

Submission to the Senate Community Affairs Committees' Inquiry

In response to (b) iii and (e) i of the Senate Inquiry's remit:

Economic loss incurred by psychologists:

A dichotomy has been created (a two tier system) between clinical psychologists and other registered psychologists which creates a Medicare rebate rate significantly higher for clinical psychologists thereby financially disadvantaging unendorsed psychologists. I would argue that this action is discriminatory in that it has no evidence base for treatment superiority by clinical psychologists. In fact, the reverse has been found to be true in some cases but generally the finding of the Better Access Evaluation (March 2011) and the AAPi Client Survey suggest no difference between treatments provided by general psychologists and clinical psychologists in terms of :

- (a) the same mental disorders treated;
- (b) treatments provided;
- (c) treatment outcomes.

The economic and social rationale in awarding clinical psychologists a significantly higher fee than non-clinical psychologists is difficult to comprehend when unendorsed psychologists see clients with the same mental disorders; employ the same treatments and achieve excellent outcomes. If clinical psychologists could offer some evidence of their treatment superiority, it might make sense. But where is the evidence? There is none. No research to uphold their position. Furthermore, the discriminatory two tier system almost inevitably engenders a certain tension in the discipline of psychology which is not psychologically healthy and has little to do with integrity in terms of the services it provides and the clients it serves.

Legal liability and risk for psychologists:

A further dichotomy applied to clinical psychologists and other registered psychologists appears in the terms: 'endorsed' (for clinical psychologists) and 'unendorsed' (for other psychologists). Someone must have searched the dictionary most diligently to find such an offensive and demeaning word at once both innocuous *and* toxic in its connotations.

It has been difficult to crack the code of why, in addition to implementing the discriminatory two tier system—there was still a need for the demeaning label unendorsed versus the nice label endorsed. Isn't the two tier system enough, one might ask. A puzzling conundrum until it becomes clear that the need for the term endorsed in some way reflects the need to legitimize the rarefied top box of the two tier system—by delegitimizing most of the profession into the bottom box: the unenviable, less-than-professional box into which are crammed the unendorsed. Thus clinical endorsement, evidently, is needed to underpin the alleged righteousness of the two tier system—the endorsement status and the two tier system seeming to be inextricably linked. The fact

that the unendorsed status imposed has denigrated the majority of practitioners doesn't seem to be of concern. Someone has recklessly rolled the unendorsed ball into the discipline of psychology without adequately addressing the potential, and surely foreseeable, negative consequences for our profession. Perhaps it isn't meant to stop rolling till the end game—the unendorsed closed practice of the damned with no clients—the endorsed psychologists having long, very long, client waiting lists.

In fact, the appendage 'unendorsed', I would argue, causes harm in that not only does it denote a certain 'less than' or deficiency status but is legally injurious and places the writer in jeopardy in terms of the witness testimony I am called upon by the prosecution to give in a trial vis a vis sexual assault where the alleged perpetrator, the defendant, maintains innocence.

An enlightened Defence lawyer wanting to undermine significant prosecutorial evidence might argue, with some justification, that since I am unendorsed, the evidence I give cannot be considered legitimate. As my testimony is undermined, so therefore are my client's prospects of justice.

The only response I can give to the Court to a potential question about my 'unendorsed' status is that legal action is imminent. But that will not diminish the perception of doubt arising in the minds of the judge and jury vis a vis my expertise as a reliable witness. What does it mean to be unendorsed, the Defence might ask. I do not know the answer to that question. After six years of study, gaining a B.Sc (Hons) Psychology and 16 years' experience treating clients with a wide range of mental disorders, I cannot answer that question without making myself even more vulnerable, and defensive.

But one thing is certain—many unendorsed psychologists could well find themselves in the same incredibly fast-sinking leaky boat if the edict 'unendorsed' is not revoked. There is a lot of anger out there, perhaps unexpressed because where does one express this repressed frustration if not to a Senate Inquiry. We had no voice. No-one was listening. Other than the AAPi, like the elephant in the room this contentious and divisive issue has been largely ignored in a deafening silence that does not seem to comprehend the enormity of such a lethal strike at the heart of the profession as it slowly undermines the dignity and credibility of the unendorsed. One wonders if it is worth it—the betrayal. Significant and influential others have only recently vaguely addressed the pulsating distress and tension within the profession.

