

To The Honourable Senators of the Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services:

I respectfully submit the following submission:

I have been a practising psychologist for 30 years. During this time I have been the head psychologist in a state wide public agency, supervised about 50 psychologists in their postgraduate studies leading to a Masters or Doctoral degree in post graduate psychology, taught at 3 universities at the undergraduate and post graduate levels, held numerous seminars and workshops on a state wide, national and international level and have presented at conferences in the state, nationally and internationally. However in all of this my priority is to the individual clients I serve in the public and private sector. I have endeavoured to provide a service that is based on current evidence, clinical experience and clinical knowledge. I was privileged to have received a free tertiary education and as such I endeavour to repay this privilege by bulk billing private clients, (and in some cases pro bono when the Medicare rebated sessions are exhausted or not applicable) as well as remaining in the public sector despite the financial discrepancies in remuneration between the two sectors. I also provide supervision to psychologists working toward endorsement of the specialist colleges of Clinical and Health psychology pro bono, although any incentive to provide this such as professional development points have been eliminated by the Australian psychology Board.

During this time I have seen the field of applied psychology undergo significant ructions and advances. It has grown from being a sub branch of the British Psychological Society to various professional bodies with the Australian Psychological Society being the most prominent. Registration as a psychologist in South Australia has its origins in the psychological Practices Act 1973. It was due for review on many occasions but was ignored for a variety of reasons. I have seen the field of applied psychology be adulterated and diluted in substance by bureaucracies – psychological positions are often advertised as being the same as social work, occupational therapy, cognitive behavioural therapists and nurses in the context of responding to the psychological needs of clients with mental and other health concerns. The implication is that many other health professions can be equated with psychology – and that being a health worker is now a generic position. This is not an issue of which is the superior profession – but one of which is the profession most qualified to respond to the needs of persons with mental health concerns within specific contexts.

Governance of the applied practice of psychology in Australia has been transferred to bureaucrats and academics, the latter hardly, if ever, have seen a client in a clinical setting, under the recently formed Australian Psychology Board (national registration agency). In their zeal for legitimacy they have foistered onerous professional development conditions that no other professional organization has to endure. They make pretence to poll psychologists regarding their views, however ignore any significant view of psychologists or the scientific evidence. For example, they stipulate that there must be 10 hours of ‘mentoring’ with a peer rated psychologist per year – this means that a psychologist registered for one day can mentor another psychologist who has been registered for a day – indeed a classic case of the blind leading the blind!!! Furthermore a psychologist who has practised for 30 years can be mentored by a psychologist who has been registered for one day!! They have had to change edicts twice in the past 12 months – on the basis of psychologists misunderstanding NOT their (the Board’s) incompetence!!! They assume that clinically qualified psychologists will continue to supervise other psychologist and trainee clinical psychologists pro bono or that supervisors will charge for provision of supervision.

Psychologists have 3 competing agencies whose requirements they need to meet – the Australian Psychology Board, the Australian Psychological Society and Medicare. Whereas it is acknowledged that there is some level of cooperation between the agencies it still presents a confusing array of requirements – it appears that psychologists have to endure over regulation on one hand and dilution to the lowest common denominator with regards to recognition as mental health care professionals on the other hand.

I understand the committee is considering recommending the abolishment of the two tiered Medicare rebate – this is by far the most humiliating debasement of the field of applied psychology – the committee is inferring that psychology is the only health science where improving one's training and learning is irrelevant to further recognition and advancement. In other professions the attainment of further education is not only recognized and rewarded, it is often the necessary condition for further professional advancement. It may be worth noting that a minimum requirement to teach at any level of psychology in tertiary institutions is a doctorate. The public service in South Australia, in most cases I am pleased to say, requires a post graduate applied psychology training/degree as an essential minimum requirement for employment as a psychologist!! Many psychologists in Australia have an honours degree with 2 years further supervision from the same supervisor – they do not have the broad spectrum of supervisors and clinical placements as do post graduate degree students. Furthermore the post graduate degree provides a more rigorous programme of training and as such specialist endorsed psychologists are trained to be broader in their approach to client assessment and treatment. In my many years of supervision i had to make the unpleasant task of excluding Honours students for registration as they were too ill equipped and required too much time and resources to compensate for the learning and experience they would have had in the post graduate clinical program.

Post graduate specialist psychologists complete courses that are accredited by a national body and are supervised by psychologists with specialist endorsement. Whereas the '4+2' psychologist have to have their supervision plan approved by the national body, it is mainly left to the individual supervisor to monitor the progress – in many cases the supervisor is also a psychologist under the '4+2' registration, thus perpetuating an under trained and under skilled psychology workforce. I suspect that if the two tiered system is collapsed into one we would see an industry flourishing where '4+2' psychologist could make a career in supervising other '4+2' psychologists as psychologist would not entertain the notion of an extra 4 years training and an enormous HECS debt!! There would certainly be disincentive to do post graduate training unless there was the intention of working overseas – and even then this would be difficult given the overall standing of Applied psychology in Australia. Psychology in Australia would be downgraded – to borrow from the world of finance – the 'credit' rating of Australian psychology would be reduced to 'Junk bonds' status in the context of the global expectations of learning and supervised experience. I suggest that rather than dilute the requirements of registration and recognition by Medicare and other professions that we devote resources to improving the status and training of psychologists.

