

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

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I wish to provide comment on several areas within the frame of this inquiry:

- Workforce qualifications and training of psychologists
- The two-tiered medicare system
- The proposed reduction in allied health treatment session under the Government's 2011-12 Budget

Workforce qualifications

I am registered psychologist working in private practice. I have 24 years experience working therapeutically with people. Much of my experience has been gained outside my role as a registered psychologist yet it has been invaluable in informing my role as a psychologist.

As a young man I completed a 3 year Bachelor of Arts with a double major in psychology. I then studied and worked as a youth worker - working with a wide variety of young people, setting up best practice projects for young people with mental health issues, and eventually training other professionals (including psychologists) in best practice with young people. I completed a 3 year qualification in Gestalt Therapy (gestalt therapy is a recognized psychotherapy with a long history of research and theory) and set up private practice as a psychotherapist specializing in providing a supportive and accepting counselling service to members of the gay and lesbian community, counselling to teenagers in foster care and providing professional supervision to community workers.

With a solid work history behind me I returned to university and completed an Honours in Psychology. My absence from study did not prove detrimental and I was awarded an APS prize for academic achievement at the end of my studies in 2003. Keen to return to the workforce full-time I completed the 2 year supervised practice program with a great supervisor and become a registered psychologist. After working in child protection and then as a clinical practice supervisor of a national NGO I returned to private practice in 2007. I am recognized by a number of professionals and organisations as having expertise in working with children and teenagers, child protection, sexuality and supervision. Clients are often referred to my clinic because I practice a wide range of counselling modalities that includes cognitive behavioural therapy but also includes gestalt therapy, attachment therapy, solution-focused brief therapy, psychodynamic, narrative therapy, expressive therapies and play therapy. My clients appreciate this and consequently I manage a full clinic with a waiting list.

Despite my experience I am only afforded 'associate membership' of the APS (because I do not have a 6 year degree and my previous experience and studies as a psychotherapist are not recognized by the APS). Despite having some specific areas of specialisation (some of which I could not have gained in a Masters Psychology program) I am classed as an "unendorsed" psychologist by PBA.

I wish to draw attention to the lack of recognition of prior learning, experiential learning and other formal learning that is gained outside specified university psychology courses. Judging a psychologist's skills based solely on their academic qualifications provides a narrow lens through which to view expertise; much is lost.

The Better Access Initiative and the Two-tiered System

The Better Access Initiative with the extension of medicare rebates to psychology has been a wonderful and successful initiative. This initiative has allowed access to psychological treatment for many people who couldn't justify or afford the cost. I have also seen the sense of empowerment that comes with choice – individuals who had previously relied on the public system now being able to choose their psychologists, and change them if it was not an appropriate match!

In my clinic I have my own 'two-tiered system'; I provide a concession rate (\$100) for disadvantaged clients and a standard fee (\$140) for others. My concession clients would be unable to access private psychology without the medicare rebate. Many of my full-paying clients would be unable to access treatment as well. It is important to note that the counselling they engage in is as much preventative as it is treatment for mental health issues.

There once was a myth that private psychologists work only with the 'worried well'. With the advent of the two-tiered medicare system a new myth has emerged that generalist psychologists work only with the worried well. There is no research to support this and it is certainly not the case at my clinic. Most of the clients referred to me under the Better Access Initiative are dealing with serious mental health issues including post-traumatic stress disorder, complex post traumatic stress disorder (often as a result of long-term child abuse and neglect), psychosis, depression, anxiety, addiction issues, bipolar disorder, personality disorders, ASD and self-harm.

As other people have argued the case well for the abolition of the two-tiered system I will be brief in my general criticism.

- The two-tiered system is based on a few false assumptions that are without evidence. There is no evidence that supports the claim that clinical psychologists have superior skills or provide a better service to clients than other psychologists. There is no evidence that supports the claim that clinical psychologists deal with more difficult issues than other psychologists. There is no evidence that clinical psychologists with the larger rebate are more likely to provide greater bulk-billing or concession rates to the public.
- The Department of Health and Ageing commissioned an independent and wide-reaching evaluation of the Better Access program. The research, conducted by Melbourne University, found that there are no differences between types of psychologists, ie. both 'generalist' and 'clinical' psychologists are working with equally afflicted clients; both types of psychologists were utilising the same approaches to helping their clients; and both types of psychologists are obtaining very positive outcomes. One of the few differences found was that 'clinical' psychologists are more likely to be charging a gap fee than are 'generalist' psychologists;
- As stated elsewhere, academic qualifications are a narrow and poor means of judging a psychologist's skills and client outcomes.
- The two-tiered system privileges a minority and discriminates against the majority. And as such has created much conflict within the profession.

There is much evidence that the greatest predictor (after the client's own inherent strengths) of treatment outcomes is the **client's** experience of the relationship between them and their therapist. There is no evidence that clinical psychologists are better (or worse) at forming relationships than other psychologists. At my clinic I have successfully worked with a number of clients who have previously seen a "clinical psychologist" and been dissatisfied with the service they received. I am not saying

that I am a better psychologist but simply that these clients felt better matched with myself than they did the previous psychologists... regardless of qualifications.

The two-tiered system leaves clients with the absurd dilemma that they can receive a greater rebate from a recently graduated clinical psychologist with little or no experience than they can from a 'generalist' psychologist with years of experience and skills.

The two-tiered system does not service the needs of the public and should be abolished. All clients of medicare-rebated psychologists should receive the same medicare rebate.

The Proposed Reduction in Psychology Sessions

Of greatest concern to me is the proposed reduction in medicare-rebated sessions. The basis of successful outcomes in psychology is establishing a safe and trusting relationship. The latest research regarding how the brain works and heals is showing that change is possible but it takes time and happens best in the context of a supportive relationship. Australian and international research has repeatedly shown that 15 to 20 sessions of treatment are required for common psychological disorders, like depression and anxiety, in order to achieve clinically significant outcomes for 85% of patients (Australian Psychological Society, 2010). Rule of thumb: the more severe and complex the presenting issues the longer the treatment. Many researchers and practitioners have moved away from brief therapy as a goal and are acknowledging the importance of long-term enduring therapeutic relationships, particularly when dealing with long-term issues such as trauma, attachment and personality disorders.

I work with many clients with long term, complex mental health issues, many of whom are being charged a concession rate. All of my concession-fee paying clients and many of my full-fee paying clients rely on the medicare rebate to afford counselling. The current provision of 18 sessions in extreme circumstances provides the bare minimum for clients dealing with severe long-standing issues that may require treatment over the course of a couple of years. Eighteen sessions can be stretched across a 12 month period and allow continuity of support - almost fortnightly sessions, with the odd gap here and there, often amended with phone support. In my clinic this works for most clients with long-standing issues. It would be better if they had access to more sessions.

The reduction of sessions to a maximum of 10 would be devastating for my current clients that are dealing with moderate to severe issues. Ten sessions would not allow time to develop a working therapeutic relationship and complete treatment. Attempting to stretch 10 sessions out across a calendar year would provide less than monthly sessions. This would not provide adequate continuity of support to clients dealing with severe issues who are often in crisis. I foresee that such a reduction in sessions would send many of my concession paying clients return to the public system. I foresee that private psychology would then only be able to cater to the "worried well" or the wealthy.

I strongly recommend that the current provision of psychology sessions (12 sessions and 18 in extreme circumstances) under the Better Access Initiative be maintained for all medicare-rebated psychologists.