Further, I would argue that the negative legal consequences arising from the newly acquired unendorsed status were entirely foreseeable. And given the legal ramifications (the word unendorsed is fraught with potential legal problems) it might even become a legal and ethical obligation to declare to clients that one is Unendorsed—for their safety! This perhaps is the crux of the difficulties unendorsed psychologists are confronting. One wonders if one may one day be obliged to advertise as say, an Unendorsed Consulting Psychologist with whatever unfortunate consequences that may bring. It is disappointing, to put it mildly, to be a psychologist one day and the next to find oneself arbitrarily

demoted to an alleged second class unendorsed status with no real justification for such a momentous career changing move and with no right of appeal.

There are, I understand, 86% of psychologists who are unendorsed and only 14% clinical psychologists. Imagine if 86% of GP's suddenly found themselves to be unendorsed. It makes about as much sense since the older and far more experienced GP's, I believe, do not have the same credentials as those entering the medical profession today. That might create some social and legal ripples. I would not have confidence in an 'unendorsed' GP. Nor would I would expect clients to have confidence in an 'unendorsed' psychologist—When they find out about it.

So do we say nothing hoping no-one will notice? Keep it a secret, perhaps, our new unendorsed status—so far invisible but fast becoming undeniably visible.

To sum: The two tier Medicare rebate scheme and inappropriate label 'Unendorsed' placed on 86% of Australian psychologists suggests, by implication, that those who are not clinical psychologists are deficient in some way not quite defined with no evidence base for that assumption. It is demeaning. Moreover, I contend that the denigrating term with all its implications places doubt in the minds of referring GP's; clients; insurance companies, and the Courts to the detriment of unendorsed psychologists.

Importantly, the issue of endorsed—or not—appears to have been devised to underpin the two tier arrangement to make it appear legitimate and justifiable. Yet it might now seem to be a transparent move on the chessboard of betrayal.

What has been carefully crafted by the powerful but creative minority political elite within the profession, I submit, is legally and morally indefensible: it is an ignoble act. But isn't it written by a philosopher as long ago as the last century that power does not give itself up easily. It must be wrestled away by those struggling to restore dignity and harmony and repair iniquity.

Recommendations:

That the Senate Committee:

- (1) Revoke the two tier Medicare rebate system: a false dichotomy which is not evidence based and causes financial disadvantage to unendorsed psychologists in terms of earning capacity.
- (2) Revoke the demeaning deficiency status of 'unendorsed' placed upon us which, with all its connotations, places doubt in the minds of referring GP's; clients; and the Courts, to the detriment of unendorsed psychologists—and which puts psychologists and their clients in jeopardy in terms of witness testimony—and, I would suggest, in other areas too.

- (3) Revoke the status quo and return to the position as it was before: the status quo ante when we were psychologists without discrimination. I understand that according to the Ministerial Council there are no approved specialty areas for the profession of psychology. In that case, there should be no discriminatory dichotomy and therefore no two tier Medicare rebate system underpinned by the lethal appendage 'Unendorsed'—and therefore no disharmony.

There is only disharmony when things are not harmonious...and equitable.

Surely having a Masters is sufficient self-reward without creating deep schisms and derogatory terms to highlight some misconceived, non-researched, notion of excellence versus non-excellence —along the way creating sacrificial underlings to satisfy ego, self-aggrandizement and monetary gain. For if we alleged second class psychologists are not good enough to be endorsed, why then are we good enough to treat clients (our *raison d'être*): the same clients that the clinical psychologist treats with the same treatment and the same treatment outcomes—but not the same pay scale or endorsed status? Some strange anomalous cracks and contradictions appear to be opening up in our profession.

The above recommendations, I respectfully submit, would restore equality and justice to our profession and an end to discriminatory practices.