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To whom it may concern

I wish to submit the following as part of the following Senate Inquiry:

Commonwealth Funding and Administration of Mental Health Services

OBSERVATIONS BY AN OVERSEAS TRAINED, NOW ENDORSED COUNSELLING PSYCHOLOGIST IN AUSTRALIA

Having arrived in Australia two years ago, as a qualified Counselling Psychologist (1987) from South Africa and expecting to have to undergo 6 months supervision as a Psychologist qualified overseas, before being able to practise here, I found myself thrust in to a system that was not only complex but fraught with confusion for a new arrival.

MASTERS DEGREE & SPECIALIST TITLE (WA)/ENDORSEMENT (PBA)

My MA (Counselling Psychology) degree (from a University familiar to WA/Australia) and my 22 years of experience which was supported by references from Psychologists (Counselling, Clinical and Educational), Psychiatrists and General Practitioners, all highly respected in their community counted for very little. None of them, I may add were even contacted! On submission of the requested documentation, I was initially granted equivalence to the 4 year degree, with a recommendation to go and do a Masters degree at an Australian University. What followed was months of gathering information on the detailed content of my training undertaken 25 years ago, and most specifically on specific hours of supervision way back then. This I did, and my Masters degree was recognised, and I obtained Specialist Title here in WA, to be then endorsed by the PBA as a Specialist Counselling Psychologist at the time of transition.

As tedious and potentially alienating as this experience was, it necessitated my negotiating and familiarising myself with the Psychology profession and practice here in Australia. There is no doubt that my arrival in the midst of the transition from State to National bodies created some of the complexity, but this was, I increasingly realised, the least of the problem.

THE SPECIALIST PSYCHOLOGIST AND PSYCHOLOGIST

Once I had obtained the above and proceeded to seek employment I discovered that Counselling (Masters trained) Psychologists are regarded by the state Medicare system as providing a service equivalent to a Psychologist with a 4+2 training. This completely flawed me as not only had I never come across practitioners calling themselves a Psychologist without a Masters degree, but the specific skills of certain practitioners WITH a Masters degree was being dismissed.

At a Conference I attended at the end of 2010, which was primarily to further familiarise myself with the Professional Psychology community in Australia, I had a startling experience. It arose out of valuable sharing of experiences with several delegates over lunch, with several expressing interest in the nature of my work, experience and training coming from outside Australia. To my surprise several remarked on the depth at which I worked with clients and the huge range of treatment interventions I had to draw on arising out of my professional training and ongoing supervision, collegial support and practise. The significance of this only became clear when I was approached by one of these delegates at the close of proceedings who has had a private practise for many years, who said: " I had no idea that what I do is so different, and what I can gain if I studied a Masters". He, I discovered, and according to him most of those I had been chatting to, was a 4+2 trained Psychologist, with other courses behind him but it would seem had little notion of what studying at a Masters level involved, and what it added in terms of the way of working. Is this an isolated case of ignorance, or perhaps an outcome of the confusing way that the Psychology profession presents itself here? I have no doubt that by further training and experience there are many 4+2 Psychologists providing services perhaps akin to a Masters trained Psychologist, but introducing the possibility of such individual variability to justify using the terminology interchangeably (a 'Registered Psychologist' in private practise could be a 4+2 trained, or a Masters trained Counselling Psychologist) just contributes to the lack of clarity as to what services are being accessed.

I gather (but stand to be corrected) that this is avoided in most other countries by the term Psychologist being reserved for those with at least a Masters, or PhD, with any other skills level acquired being perhaps Counsellors. It is then clear what kind of service is being offered without a client having to have knowledge of all the different kinds of 4+2, Masters etc, to make an informed choice. This is of course where WA's Specialist Title assisted in distinguishing between different levels of training/working which 'endorsement' does not seem to do as clearly.

I personally became aware of the nuances of all this when needing to find a supervisor so that I could fulfil the requirements as an overseas trained Counselling Psychologist. I luckily had an idea what to ask.

THE TWO TIERED SYSTEM: COUNSELLING AND CLINICAL PSYCHOLOGISTS

Under the *Better Access to Health Care Initiative*, Medicare has distinguished between Clinical and Generalist Psychologists. I cannot comment for other Specialists who likely have similar issues. I herein focus on my own as a Specialist Counselling Psychologist.

