

3 August 2011

Dear Committee:

RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

As academics and specialist psychologists belonging to two areas of endorsement – counselling psychology and clinical psychology, we welcome the Senate inquiry into mental health funding and have prepared this submission to outline our concerns regarding:

1. The reduction in number of sessions available under Better Access.
2. The detrimental impact of excluding postgraduate-trained endorsed counselling psychologists from the top tier of Better Access, which will impact on the diversity and quality of specialty psychological services in Australia.

1. Reduction of Better Access Sessions

The reduction from 18 to 10 sessions under Better Access disadvantages those clients who are most severely disturbed or distressed. Although only a small percentage of clients use more than 10 sessions, those that do tend to be those with comorbid and complex conditions. It would seriously disrupt their treatment if they needed to be moved to an ATAPS provider, rather than continuing with their primary therapist.

2. Problems with Current Two-Tier Funding Arrangements

We support a two-tier system that recognises advanced training in treating mental health disorders. However, the current two-tier rebate system makes an arbitrary, unfair, and highly discriminatory distinction between endorsed clinical psychologists and endorsed counselling psychologists with equivalent postgraduate training. Currently clinical psychologists enjoy the benefits of tier-one rebates while counselling psychologists, who also have a minimum of 8 years training (6+2), are in the second tier along with four-year trained psychologists (4+2).

The contention inherent in the Better Access funding arrangements that clinical psychologists are the only psychological specialty with advanced training in the field of mental health assessment, diagnosis, case formulation, evidence-based treatment, evaluation, and research is inaccurate and is not supported by any evidence.

In the UK NHS and the US insurance systems clinical and counselling psychologists receive equivalent rebates for psychological services and enjoy equal status as front-line workers in mental health. No other country makes the arbitrary distinction between different types of endorsed psychological specialities that Better Access does.

Similarly, within Australia, the state and federal government departments that employ both clinical and counselling psychologists offer the same salary scale for both specialities. This is above that offered registered 4+2 psychologists.

Like clinical psychologists, 8-year trained counselling psychologists complete a Master's or doctorate, 2 years of supervision, and are trained in:

- Diagnosis, assessment and treatment of mild, moderate and severe mental health disorders
- Diagnosis across the lifespan and psychopharmacology
- Evidence-based interventions in the treatment of high and low prevalence mental health disorders
- Treatment and evidence-based management of conditions such as personality disorders comorbid with anxiety and depression or substance abuse comorbid with post traumatic stress disorder.

In addition to having similar theoretical training, clinical and counselling psychologists also have the same exposure to placements, which are undertaken in some of the same agencies such as Headspace, hospital clinics, GP Divisions, university counselling services, prison counselling services, and child protection psychological services.

We are very concerned the arbitrary distinction between clinical psychologists and equally qualified and competent counselling psychologists currently enshrined in Better Access legislation will inevitably result in:

- A decline in the number of endorsed psychologists making their services available to Better Access clients. As higher rebates are currently only available under the current two-tier system to clinical psychologists, this represents a major disincentive to counselling psychologists - who have the same level of training, skill and competence - to provide their services through Better Access.
- A significant reduction in the number of students seeking to obtain postgraduate qualifications and supervisory training in psychological specialities other than clinical psychology. The current systemic bias in favour of clinical psychology distorts the field and as such, will result in a significant reduction in student numbers seeking qualifications and training in other specialities.

The cumulative effect of the above will result, in time, in the psychological services available to Australians seeking treatment for mental health disorders being less diverse, more homogenous and, in our view, less able to meet the increasingly complex and specialised needs of contemporary Australian society.

The arguments in favour of diversity in the workplace are well-documented with the different skills and experiences that a diverse workforce brings to the workplace being increasingly recognised as beneficial to organisations. As a result, most organisations adopt a proactive approach to recruiting and retaining a diverse workforce. Despite the benefits accruing from diversity, the Better Access legislation discriminates arbitrarily and unfairly in favour of just one of the 9 endorsed psychological specialities. This is to the detriment of both those with mental health disorders and those who, in

many instances, are best equipped to help them. It conspires to offer a less diverse range of psychological treatments from a single psychological speciality.

Conclusions and Recommendations

Although we support a two-tier system that acknowledges advanced training, the current two-tier rebate system makes an arbitrary, unfair, and highly discriminatory distinction between clinical psychologists and counselling psychologists. This distinction is unrelated to their skill, level of qualification (all requiring at least 6 years of university training and 2 years of supervision), or professional competence. Furthermore, the contention that only clinical psychologists can provide psychological therapy for mental health disorders is not supported by the evidence.

We respectfully submit the following recommendations regarding these issues:

- 1. Increase access to high-quality endorsed specialist care**
Remove the arbitrary and highly discriminatory distinction between clinical psychologists and counselling psychologists to allow patients of the latter to obtain the higher level rebate for treatment of their mental health problems. The current discrimination limits access to high-quality endorsed specialist care and will, in time, result in less diversity in the specialist psychology workforce.
- 2. Eliminate restrictive trade practices**
The arbitrary distinction between clinical and counselling psychologists made in the Better Access scheme prevents 8-year trained counselling psychologists from providing the best psychological services they can to their Medicare patients. This represents a restrictive trade practice and, as such, should be stopped.
- 3. Reinstate the 18 Session Limit in Better Access**
Removing the additional sessions for the small percentage of patients who utilise them is a regressive step and predominantly disadvantages those with the most severe levels of distress and mental health disorder.

If you would like us to elaborate further on any of these issues we would welcome to opportunity to do so.

Yours sincerely,

Associate Professor Jan Grant
Clinical and Counselling Psychologist

 Jenny Thornton
Clinical and Counselling Psychologist

Dr. Lynn Priddis
Clinical and Counselling Psychologist

Ms Gillian Stevens
Registered Psychologist

Mr. Greg Chidlow
Clinical and Counselling Psychologist

Academics who teach in the counselling psychology Masters and PhD and some contribute to aspects of the clinical psychology programs.