



Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

4 August 2011

Re: Commonwealth Government Funding and Administration of Mental Health Services

To whom it may concern

I am writing in response to the Senate Inquiry currently underway examining the way in which Mental Health Service delivery occurs in Australia. I particularly want to comment on the Profession of Psychology and the way in which Psychologists are currently contributing to Mental Health Service delivery.

I would like to discuss the following main points;

- Potential Effects of Budget Cuts to Better Access Initiative
- Role of Child Abuse in contributing to Mental Health Problems
- Role of GPs
- Two Tiered Medicare Rebate System
- Psychologists as a Minority Group – need for development
- Role and Conduct of the Australian Psychological Society (APS)
- Relationship between the Australian Psychological Society and the Psychology Board of Australia
- Provision of Medicare Rebates for Telephone & Web Based Service Delivery
- Medicare Rebate be provided for Provisional (Training) Psychologists

I am a Psychologist with what is currently known as a General Psychologist, despite have three years of undergraduate training, two years of supervised practice training prior to registration and an additional four years of post graduate full time training in the field of counselling and psychology.

I have am a member of the Counselling College of the Australian Psychological Society and therefore hold a specialist endorsement with the Psychology Board of Australia. I hold a Master in Psychoanalytic Studies and am close to completing a second Master in Health Science (Herbal Medicine). I have post graduate training in the area of addictions. I have worked in both Government and Non-Government Services during this time. More recently I have worked for a National Service provider as a Drug and Alcohol Counsellor where I was responsible for delivering Telephone and Web based counselling to individuals seeking support for themselves, friends or family all over Australia. Currently I accept referrals through the GP network and provide Medicare rebated focused psychological support and supervise Psychology Interns preparing for Registration.

I am not in support of the Governments 2011-2012 budget changes relating to the Better Access Initiative with respect to the reduction of available sessions from a maximum of 18 to 10 sessions. I understand that these cuts have been recommended as a consequence of a statistical model based on current patterns of use, that is individuals accessing or using Medicare to address the need for mental health support.

I believe a statistical model based on patterns of use rather than an assessment of need is in error and does not capture the complexity of the Mental Health support needs present in Australia. Mental health problems and sufferers are not 'out and proud'. People with mental health problems suffer in silence because it is difficult to discuss these things due to their nature and there is real fears of rejection by peers and other negative consequences. I believe the statistical model employed has assumed that the current use pattern reflects the mental health support service need whereas I believe people are just getting started in terms of accessing mental health support. I am not sure whether this model included repeat clients, that is those who may have begun accessing the medicare rebate in June, spaced out their 18 sessions until January, then reapplied at the beginning of the calendar year for additional sessions.

It is very difficult for many people to summon the courage necessary to face experiences, emotions, memories and behaviours that are embarrassing, humiliating, frightening and extremely painful. I first began offering Medicare rebated sessions in 2007. I noticed at that time most of the clients accessing Medicare rebated sessions were women, approximately 70% of client, but since June 2008, I noticed the balance change and men, of all ages, began accessing sessions in about equal proportions. It is not possible to facilitate lasting change in 10 sessions. My experience and reading of the vast attempts by researchers to answer this question is that around 25 sessions is needed to produce lasting changes in a person's life and improvement in the way they cope with life.

Professor Patrick McGorry addressed the National Press Club July 2010 to speak about the Mental Health Support Service needs in Australia. Members of the Press asked many questions about the complexity of delivering mental health support. I recall one Press Member asked a version of the burning question which was, "What can we do to improve the Mental Health of Australians?" The reply was, and I am summarising, "If we could eradicate, wipe out totally, in one generation Childhood Abuse then this would significantly improve Adult Mental Health." This is important. The number one reason I have found adults seek counselling support in relation to experiencing symptoms of anxiety and or depression is due to untreated and often undisclosed traumatic, intrusive, isolating, sometimes debilitating memories of childhood physical, sexual and or emotional abuse and neglect. The consequences of these kinds of experiences in Childhood are far reaching and effect everyone who is in relationship to that Child because the Child becomes an Adult who becomes a Father, a Mother, an Employee, an Employer, a Policy Maker and it becomes a collective issue that needs a collective intervention.

