

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

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Thank you for the opportunity to make a short submission to this Inquiry – in particular in relation to the Committee’s consideration of the current two-tier arrangements whereby Medicare funding for clinical psychologists is higher than funding for sessions with psychologists who do not have specialist training in clinical psychology.

I would encourage the Committee to consider removing the current two-tier arrangements and to recommend that Medicare rebates should be provided at the current ‘general psychology’ level for all psychologists in private practice under the current mental health arrangements. This would remove an odd disparity whereby different levels of funding are applied for fundamentally the same services, and would assist in reducing the cost of psychological services to the Government.

I have two masters degrees and have been a psychologist since 1988. Neither of my masters degrees are in clinical psychology – they are in educational psychology and in criminology/forensic psychology. Since my registration I have worked in a range of roles including time as a school psychologist and as a private practitioner, along with substantial experience as a researcher. I believe I am no less competent than someone with postgraduate training in clinical psychology when working in my areas of expertise as a private practitioner. It does not make sense to me that a clinical psychologist

- doing the same work
- achieving the same outcomes
- in the same amount of time
- and often charging the same fees

should attract a higher rebate for clients simply because their postgraduate training is in one particular area of psychology. This is especially so given that the broad science-practitioner focus of training in psychology is consistent across postgraduate programs and the differences are mainly differences of focus.

This point is particularly relevant to the Inquiry. Postgraduate training in psychology, regardless of the specific focus, incorporates common themes designed to ensure that psychologists leaving postgraduate training have similar knowledge and skills across areas such as the scientific understanding of psychology and behaviour, the importance of evidence-based interventions to assist clients, and ethical approaches to working with clients (including that we should only work in areas where we have professional competence).

My training and experience in psychology, for example, is such that I have knowledge and skills relevant to assisting children and teenagers with a range of psychological problems. When parents

bring their child to me for assistance with behavioural or emotional problems – work for which I am qualified – they receive a lower rebate than they might receive for attending a clinical psychologist even though they are likely to see a similar outcome from a similarly skilled practitioner in a similar time frame.

The current arrangements do not reflect the reality of psychological practice but instead appear to be based on a notion that there is something special about one particular focus in postgraduate training in psychology. This odd favouritism may have assisted in the original attempts to lobby for Medicare funding to be extended to psychologists, but it does not make a great deal of sense now when it is clear that there do not appear to be sound evidence of strong outcome benefits from attending a clinical psychologist instead of a psychologist who has a similar core of postgraduate training but a different primary focus.

Indeed, given the ethical constraints under which psychologists currently work, psychologists must focus their professional work on areas that match their competence. If there is any difference between different parts of the psychological profession in private practice, it is more likely related to the area of focus within mental health rather than to differences in skills and knowledge across the whole of professional psychology as it relates to private practice. As long as psychologists are appropriately qualified and are working ethically with evidence-based approaches, their remuneration should be based on the time they spend working with clients rather than the specific type of postgraduate qualification they hang on their wall.

My training, additional professional development, and experience gives me the competence to work with particular mental health issues with particular clients. I am no less qualified to do so than other professional psychologists and I ask that the Committee consider removing the two-tiered funding arrangements to ensure that clients are not penalised for choosing one view of the 'right' sort of psychologist.

Thank you for the opportunity to contribute to the Committee's discussions.

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