public has no option.

I am sure others will have spelled out the issues. They are real issues - for real psychologists, and real clients. I have spent the past 3 decades, almost, in professional collegiate society with the Counselling psychologists community. Whilst other psychologists may well be **as** professional, it is altogether unlikely that they are **more** professional. My experience of the Educational & Developmental psychologists here in WA is similar. It has not been evident that the Clinical psychologists know more, or are more effective. They have simply trained, a similar amount, along a different stream.

Raised fees if any should apply to meritorious performance, not to a particular line of training within a profession that has (till now) offered multiple streams of relevant and equi-valued training.

Experience in the field, with the clients and colleagues, indicates that it is not the particular university degree that a practitioner has completed that ensures their superior performance in the field. Once practitioners qualify and enter the field of psychology, it is other factors, such as their humanity, further and ongoing development of professional skills, personal insight and organizational skills that are likely to distinguish an outstanding practitioner.

As things stand, there are many psychologists who have worked competently and humanistically for several decades, who are being relegated to a lower tier while newly qualified practitioners with little experience or insight training are being granted a higher status. I am not qualified to state how this should play out in the long term (i.e. which university or other qualifications should be counted) but it is clear that in the shorter term there should be a 'grandfathering' status, whereby practitioners who have worked perfectly well for perhaps many years, are not placed on a lower professional tier.

By applying such tiers in an arbitrary fashion, much impairing is done:-

Clients find they are seeing someone who is no longer considered fully competent (yet was). The clients have access to lesser funding.

The practitioners are doing equivalent work, for less payment. [There are studies that show it is difficult to impossible to distinguish between the work of endorsed or unendorsed psychologists].

The profession itself is divided, with much ill will and dissatisfaction between members.

As a practitioner, I have many times received clients who have previously attended high-profile, endorsed clinicians. However, something about the work did not gel for them – perhaps the style, perhaps some of those individual, human factors. For these people the specific qualification or level of endorsement did not result in completed personal work. It is hard to be satisfied with this situation, whereby in such an instance, the client is getting the peace of mind they sought, but (a) perhaps having to pay more from their pocket (if they are, for example, using the Medicare option), while (b) I receive less overall than the psychologist whose qualifications are better acknowledged by the system, but who did not happen to achieve completion of the client work.

In my type of practice many clients' issues are not directly medical. Yet, these clients must be overseen by a medical practitioner if they are to access the Better Access series of up to 6 Medicare-supported psychology sessions. This means their psychological issue becomes a medicalised condition, with concomitant costs. Many psychological issues, whilst included in the Better Access guidelines, are still just that – psychological conditions, and are not illnesses. The consultation with the medical practitioner in some cases counters the savings that they might make by accessing that program, as the GP, like the psychologist, must apply a co-payment in addition to the Medicare bulk payment.

There are more Clinical (and Neuro-clinical) psychologists than the other 7 psychologists groups put together, I understand. It is easier for them to make a louder cry, even though it is not in unison (some Clinical psychologists make it clear in places that they do not consider themselves to be professionally above other psychologists). It is time to take a look at the real situation, the real effectiveness, the real damage being done to clients and professionals of previously-considered good standing, and the real courses being dismantled in universities. What is this happening in the name of? What other profession is trying to slyly create Specialties within its ranks, regardless of the Australian government's laws and regulations about professional specialties? What would be the real basis of allowing this situation to continue and become ingrained in law?

I am not able to suggest the solution to the fair registration of psychologists. However, it does need acknowledgement that the present system contains much that is unfair, and inscrutable. The impact of this upon clients, the individual practitioner and the broad professional sphere is likely to be increasingly detrimental as time moves on. It needs to be taken into account, attended to, and more constructive parameters set.

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