Australia is a very unique Country. We have a complex history made up of the histories and stories of many Nations and Peoples, not the least of which are our Aboriginal Australian brothers and sisters. Those of us with a Non-Aboriginal background and heritage brought trauma, abuses, losses and sufferings belonging to another Culture with us from where we were before we arrived in Australia but those memories do not just disappear just because they are not spoke about openly or easily. Memories get passed down from one generation to the next in the form of skills, how to solve problems, what we believe, who is good, who is not and how to do relationships. If that learning was created in extreme circumstances such as a violent

unsafe home, then this is the learning that is taken in to adulthood, is repeated and eventually it is called a mental health problem. Bullying is an enormous problem facing many individuals in our communities not just in the school environment but also in work environments. Many of the individuals I have worked with as a counsellor never learned any words to describe the powerlessness they felt as a child unable to defend themselves from a violent parent and this repeats itself when they are faced with the threat of intimidation at work.

I am in support of GPs being the gatekeepers with respect to forwarding referrals and monitoring progress for Psychological support funded under Medicare. I expect some of my colleagues may react negatively to this view but I have a simple reason that is squarely focused on addressing obstacles to clients accessing mental health support. GPs encourage their patients to access support for their Mental Health but participating in the challenging process of examining past patterns of thinking, feeling and behaving with a view to making changes in these areas in the future is not easy. It can be excruciating painful and deeply uncomfortable. A person may arrive seeking mental health support at the insistence of a loved one, with very little insight in to their role in the situation. My experience has been that few people, at this stage in our cultural view of psychology and psychological support, look forward to engaging in the experience, commitment and process required for psychological change to begin taking shape but more and more are trying.

I am strongly in disagreement with the Two Tiered Medicare Rebate structure which affords a higher rebate to those Psychologists who are also a member of the Clinical College of the Australian Psychological Society.

I disagree with this structure on many grounds. These are;

- It creates confusion in the minds of clients seeking support and GPs making referrals but not in a uniform way. Some react badly to the idea that Clinical Psychologists are 'better' than other Psychologists and do not refer or do not want to be referred while others are unsure as to whether 'bigger' is better
- It makes the Profession of Psychology and Psychologists as a minority profession appear disorganized, dysfunction and untrustworthy as service providers. I have observed both clients and GPs become disinterested and irritated when this issue of being Clinical or not comes up. It is essential for service delivery and success of service delivery that both Clients and referring GPs see Psychologists as unified, competent, trustworthy and most important likeable or this becomes a severe obstacle, even a deterrent to service delivery
- I believe Psychologists that have met the requirements for Registration, now unified under a National Body, are competent and trustworthy. This is what is commonly understood in the Health System by 'registration' with respect to other health care providers such as Nurses. The Two Tiered Medicare Rebate calls the competence and meaning of Psychologist Registration in to question unnecessarily. This is unhelpful in such a small profession still seeking acceptance in the Health System and the views of the General Public in Australia
- It creates disharmony, inequality, disunity, disempowerment, resentment and confusion within the profession of Psychologists. Psychologists who are not classified as Clinical Psychologists feel as though they are second class Psychologists. It is hard not to see the Two-Tiered Rebate System as an example of being treated as a second class Psychologist.

- I understand based on the Review of the Better Access Initiative conducted by the Department of Health and Aging that no fundamental difference was found with respect to client presenting issue (i.e difficulty of presentation) or client outcomes for Psychologists classified as General or Clinical therefore there is a lack of evidence justifying the Two Tiered Rebate System
- I recall discovering, reviewing these same findings, that Counselling Psychologists were indicated as getting slightly better outcomes, clients came for more sessions, I believe was the measure indicated but I have not been able to confirm this at the time of writing this letter

