

Community Affairs, Committee (SEN)

Inquiry into psychology (psychological practice) in Australia

I am a registered psychologist, having been registered in the state of Victoria since 1981, now registered under national registration. My details and qualifications are: Marion Oke, B.A (Psych.) 1979; Grad. Dip. Ed. (Psych.) 1984; M. App. Sci. (Professional Psychology) 1995; Ph.D. (Family Therapy) 2006. I currently work in private practice in both regional and suburban Victoria, my work includes providing services through the following state and federal government agencies: Medicare Better Access Scheme (I bulk bill), Veterans Affairs VVCS Counselling Service, WorkSafe Australia (WorkCover); Traffic Accident Commission; Victims of Crime Assistance Tribunal. I am a Member of the Australian Psychological Society (APS) and a Clinical Member of the Victorian Association of Family Therapists (VAFT.)

I wish to make submission regarding the following issues currently affecting the profession in Australia.

1. The proposed cuts to the Medicare Better Access Scheme.

It is quoted in the InPsych, The Bulletin of the A.P.S. (2011, June, p. 6) that the cuts will ensure that the Better Access program is “better targeted by reducing the number of services to patients with mild or moderate mental illnesses can receive, while patients with advanced mental illness are provided with more appropriate treatment through programs such as the Government’s Access to Allied Psychological Services Program.” It is difficult to make sense of the claim that the Better Access Scheme service can be better targeted by reducing the number of available sessions. Prof. Lyn Littlefield, APS Executive Director rightly points out that the Better Access evaluation and research carried out by the APS clearly shows that 13% of clients seen by psychologists under the Better Access Scheme required more than 10 sessions in a year and that these are likely to be those suffering more severe mental illness. Prof. Littlefield also cites findings that demonstrate the effectiveness of the Better Program (InPsych, June 2011, p. 6.)

Prof Little field also explains that the Access to Psychological Services program is not likely to provide more effective services clients suffering more serious mental illness, as the program tends to be staffed by more junior less experienced psychologists. Also, there are cost issues; as a practitioner providing services under the Better Access Program I do all my own administrative work with no payment, including review letters to GPs for which we receive no payment. The Access to Psychological Services on the other hand involves substantial administrative costs.

2. The two-tiered Medicare rebates to psychologists.

This system is highly inequitable and is based on erroneous information. Psychologists who are eligible for membership of the APS Clinical College are no better qualified or experienced than those who are members of the APS Counselling College, whose membership and on-going professional development requirements are of equal standing. The difference is one of choice and approach, the Clinical approach tends to me more narrowly focussed, whereas the counselling approach tends to encompass a broader range of psychotherapeutic approaches. I made a choice to join the Counselling rather than the Clinical College. For example, I have a colleague with identical qualifications to myself (she completed the same masters degree) except that I have PhD & she does not. Because years ago she made a choice to join the Clinical College rather than the Counselling College she is now, through Medicare, paid more than half as much again as myself. She is most embarrassed by this situation. There is NO EVIDENCE to support the claim that clinical

psychologists provide a superior service, to the contrary, the evidence shows no difference between the two groups (InPsych, June 2011, p. 6.) A further anomaly is that clinical psychologists are said to provide psychological therapy, “generalists” focussed psychological strategies; however, in Medicare information both these are described as including exactly the same strategies. Further, services I provide through other government instrumentalities such as Veterans Affairs are paid at the same rate as a clinical psychologist – the service provided is of course exactly the same.