MOSMAN PSYCHOLOGICAL CONSULTING & MEDIATION

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

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Dear Committee,

Re: Commonwealth Funding and Administration of Mental Health Care Services

I am a registered psychologist with the Psychology Board of Australia (PBA) and an endorsed Psychologist in Counselling, and Educational and Development through the Australian Psychological Society (APS) Colleges and Australian Health Practitioner Regulation Agency (AHPRA). I have over 30 years experience as a Psychologist and I have been a Member of the Australian Psychological Society (MAPS) for 22 years.

I believe I am well positioned to comment on what is happening to my profession because of my long history as a Psychologist and my long association with the APS. I am appalled at the recent developments in my profession since the advent of national registration and the way the Medicare 'Better Access Scheme' has been implemented including the two tiered system and the recent cuts. I would like to express my concerns and make the following points regarding :

(b) Changes to the Better Access Initiative, including

(i) The rationalisation of allied health treatment sessions and
(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;

The reduction of sessions from 18 to 10 in my opinion is a retrograde step which is damaging a very successful initiative in assisting people access professional psychological support for mental health issues. It restricts access and ignores the compelling research that provides evidence that this scheme reduces the suffering and impact on the economy, families and society in general of people with mild to moderate mental illness.

(e) i) mental health workforce issues, including the two tiered medicare rebate system for psychologists

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- The false concept that ’clinical psychologists’ are specialists in working with clinical populations and somehow can be compared to specialists in the medical profession and therefore deserve higher fees. In reality this is an arbitrary distinction invented by ’clinical psychologists’ to differentiate themselves from other psychologists who work with clinical populations i.e. in the mental health area as opposed to, forensic, or organisational or community psychology etc. There is no distinction except the one to promote self serving financial gain engineered by self serving academics who drove the distinction from within the APS in the first place and now deny culpability in the wake of the aftermath.

- In my opinion the two tiered psychological system imposed by Medicare creates an arbitrary and artificial distinction between psychological services that does not exist in practice.

- The artificial and arbitrary distinction between “psychological treatment services” and “focussed psychological strategy services” which follows the Medicare model is an academic nonsense to all those except people driven by other agendas based on ignorance, naivety, cost cutting or materialist gain. It is offensive and insulting to registered psychologists who cannot utilise the full range of applied psychological strategies under this scheme. It is therefore very telling that the research does not differentiate between outcomes despite the fact that general psychologists have been restricted in their use of a variety of treatment modalities unlike their ‘clinical psychologist’ counterparts.

- It is also discriminatory because it is based on a false premise that clinical psychologists are in a specialist category because they have superior training and experience. It is false because there are many psychologists in clinical private practice who have excellent clinical skills gained by experience and further academic study. Psychological skills are not static and are constantly developed through work place experience, years of applied psychological practice, further study and professional development.

- There is no evidence that clinical psychologists produce better outcomes than counselling/generalist psychologists. Tim Carey associate professor from the University of Canberra states “There is no evidence that clinical psychology services provide better outcomes than general psychology services” (medicalsearch.com.au-Money spent on psychologist rebate wasted: academic). This would explain why the Better Access evaluation (2011) demonstrated no differences in the outcomes from different types of psychologists. In reality, there are no differences.

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- The national board of the PBA is grossly unrepresentative of Australia's psychologists. 100% of its members who are members or fellows of the APS (whereas only 66% of Australian psychologists are members of the APS). 63% of the psychologists on the PBA are 'clinical' psychologists (whereas only 14% of Australia's psychologists are 'clinicals'). 38% of the psychologist members of the PBA are academic clinical psychology teachers, whereas only 7% of Australian psychologists are academics.

- The same cohort of academic clinical psychology teachers also dominate the leadership positions in the APS.

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PBA endorsement.

- The concept of endorsement was introduced when national registration was introduced and is fraught with problems. Since its inception many Psychologists suddenly found themselves ‘unendorsed’ overnight without a voice and suffering the concomitant career and financial disadvantages.

- The two tiered Medicare rebate system, and the associated notion of endorsement, have been controversial in our profession since their introduction.

- It is virtually impossible for a 'generalist' psychologist to successfully apply for endorsement given the impossible to achieve requirements.

(e) ii) Workforce qualifications and training of psychologist’s and workforce shortages

- Intern psychologists who are choosing to undergo the still legal 4+2 pathway to registration are being so disadvantaged by the PBA requirements that it is almost impossible for them to succeed. They have been set up to fail as a means of discouraging any pathway other than the academic 'clinical' psychology masters pathway. Who benefits from this? Not the public (as the Better Access evaluation makes clear). Only the academic clinical psychology teachers who are now running our profession stand to gain.

- I fully uphold the sentiments expressed by Cinzia Gagliardi from the APS, NSW State Chair (July 2011) when she says “I struggle to understand how the requirements set by the Psychology Registration Board of Australia (PsyBA) for training our 4+2 registered Psychologists has become so complex and difficult to undertake that this route will effectively become too difficult for any person or employer to consider; yet alternate ways of qualifications (such as the 5+1 pathway, Master’s programs and Doctoral programs are being cut or failing to be rolled out in time). Where does that

leave us? Why would anyone want to join the profession? Why would anyone want to hire a psychologist? We cost too much. It is too difficult to train us. And other groups can do our work for far less and without so much fuss!!! We are then told we have a workforce shortage, that we can't meet, so the option of giving the work to other professionals or semi-professionals, becomes the only way to meet the need. Effectively, where do we stand"?

I welcome the opportunity to submit theses concerns and remain hopeful that changes to the inequities outlined above are rectified. Psychology is an extremely challenging and rewarding profession which is being severely and negatively impacted by the current problems facing the profession.

Yours sincerely

Carin Swaddling