

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

With regard to the Government's 2011-12 Budget changes relating to mental health, I wish to comment on several changes which, if implemented, will affect my work as a psychologist and cause flow-on effects to my clients.

Introduction

I am a registered generalist Psychologist, having worked in my profession for the past 20 years. I work in full-time private practice in the Sydney CBD, and at Katoomba in the Blue Mountains.

For the past two decades the work I have done has been considered 'clinical' in nature, although, as of this year, it is no longer recognised as such by the APS, AHPRA or the PBA, and I now hold the classification of an "unendorsed generalist psychologist". Interestingly, my supervisor, with whom I consult monthly to meet Medicare and APS requirements for CPD, holds the same non-clinical and unendorsed status, yet I was referred to him by the APS as one of their recommended supervisors.

With reference to the terms of the Senate Inquiry -

- I only see clients individually, or as couples with relationship issues
- Most of my clients present with mild or moderate mental illness
- A small percentage of my clients are people with severe mental illness
- None of my work is with indigenous communities or groups of people with disabilities
- I do not provide online services for people living in rural and remote locations and other hard to reach groups.

Apart from self-referring clients, my client base is drawn from Medicare referrals, Work Cover, two EAP companies, ATAPS, and Victims of Crime. In my Blue Mountains practice, 50% of my clients are referred under a Medicare Mental Health Care Plan. Of these, 35% are low-income earners, or are on Centrelink benefits. By comparison, in my Sydney practice, 60% of my clients are referred under a Medicare Mental Health Care Plan, but only 20% are low-income earners. I charge all low-income earners a fee of \$80, the amount that is rebated by Medicare. None of my clients pays a gap fee, and on average my full-fee-paying clients pay only 70% of the recommended APS fee.

The rationalisation of general practitioner (GP) mental health services

Some of my clients do not use the full, allowed quota of Medicare-approved sessions per year, but many of them do. When they run out, I see these clients for free, if their need is great enough. The majority of these are 'clinical' clients suffering depression, anxiety, addictions, bipolarity, or PTSD, all of whom need

and deserve support. If they are now restricted to a maximum of 10 sessions per year, rather than 18 sessions, how will they be supported?

This economic rationalism exercise by the Government, through the PBA, AHPRA and the APS, is a backward step for our society to take. It will not do anything towards reducing the number of people with mental health issues. It will only make their plight worse. The implementation of the Medicare rebate, which made mental health care more accessible, was the first positive move since the Richmond Report cast our mentally ill onto the streets 28 years ago and caused us great shame as a nation.

The two-tier system

If this reduction in the number of sessions is compounded by a reduction in the number of psychologists eligible for Medicare endorsement, due to the two-tier system, we will regress to a healthcare system which cannot meet the demand. Instead of being treated within a reasonable timeframe, clients will now suffer further mental anguish. There will be long waiting lists to see the endorsed clinical psychologists, who will not be able to meet the demand, as we already have in our hospital systems.

It is significant that the APS, which has actively advised the PBA, has not come out and made a definitive statement about the ramifications of endorsed vs unendorsed psychologists. The APS has allowed the AAPi to beat the drum about this issue, but it does not appear to have made any effort to clear the confusion for the majority of its members. If, after this inquiry, the Government supports the unjustifiable elitist two-tier concept, this will logically flow on to further deplete the workforce of psychologists in agencies such as Victims of Crime, ATAPS, Work Cover and EAP companies. And the losers will be, again, members of the public with mental health needs.

By its silence, the APS is endorsing the politicking by members of its Colleges, intent on protecting their own incomes as the 'upper tier' psychologists, and using tactics that defame their colleagues and breach the APS Code of Ethics. If the Government is serious about reducing healthcare expenditure, without penalising the public, it would be prudent to scrutinise the rationale for the two-tier system, stripping bare the strategic lobbying of the few who stand to gain from its continuance. It is spurious to declare that a Clinical Masters degree makes a better therapist. The most recent research shows that up to 87% of therapy outcomes depend on what the client brings to the therapy, NOT the technique or skill of the therapist. Therefore, the top-tier psychologists are taking their extra cut under false pretences, and conning their clients and the government.

Conclusion

For many years I have been an 'Approved Counsellor' - with Victims of Crime, for WorkCover, for two EAP companies, for the Division of General Practice ATAPS scheme. Even the NSW Psychologists Registration Board, and the APS approved of me for twenty years. The two-tier divide over the quality of service offered is a myth. If I were not doing a good job my ongoing referrals would cease, because they are based solely on GP approval and positive client feedback surveys.

It may be reasonable to require future Psychology graduates to have specific clinical training, in the manner that registration requirements have evolved traditionally over the past 40 years. However, to move the goalposts overnight which disendorses psychologists who have been 'acceptable' for 20 years is unreasonable. To scrap 20,000 psychologists by the imposition of a spurious add-on qualification, at the same time as reducing the amount of therapy available to people with mental health issues, suggests our Government is more intent on bean-counting than looking after the people who pay their salaries.

Lindsay Duncan BA(Psych) MCA DCA DipCH FASCH MAPS