Institute of Private Practising Psychologists Inc

Submission to the Senate Standing Committees on Community Affairs: Inquiry into the Government's funding and administration of mental health services in Australia

Introduction

The Institute of Private Practising Psychologists Inc (IPPP) is the peak organisation representing psychologists in private practice in South Australia. The IPPP has been recognised as an innovator in developing, implementing and assessing peer reviewed core competency standards in psychology practice as an explicit public statement of the professional qualities that the public should expect from our profession.

The IPPP wishes to restrict its comments in relation to treatment by psychologists only and to specific areas of the Terms of Reference: (b – ii & iv), (c), and (e):

(b) Changes to the Better Access Initiative, including:

- **(ii) the rationalisation of allied health treatment sessions**
- **(iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule**

(c) The impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program

(e) Mental health workforce issues, including:

- **(i) the two-tiered Medicare rebate system for psychologists,**
- **(ii) workforce qualifications and training of psychologists, and**
- **(iii) workforce shortages**

Reduction in number of treatment sessions

The IPPP asserts that the recent reduction in the number of sessions allowed under the Medicare Benefits Schedule is detrimental to consumers and will ultimately increase costs to the Australian Government. Those who are most in need of more than 10 sessions will be unlikely to afford the assistance they require and they and their families will suffer the personal cost of serious mental health problems. Further, these individuals will likely prove an even greater drain on taxpayer dollars as they utilise other health, social and justice-related services.

Although many clients may be successfully treated within the recently changed limit of 10 sessions (6 initial sessions, followed by referral for an additional 4 sessions if required, all organised via GP referral), the IPPP membership, with its wealth of experience in therapeutic practice, is deeply concerned for the wellbeing of their clients under the soon to be imposed reduced entitlement. Even to the cursory observer of the practical logistics of therapy, it would be apparent that a number of the initial sessions are taken up with the process of building trust with the therapist, diagnosis, and agreeing a targeted treatment plan. While this trust-building and planning process is a legitimate part of therapy, it is in the subsequent set of sessions that the core of therapy is delivered. We believe that one of the main reasons that the current system (3 referrals of 6 sessions per referral, with the option of a maximum of 18 sessions) has been so successful is that it allows the treatment plan to be individually tailored, amongst other things, regarding the number of sessions provided so as to optimise delivery of active, core therapeutic interventions. With the reduced number of sessions, we expect that many clients will find their rebates will cease part-way through the therapeutic process.

Further, the IPPP argues that the psychology profession should be deemed competent to discern the number of sessions required to optimise the likelihood of successful outcomes from psychological treatment, up to the previous limit of 18 sessions. Psychologists are a well-trained profession, with a continuing trend towards increasing the minimum educational, supervised practice and on-going professional development requirements. The profession is also strongly regulated, thereby providing an independent safeguard in relation to practice. As it is, there already exists within the current system a direct check on the judgement of the psychologist by the referring GP, to whom the psychologist must write and put forward the rationale as to why further sessions are required, and to explain a proposed treatment plan.

Finally, the IPPP points to the Australian Government's review of the Better Access program as evidence of the psychology's profession's positive contribution to addressing the significant problem of mental health within our country. The February 2011 publication, *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative*, (Department of Health and Ageing, http://www.health.gov.au/internet/main/ publishing.nsf/ Content/mental-ba-eval-sum) specifically reported on the services provided by psychologists to patients with mental health problems. This report noted, amongst other things, that Better Access consumers present with "significant" levels of psychological distress and "most have clinically diagnosable disorders … or have other indicators of treatment need". The report concluded that "Better Access care provided by psychologists would appear to represent good value for money for government".

The IPPP urges the Senate Standing Committees on Community Affairs to find in favour of the Australian Government reconsidering the rationalisation of treatment sessions provided by psychologists.