Rather than quoting a huge part of the Australian Psychological Society (APS) descriptions of the Clinical and Counselling Psychologist, I am assuming that those attending to this Inquiry are familiar with the details since it is making decisions of such magnitude about the Psychology profession (please see APS website: www.psychology.org.au/community/specialist).

The description of the skills of the Specialist Counselling Psychologist as set out by the APS include: "Counselling psychologists are specialists in the provision of psychological therapy. They provide psychological assessment and psychotherapy for individuals, couples, families and groups, and treat a wide range of psychological problems and mental health disorders."

The description continues and identifies the vast expertise of the Counselling Psychologists, highlighting just how appropriate their skills are for those clients referred under the Better Access Initiative, in that not only are they similar to, but in some respects may even be seen as more appropriate than, the services of the Clinical Psychologists, who are accorded specific status under this system, in the form of higher rebates.

Due to this discrimination in rebates accorded Clinical Psychologists as distinct from all others (Generalists, whether Masters or 4+2 trained) access to this expertise is lost to so many Australians. The Counselling (Masters trained) Psychologist by being incorporated under the Generalist group together with 4+2 trained Psychologists, is by implication seen as 'less specialised' and providing less than their Clinical counterparts. This has been put in place by the Medicare system that purports to offer and provide the means to services in the best interests of their citizens.

Whether we like it or not value is perceived, if not determined, by the price tag in most people's eyes. The ripple effect of this mis-communication is likely to go beyond those accessing Psychological services via the Medicare initiative.

To add insult to injury, treatments are specified by this system, external to the profession, distinguishing between Clinical Psychologists' services and the 'focused psychological strategies' (?) of all others. This prescription seems to further undermine the very essence of our professional training which emphasises the importance of our choices being always in the best interests of the client.

This extraordinary handling of this valuable resource (Counselling Psychologists) led to many Specialist Counselling Psychologists having to apply for Eligibility to join the APS College of Clinical Psychology, to have access to the higher rebates, thereby being recompensed on an equal basis with their Clinical colleagues. But more importantly it enabled the Counselling Psychologist to practise their profession to the fullest extent of their training.

To gain this Eligibility from the APS College of Clinical Psychology, the Medicare Assessment Team assessed each case and an Individual Bridging Plan (IBP) was provided detailing what the applicant needed to add to his/her training to be considered eligible. Be reminded these applicants are generally Counselling Psychologists holding Masters degrees. These IBP's seemed to vary considerably. The APS College has now closed this means to alternative entry, meaning that no other specialists can now demonstrate eligibility without an APAC approved Clinical Psychology masters/doctorate/PhD. This shuts out all Counselling Psychologists regardless of their substantial training and experience in mental health care. The loss in access to resources speaks for itself.

Perhaps tragic is the divisiveness this creates within the profession....a profession that sets out to care for the mental health and wellbeing of our citizens but has to spend hours in fighting for recognition from each other, and from the system it wants to support. However, this is not only a travesty for the profession but is a loss of valuable resources for the very people the system is meant to serve. Not only is it confusing and difficult to make sense of, but clients have no idea of the significance of their choice between a Psychologist and a Counselling/Clinical Psychologist in terms of the nature of the intervention.

REDUCED SESSIONS

Now more recently in spite of all the evidence, Medicare is cutting the number of sessions with a Psychologist considered necessary to achieve a positive outcome. It seems impossible that these decisions are being made in consultation with people who are actually providing these services to the Medicare clients, effectively, efficiently and professionally, or are seriously taking in to account significant factors which if ignored are likely to increase the costs of roll out e.g. longstanding research has pointed out that a good therapeutic working relationship can take up to 4-5 sessions to create. From what I can gather the reduction in sessions is being justified by the availability of further assistance through another mechanism i.e. ATAPS. This will require the client to start all over again with a new Psychologist. I cannot see how this makes any financial sense, let alone how it can be in the best interests of the client. Once again it seems to indicate an absence of understanding of the services provided by experts in Mental Health: Psychologists.

