

13 July 2011

To: Community Affairs Legislation Committee

Re: Review of the Better Access to Mental Health Scheme and the two tiered Medicare system.

I wish to submit the following recommendations to the review of the Better Access to Mental Health Care Scheme due to be completed in April 2011. In summary, the undersigned requests the government change the Scheme to make it more accessible, more inclusive and more equitable.

The current two-tiered system for Medicare rebates:

- Offers two different rebate levels based on an arbitrary, unfair and highly discriminatory distinction between equally trained clinical and counselling psychologists that is unrelated to their skill, level of qualification or professional competence;
- Restricts access to specialist psychological services and discriminates against the patients of all *endorsed counselling psychologists*;
- Promotes restrictive practices in the field of endorsed specialist psychology by making an arbitrary distinction between clinical psychologists and other equally trained counselling psychologists that is neither supported by any empirical evidence nor made by any other international jurisdiction.

The undersigned wishes to highlight the following points:

1. Access to endorsed specialist psychologists is restricted Counselling psychology (along with clinical psychology) is one of the 7 recognised endorsed specialist areas of practice under the new Psychology Board of Australia (National Registration and Accreditation Scheme). However, for Medicare rebate purposes, counselling psychologists are recognised only as generalist psychologists equivalent to those psychologists with only four years of training.

2. Unfair discrimination between equally trained endorsed psychologists Both clinical and counselling psychologists have a minimum of six years of formal academic study which includes a Master's or doctoral degree, two years of supervised practice, and extensive training in assessment, diagnosis, psychopathology (including psychopharmacology), and provision of psychological therapy. In some universities students of both clinical and counselling psychology take a number of common subjects and the competency standards and course accreditation standards provide further evidence of considerable overlap between clinical and counselling psychology. ^{1,2}

3. No empirical evidence or theoretical basis for current distinction between specialist psychologists There is no evidence in curriculum standards, competencies or other documents that could substantiate the claim that only clinical psychologists can provide 'psychological therapy' as defined under Better Access to Mental Health Care. Indeed, counselling psychologists are specialists in the delivery of psychological therapy as noted in the APS definition of counselling psychology: *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 and mental health disorders. Counselling psychologists use a variety of*

*evidence-based therapeutic strategies and have particular expertise in tailoring these to meet the specific and varying needs of clients (APS brochure on Counselling Psychology 2009)*³.

4. Promoting restrictive trade practices Counselling psychologists are fully trained to deliver the full range of 'psychological therapies' for mental health disorders but their Medicare clients are only funded to receive 'focused psychological strategies'. Thus, counselling psychologists are prevented by the terms of the Better Access scheme from providing the best psychological services they can to their Medicare clients. This is not only a restrictive trade practice but an ethical dilemma for counselling psychologists imposed by the arbitrary distinction made by the government between the endorsed specialties of clinical and counselling psychology.

5. Driving gap-fees higher The current two-tier system prevents clients of counselling psychologists from obtaining the higher level rebate for treatment of their mental health problems. This is highly discriminatory to these clients and further limits access to high-quality endorsed specialist care. This is particularly restrictive in rural and outer metropolitan areas, and for clients who cannot afford to pay a larger 'gap' payment.

6. Distinction between endorsed specialist psychologists not reflected in the market for psychological services Current evidence indicates no difference in the populations being treated by clinical psychologists and counselling psychologists. All psychologists in the Better Access Scheme predominantly treat the high-prevalence disorders of anxiety and depression; there is no evidence, to date, that clinical psychologists are more frequently treating the more severe mental health population (Giese, Lindner, Forsyth, & Lovelock, 2008)⁴.

7. No international support for discrimination between endorsed psychologists The contention that only clinical psychologists can provide psychological therapy for mental health disorders is simply not supported by the evidence. Indeed, in all major documentation within the APS and registration boards, this is clearly not the case. No other jurisdiction internationally makes this distinction; indeed in the US and UK, counselling psychologists and clinical psychologists are both considered front-line mental health providers with equal access to health and insurance rebates for health services (Munley et al, 2004).⁵

Recommendations:

1. That the current policies are reviewed and the arbitrary and highly discriminatory distinction between clinical psychologists and counselling psychologists is removed. This will enable patients of the latter to access equivalent Medicare rebates and pay lower gap fees.
2. That all policies and legislation recognise that counselling psychologists provide 'psychological therapy,' including assessment, diagnosis and provision of the evidence-based psychological therapies for mental health disorders approved under Medicare.

We would appreciate your consideration of these matters and would welcome the opportunity to provide any further information you may require.