We can increase the number of psychologists by reducing the requirements for registration in the short term – however we sacrifice quality for quantity in the long term and restrict the ability of Australian trained psychologists to contribute to the global field of applied psychology due to not being recognized in other countries. Most, if not all, countries in the developed world stipulate a post graduate degree in applied psychology as the MINIMUM requirement for registration – Australia will be (in some quarters already is) a laughing stock as it allows registration to students with an honours degree with a restricted 2 year supervision period. In this age of globalization denigrating a post graduate degree is counterproductive – as with the Australian Psychology Board, the committee is tending to put all psychologists at the level of the lowest common denominator e.g. generalists!!. I understand the need for more psychologists but not at the expense of diluting the proficiency, training and knowledge of psychology as a specialist profession. I currently teach in the Bachelor of Psychology (Hons) program at a university in SA – the students require a TER in the range of 95 to 99 - if these students realise that psychology as a profession is being degraded then psychology will lose potential high achieving and motivated students which will further deplete the quality of psychology in Australia.

I mean not to denigrate the registered psychologists with an honours degree as they do provide a very valuable professional, albeit restricted, service. However I think it a retrograde step to demean and devalue the knowledge and skills that come with a post graduate qualification by negating the difference in the breadth and quality of skills and knowledge acquisition and training. I suggest that psychologists with a four year degree be given every encouragement and inducement to upgrade their

clinical skills and knowledge which in turn would significantly improve the quality of psychological services to the Australian public. I respectfully suggest that if all psychologists are put into one group there will be little incentive to improve the standard of applied psychology at the individual and national level.

In my professional career I have had the privilege of meeting many people who were trusting enough with their closest held secrets and fears related to mental health concerns. Whereas their concerns could be assessed as 'minor' or 'moderate' in nature and intensity (thus demeaning the significance of their concerns) by diagnostic criteria in textbooks, to them they were disabling enough to risk suffering the stigma of having to see 'a shrink'. More people have taken this risk knowing that they can afford it (more so than when there were no rebates). In this case the psychologist would be able to provide a sense of continuity if they got 'worse' or had a relapse when they were aware they could have 12 and up to 18 sessions per year where a rebate would apply. I also see clients with a 'complex clinical presentation' such as co-existing mental health, substance use and brain injury – clients that fell and continue to fall through the cracks as health agencies reject them and they may not get in to see a private psychiatrist due to waiting lists (or the psychiatrist charges a sizable gap in the fee structure). Many of these clients use up their allocated 18 sessions within 12 months (exceptional circumstances) and I have seen some of them pro bono. ( I think as 'professionals' we should finish what we start irrespective of the client's ability to pay). However if the available sessions that Medicare offers rebates are reduced to 10 I would have to make uncomfortable, but practical decisions about the clients I would accept – in other words I would potentially accept clients who I thought would require 10 or less sessions in a calendar year. If they required follow up appointments I would need to contradict my values and beliefs on the basis of self preservation and refuse them any more sessions. This introduces the notion of discrimination on the basis of the assessed mental health condition **based on a single assessment at one moment in time!! I respectfully suggest that this does not mirror the reality of many clients.**

There are some clients who have private health cover – however this re-introduces the discrimination of past years – and these days even the private health funds can cover few sessions due to the rising fees.

I have noticed there are some high profile health professionals who have denigrated the current scheme and promulgated their preferred systems, usually via the media. Psychologists, as a profession, have usually been passive and in my years as a psychologist I am not aware of psychologists actually or potentially withdrawing their services from the public and I cannot see us doing this. However, it appears that those professions with the greatest numbers and/or status and with the corresponding political influence, and psychologists who do not have specialist endorsement, appear bent on undermining the years of gradual recognition of Applied Psychologists with specialist qualifications, thus reducing specialist psychology fields to the lowest common denominator.

May I respectfully suggest to the committee that this is a splendid opportunity to re-appraise the field of psychology, applied and theoretical, in Australia so that we are in concert with the rest of the developed world. We need to continue striving to offer the Australian public the optimal level of psychological services and value for available resources. Furthermore, as Australia continues to grow as a multi-national society, Psychology, as a profession, should be committed to offering more courses at the post graduate level that will enable a psychologist trained in applied psychology at the specialist level to offer culturally relevant services to all Australians. This is a commitment that should be made by tertiary institutions, the Australian Psychology Board.