Impact and adequacy of services provided by psychologists to people with mental illness through the Access to Allied Psychological Services program: The adverse effect of the two-tier system

In the latter half of 2010 the Psychology Board of Australia (PsyBA) assumed responsibility as the registering body for all practising psychologists and for granting endorsement status for specific areas of advanced psychological practice. In particular, clinical endorsement by the PsyBA is required for a psychologist to be considered appropriate to provide clinical psychological services to members of the public under Medicare and for clients to receive a higher level of rebate for their treatment. Psychologists not granted clinical endorsement are deemed as *generalists* and their clients receive a substantially lower rebate from Medicare. The psychology profession is deeply divided by the current system and it has resulted in inappropriate and unnecessarily costly differentiation in the provision of mental health services to the community and confusion amongst clinical referrers.

The IPPP has consistently voiced its concern that some psychologists who have an extensive history of clinical practice were outside the scope of transition arrangements for the granting of endorsement considered by the PsyBA when the new system took effect. The IPPP considered this group of psychologists (who represent a significant percentage of our membership), and their extensive client base, were unreasonably treated in relation to the granting of clinical practice endorsement. Of paramount concern are the clients of these psychologists who continue to find themselves with significant out-of-pocket expenses, as the psychologists on whose behalf we are advocating provide services that attract a lower Medicare rebate.

The IPPP has asserted in many fora to date that there should be a strong evidence base to justify this discrimination between those who meet the criteria

introduced in the preceding few years for the granting of clinical endorsement, and senior experienced psychologists with other training, especially given the significant effects of doing so. Following substantive research the IPPP is unaware of any evidence available to date to substantiate this discrimination.

Adding weight to the IPPP position is the report of the *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative,* which failed to discern any difference in the positive outcomes obtained for clients seen by psychologists deemed to be *Clinical* and those seen by *generalist registered psychologists*.

The IPPP urges the Senate Standing Committees on Community Affairs to address the seemingly discriminatory two-tier system of psychologists as a matter of urgency. In the absence of a suitable grandfathering process being introduced for psychologists of long-standing experience to be granted clinical endorsement, a change to a single tier system is one obvious way to belatedly remedy many of the two tier rebate system problems. Further, it will go some way towards countering the apparent slur on the reputed competence of these practitioners who have had their experience and expertise unreasonably dismissed, despite having been a major source of mental health service provision to the Australian community for many years.

Psychology workforce implications

The two-tier system based on clinical endorsement has proven to have a very real adverse effect in the field of mental health and the IPPP suggests that there are significant psychology workforce implications as a direct result of this system. We make the following points for consideration:

- Rebates for clinical psychologists are considerably greater than for generalist registered psychologists. An important ramification of this is a reduction of the health workforce available to clients, as many are restricted to seeing those recognised by the system as being clinical psychologists, due to financial pressures.

- The career pathways of some practising psychologists are in jeopardy if they do not have clinical endorsement (e.g., due to the nature of jobs for which generalist psychologists can apply, a reduced client base due to lower rebates, etc.). Many well qualified and clinically acknowledged psychologists have been financially compromised when graded at the lower level despite other psychologists with the same or lesser qualifications being financially more recognised. These psychologists are increasingly finding it financially unviable to work as independent private practitioners, or as an employee within the private sector. Reducing this cohort from within the psychology workforce will be detrimental.

- Clients can be referred to a practice where there are 2 psychologists doing the same work, with the same or similar qualifications and who are equally regarded by their peers, but one psychologist's clients will receive a higher Medicare rebate, while the clients of the other will receive a significantly lower rate from Medicare. It is noted that the nature of services to be provided by the Clinical Psychologist, whose clients receiver higher rebates, and the Generalist Registered Psychologist for clients referred under the Medicare system are described with minimal difference by the Australian Psychological Society (APS). Further, there is no such arbitrary distinction in other regulated areas of psychological practice, for example, the workers compensation system, or third party.

- The Institute of Private Practising Psychologists (IPPP) fully supports a process that protects the community with a system that recognises qualifications, skills and experience and requires continuing professional development to maintain those skills. In particular, we support the expectation of higher-level academic qualifications for those seeking to enter the profession from hereon. However, we consider it inappropriate to seek to apply those same expectations to psychologists who have been practising for many years, who have evidence of having maintained their professional development, and who are held in esteem by their colleagues and referring medical practitioners.

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On behalf of the Executive Committee and membership of the IPPP

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