Psychologists constitute a relatively small group of professionals numbering around 30 000 Australia wide. I chose to study Psychology when I was young and seeking a secure career. News reports everywhere predicted employment for Psychologists in the future, however this has not been reflected in either Government support for training or employment for Psychologists. Currently GPs are able to provide one of the categories of Medicare Rebates now awarded to lesser General Psychologists. The lower rebate is called Focussed Psychological Strategies and GPs are able to provide this to clients following completing a professional development training course whereas those Psychologists eligible to provide the same training spent 6 years developing the skills, knowledge and experience prior to being registered by a Registration Board. GPs training focuses on Physical Medicine rather than exclusively Psychological Medicine. This appears to be a serious devaluing of the skills, knowledge, training, experience and investment in a career that has been under taken by anyone who has achieved the status of Registration as a Psychologist.

I believe these Two Tiers emerged as a consequence Psychologists being largely excluded from the Health System, therefore for allocation of Federal Funding, therefore development of the Profession of Psychologist and this in turn bred intense competition for resources and opportunities among those Psychologists seeking to build a living and a life on a role which has no formal place in the Health Service System. I believe these conditions and circumstances have created a culture within the Profession of Psychologists which interestingly mirrors some of the broader cultural dynamics our Profession seeks to heal. I call upon the Senate Inquiry to make provision for the employment of Psychologists in a fair, equitable, just manner to support our Profession deliver the medicine we were trained at great expense, diligence, commitment and time to do. I ask that we be given a formal role in the Health System, one that we can derive an income from that will ensure our independence in the same way that a Nurse or another Allied Health practitioner may do.

I believe the role of the Australian Psychological Society (APS) in the creation of these dynamics and circumstances needs to be reviewed. The APS, on the one hand, has advocated and negotiated with the Commonwealth Government to achieve the Medicare Rebate. This is commendable however the same APS advocated for a Two Tiered Rebate structure which excluded 75% of their members from receiving a sufficient rebate to achieve independence derived from delivering Medicare funded services. This led many Psychologists who were

. Psychologists lack an effective Union as we are too small in numbers and we represent a health issue that is still shrouded in discomfort and secrets.

. Most Psychologists I

am in touch with derive their income from around three sources; some private clients, some paid employment and some teaching or training role. We do this because we have to in order to raise our families and pay our bills but we are also committed to Psychology and its potential.

I believe there is a

I do not believe these two organisations are separate ideologically, politically or practically, as they need to be, to perform their essential function creating and maintaining democratic governance processes. The APS currently is responsible for assessing applications from Psychologists seeking specialist endorsements which are then reported to the PBA and recorded on the Register. I have been informed by APS members employed at the Head Office of the APS that their role is to assess the competence of Psychologists where as this role is formally performed by the PBA at the point of registration. I believe a clear governance structure that separates APS Governance Staff from PBA Staff is essential including enforcing consequences and holding individuals accountable if these boundaries are violated. I believe this would go a long way to restoring unity between Psychologists, faith in the Leaders within the profession of Psychologists and also faith in Psychologists as competent Professionals. Currently voting for the Leadership within the APS is voluntary and my understanding is most members do not vote when Leadership elections come up each year. I would also suggest, if the APS is to retain its Political Role in supporting/oppressing its members, that all APS Members [of all categories including Associate Members] be required to vote annually on Leadership to ensure the Leaders of the APS, that is the profession of Psychologists do represent the wishes of the majority of Psychologists in Australia.

Lastly, **I would urge the Senate Inquiry to recommend that Medicare Rebates be made available to Telephone and Web based service delivery and also to training or Provisional Psychologists** as this will assist us to develop our Profession. These models are new but going to become more prevalent going forward. Making Medicare Rebates available in this way narrows the service gap that currently exists between rural and urban Australia and would increase access to Mental Health Support and equity to all Australians.

I would like to close by thanking the Senate Inquiry for requesting feedback about these important issues which has evaded the light for so long and hope some of these offerings are helpful going forward.

I am happy for this letter to be posted on any Forum however I would ask that my identity remain confidential.

Yours sincerely,

Counselling Psychologist