MANDATORY GP REFERRALS

As I see it clients referred by their GP's under the 'Better Access to Mental Health Care' initiative are most often referred to psychologists in private practises. There is no doubt that GP's will continue to identify a large proportion of psychological need often presenting as or with physical symptoms, therefore providing mechanisms for such a referral is very important. However there are those clients who identify their own need. This may be due to better media exposure of the value of psychological services or their own past experience. Instead of the experts in Mental Health (Specialist Psychologists and Psychologists) being accorded the respect to make an assessment of its validity, these self referred clients must

seek a GP appointment and referral, thereby adding to their cost and to the costs borne by Medicare itself. Making it mandatory for Mental Health needs to be assessed by GP's with general experience, as opposed to recognising the role that should/could be played by those who have trained for between 6-8 years + in this specialised field, not only fails to efficiently use the expertise inherent in the Psychology profession, but it adds unnecessary cost to be borne by the system. It may even contribute to confused perceptions by the public of just what the Psychology profession can do.

CBT, GP's AND MEDICARE

Cognitive Behavioural Therapy (CBT) forms the core of the treatments prescribed by Medicare, and is a central feature of most courses in Australia for training professional Psychologists. Without debating the pros and cons of this I have become aware that the APS, (the body that is meant to represent and uphold the Psychology Profession!) supports weekend courses for GP's and Social workers on CBT to enable them to claim rebates for CBT interventions from Medicare. The implications of this are too horrifying to contemplate. I attended one of these run by an esteemed colleague, who if it is going to be run is an excellent person as she highlights the intricacies and depth of skills required. The outcome of the weekend was a group of GP's who acknowledged that CBT was far more complex than they realised and that referral to a psychologist would be preferable. However when it comes to the bottom line (financial gain) the APS is supporting the use of a core part of our profession by other professionals with limited accountability with regard to the quality of intervention being provided. Given the acknowledgement of the complexity of CBT, such delivery by a GP is likely to be in name only, which is a very dangerous thing to have happen. I do not think a weekend course would give me sufficient skills to claim any GP services!

PRIVATE PRACTISE REGISTRATION BY LOCATION

Another issue that completely flawed me was the need for Psychologists providing services under Medicare to register their practise by location. How cumbersome this must be administratively. Providing a private practitioner with a practise number for the life of their professional practise regardless of place of practise can only simplify any monitoring required of that professional, and reduce admin costs.

Another observation refers to the Registration details provided by the PBA but that goes beyond the scope of this enquiry. However the lack of clarity of qualifications evident in the jargon and titles used adds further confusion to understanding who is what. There must also be a more cost effective way of annual registration than reissuing certificates every year.

TO CONCLUDE:

You may dismiss this as coming from a disgruntled foreigner who has no right to comment on a system she is so new to.

Too new to comment? Yes perhaps, but I thought it may be valuable to get an insight in to what it is like to arrive and enter the psychology profession in Australia, as a well established professional in another country.

Disgruntled? Far from the truth. I am just very concerned about the future of my profession. I am employed in two different yet highly rewarding and stimulating environments as a Specialist Counselling Psychologist. I have the pleasure of working with teams who have provided me with continued growth experiences in my profession that are invaluable and treasured. Both sites combine Clinical and Counselling Psychologists working side by side doing the same work, providing support and knowledge as each finds themselves specialising in some or other area within our amazing field.

However in the one I am forced to earn significantly less than my Clinical colleagues to ensure that the gap to be paid by our clients referred under the *Better Access to Health Care Initiative* is the same regardless of which one of us they see. The service I provide is identical. However I have had to field some difficult questions to explain the different charge out of my services. After so many years of practice I never expected to come to Australia and have to defend myself in relation to my colleagues.

It should not be about comparing different Specialities, and setting one above the rest but about acknowledging the expertise of the profession as a whole. If it is true that addressing Mental Health is of National importance it seems a travesty that those in need of Mental Health care are being deprived access to the all the resources available.

Replacing State bodies and setting up a National body for the profession provided an opportunity to address and reduce the confusion, perpetuated by the Medicare initiative. I am not sure it has!

Penny Fox
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