

Submission

To the Commonwealth Funding and Administration of Mental Health Services Committee Inquiry

RE: The Two Tiered Medicare Rebate System for Psychologists

I am a 45 year old "Specialist Title/Endorsed" Counselling Psychologist. I have completed an Undergraduate Psychology Degree (4 Years) and a Post Graduate Masters Degree in Counselling Psychology (2 years) and undertook a further 2 years specialist title supervision under the Psychologists Board of Western Australia.

I have been practicing for nearly 20 years and I welcome the opportunity to submit information to the committee as it reviews the two tiered medicare rebate system for psychologists. It highlights some of the inequalities that exist currently within my profession.

Some, (a vocal minority I believe), Clinical Psychologists would have the public believe that they are the only psychologists "trained" in the "assessment, diagnosis, formulation and treatment of moderate to severe mental illness", thus, they as a group alone deserve the higher tier medicare rebate and favor the retention of the current "two tiered system". This statement is elitist and discriminatory and not a reflection of the current state of practice in my opinion.

From a personal perspective in my private practice: The majority of my client load over the past 20 years has been complex clients with moderate to severe mental illness. Through my training as a Specialist Counselling psychologist I am proficient and highly capable of administering and interpreting "clinical" psychometric tests and many other forms of assessments as needed. I diagnose, formulate and develop treatment plans and interventions for my clients utilizing skills in evidence based treatments and a range of therapeutic modalities including CBT. I have an extensive knowledge of psychopathology throughout the life span (the apparent special domain only of the Psychiatrist and the Clinical psychologist). I also have essential knowledge of current psychopharmacological treatments.

I continue to work collaboratively with mental health teams from CAMHS (Child and Adolescent Mental Health Service), Princess Margaret Hospital for Children and adult private and public hospitals alongside of Psychiatrists, Clinical Psychologists, GP's and other valued health professionals in the Department of Health with clients with "mild to severe" mental health issues.

I am also the Director of the Specialist Psychological Outreach Team, which is a team of Counselling Psychologists that deliver longer term psychological therapy to children and young adults with extensive trauma and abuse histories and complex psychopathology. This team was formed to meet the growing demand for specialized therapy requirements to treat children and adolescents with complex and severe behavioural presentations in the foster system through referrals from the Department for Child Protection (WA). Most of the team's clients are young people who have not and do not engage or respond to the often restrictive and formal office based psychological practices of "some" Clinical Psychologists, who in my view often disregard client focused, systemic, relational and attachment based evidence based practice in favor of prescriptive (CBT only)

therapeutic regimes with little success.

I know of many colleagues who are also Counselling Psychologists who would offer similar evidence of their specialized evidence based treatment of clients with complex and severe mental health issues.

Further evidence of this elitist and discriminatory behaviour is also apparent:

HBF (WA), (dominated by Clinical Psychologists in Western Australia), is the only company who continues to refuse to offer private health rebates to Western Australian members who wish to seek the services of Counselling Psychologists.

The Department for Child Protection and the Department of Corrective Services in Western Australia recognizes the specialized skills of Counselling Psychologists and employs them in valued roles treating clients with “mild to severe mental health issues”, yet the Department of Health in Western Australia, whom I frequently work collaboratively with, will only employ Clinical Psychologists internally. To suggest that “mild to severe mental health issues” are treated only within the Health Department of WA is ludicrous.

A further issue, that I am closely aware of, exists within the Department of Health (WA) where the (Sexual Assault Referral Centre-SARC), will employ Counselling Psychologists in “counselling roles” where their caseload complexity is no different to the employed Clinical Psychologist. They will then pay them less and also require them to sign off on reports as “Counsellor”.

I feel strongly that the current two tier system only serves to reinforce the “us and them” myth that only Clinical Psychologists are capable of working with complex and severe mental health issues. Unfortunately I expect the majority of the letters will no doubt champion the retention of the two tiered system as there are many more clinical psychologists in the profession. However, this is clearly not supported by the current body of professional research, both Medicare and APS reviews and the reality what is happening in the workforce. The inequality that exists financially and professionally discriminates against myself, my clients and other trained Counselling Psychologists. It suggests that a “non clinical” Counselling Psychologists training and service delivery to clients with moderate to severe mental illness is second rate and below the standard of training and service delivery of that of a Clinical Psychologist. I disagree with this strongly.

Yours Sincerely,

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