

## **Submission to the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services**

Thank you for the opportunity to make a submission about the two-tiered Medicare rebate system for psychologists introduced by the Howard government and currently administered by the Australian Psychological Society (APS).

I am not a psychologist or a health professional myself, but have a few good friends who are psychologists and I have taken an interest in the relevant Medicare scheme as a result of these friendships and my own legal background as a public servant of the Commonwealth Government. I also have been the recipient in the past of psychology services.

- 1 The two-tiered Medicare rebate system was introduced by the Howard Government, and while the intentions were to be applauded, the then Government in its wisdom (or lack thereof) appointed the APS to recommend and administer the system.
- 2 In my opinion, the APS is a body that claims to represent all psychologists, but judging by its behaviour it represents an academic elite within the profession over and above other psychologists. Leaving that aside, it is definitely not a body that represents the recipients of psychology services, ie those people with a need for help relating to their mental health.  
Having the APS oversee and administer part of a public funded mental health scheme is akin to having the builders' labourers union in charge of residential building regulations, or pharmaceutical companies' lobbyists in charge of the Pharmaceutical Benefit Scheme (PBS).
- 3 It should be obvious that a public scheme serving mental health patients needs to be administered by an independent body, preferably a government organisation. The APS could still play a role, but any involvement by the APS should be limited to its opinion about how to best administer such a public scheme, and should be considered on an equal footing with any other opinions from other interested parties, whether they are psychologist representative bodies or mental health patients' advocates.
- 4 It is my guess that the Howard government wanted to implement the scheme quickly, in order to be seen to do something about mental health, and the fastest way was to

engage the largest psychologists' association. This might well have seemed a good idea at the time, and might well have been the fastest way to implementation of the scheme, which I applaud as explained earlier, but it has led to the current malaise and in-fighting within the psychologists' profession, and a disappointment by many professionals in both their so-called representative bodies and the lack of an independent and objective administration of a scheme meant to benefit mental health patients.

- 5 However, it is time to take stock, and consider the best way forward, and the review by this senate committee provides hopefully a good chance to learn from the mistakes made in the last few years and implement some overdue corrections in order to provide the best possible service to the community.
- 6 As explained up-front, I am not a health professional and cannot comment on many of the issues forming the terms of reference of this inquiry. What I can comment on is the administration of a public scheme, the natural justice awarded (or not) to the relevant providers under this scheme, and how the public can be guaranteed of a quality service.
- 7 I therefore would like to address the two main issues I see that are undermining the provision of a quality psychology service for mental health patients: the flawed two-tier system and who should oversee the psychologists' Medicare rebate scheme.

### **The two-tiered Medicare rebate system for psychologists:**

- 8 For a profession that puts great emphasis on evidence-based practice when it comes to treatments, it seems very odd that many within that profession insist on a two-tiered system separating psychologists depending on how they gained their skills, rather than on quality and effectiveness of these skills, without any evidence to support that separation.
- 9 As a result of the current two-tier system, some psychologists suddenly consider themselves superior merely because they qualify for a higher rebate. Browsing through the other submissions to this inquiry, it is clear that the two-tiered system has created a class system giving a sense of entitlement and misguided superiority to some, unbecoming of people supposed to have empathy for others and an open mind in order to help them.

- 10 Separating psychologists into two classes undermines the confidence of patients and referring doctors in providers on an artificial and arbitrary basis, which cannot be expected to be understood readily by the public at large.
- 11 Something is drastically wrong if a psychologist just graduated is considered by some to be better qualified to help mental health patients, than a psychologist with more than 20 years experience who has worked in state health systems as a clinical psychologist, simply based on the fact that the study requirements have changed over those 30 years.
- 12 But that is exactly what is happening for the moment, and it is just impossible to argue that this can be in the best interest of the patients.
- 13 This situation has come about because the APS has been allowed to set the agenda, and has set this agenda using its own priorities rather than the needs of patients. It is one thing for a psychologists' representative body to advocate for certain academic standards to be met for new graduates, but to impose these standards on current professionals in the field without any opportunity for adjustment, is denying natural justice to many. The APS is misguided when it thinks that its agenda as a psychologists' union is good public policy for mental health patients, and the APS' involvement in public policy leads to a conflict of interest.
- 14 I cannot think of any other profession where the requirement to possess advanced skills is assessed on qualifications only, without taking experience into account. For example accountants can be registered as tax agents following a number of paths, all involving a number of years working under direction of other tax agents, and a wide range of study paths are recognised.
- 15 Overseas trained doctors and nurses for example are never assessed on qualifications alone, experience is always taken into account as is independent testing. At the time the two-tiered rebate scheme was implemented, current psychologists could request for their qualifications, training and experience to be assessed; however, the APS was both the assessor and reviewer, without any rights to an independent review by a third party. This is another denial of natural justice in an Australian context.
- 16 Natural justice also requires a right to advanced warning, and therefore when new rules are implemented, a grandfather clause should be enacted to not disadvantage those people who could not apply with the rules because for example they studied at

a time when there were different requirements. Any major change affecting people's livelihood requires transitional arrangements, which were missing when the rebate scheme was implemented.

### **Administration of the psychologists' Medicare rebate scheme:**

- 17 An administrator of a publicly funded health scheme needs to be independent and needs to be seen to be independent. They also need to be accountable to taxpayers and the government and cannot be seen to carry favour for any particular group.
- 18 The implementation of the new National Psychology Board of Australia (the Board) provides a perfect opportunity to re-align the psychologists' Medicare rebate scheme with the needs of the community rather than the interests of some limited interest groups.
- 19 The Board is accountable to the Government and taxpayers, and its decisions can be challenged using a tribunal, and its actions and recording thereof are subject to Freedom of Information legislation, providing greater confidence in its decisions by the public and psychologists.
- 20 An independent Board prevents psychologists feeling that they have to belong to an association they do not support but which holds their livelihood in the balance.

### **Conclusion**

- 21 Like any other profession, a good training basis, experience in the relevant field and commitment to the client is what provides the best possible outcome for the client. Study alone does not guarantee good application of what has been learned, and accreditation policies have to recognise that if quality outcomes for patients are to be achieved.
- 22 Administration has to be provided by a body that is accountable to the recipients of the service, and a body that is client-centred. The APS is not accountable to the public at large and is psychologist-centred rather than client-centred.
- 23 It is not too late to return some dignity to devalued experienced psychologists and to value quality of service over quality of academic study.

Yours faithfully