25 July 2011
Submission to the Commonwealth Funding and Administration of Mental Health Services Committee Inquiry

Re:Senate Community Affairs Reference Committee proposal to abolish the two-tiered Medicare rebate system for psychologists and to reduce session numbers to 10.

I wish to comment on the Senate Committee's plans to change the current Medicare rebate system for psychologists' services. I understand the Committee is considering changing to a single level at the lower rebate rate, reducing available sessions for clients to 10, and limiting providers to Clinically-endorsed Psychologists only. I submit that assessment of this service shows that there is solid evidence that Generalist psychologist are reliably providing good services to patients, that there is no evidence-based grounds for removing us as approved providers. Also, I submit that there is a strong possibility that reducing session numbers to a maximum of ten will hurt clients and reduce efficacy which is likely to add to the nation's mental health costs in the long run, not save money at all.

I am concerned about the false statements and erroneous assumptions members of the APS College of Clinical Psychologists have been making about Generalist Psychologists in their submissions to your Committee. As a body they are choosing to denigrate Generalist Psychologists a rather questionable way to establish their claim of professional superiority. They are trying to protect their favoured position on the higher tier and offering erroneous reasons why the committee should continue paying them at the higher rate and should remove the Generalist Psychologists as Medicare service providers if anyone is to be removed.

The main targets of these false statements are Generalist Registered Psychologists who like myself entered the profession via the 4+2 route, (4 year undergraduate degree followed by 2 years employed as a psychologist with 2 x weekly supervision). A number of the Clinical College members wrongly state:
1. that Generalist Psychologists are inadequately educated, and incompetent.
2.that only members of their College are competent to work with clients with more serious mental disorders because only their members are trained to assess, diagnose and treat clients with more serious mental disorders.
3.that Australia is the only country that allows 4yr-trained psychologists to become fully registered and to practice clinically.
3.that because members of their College have added 2 or more years of postgraduate University study to their basic 4year undergraduate degree, they have demonstrably much more university education than Generalist Psychologists, and are thus much educated for the job.

I am advised that you have already been given the programme's own assessment figures and statistics which clearly show that Generalist Psychologists do just as good a job as Clinical Psychologists. This is powerful and important evidence.

But since psychologically a single case conveys a message much better than figures and diagrams, I would like to offer my own story as an example of Generalist Psychologists, demonstrating that some of us have very high levels of education, professional skills and professional competencies, and that these things cannot be measured by having or not having a particular qualification or membership of the APS College of Clinical Psychologists.

After leaving school, I completed a three-year Teaching Degree with a large component of Educational and Developmental Psychology, and then a three-year Counselling Diploma in 1991. At this point I was asked to set up a counselling centre within the TUC. I continued to work as a counsellor while I did my undergraduate B.Social Sciences degree in Psychology. Next I completed my M.Psych in Analytical Psychology.

Not one of these four qualifications "counts" towards APS Generalist or College membership, or for registration with the National Psychologists Board, though all four degrees are fully accredited qualifications and all are directly relevant to my work as a psychologist working in a clinical setting. I work with children and adolescents among others. To be a good psychologist in a clinical setting, counselling skills are absolutely essential. My studies in Analytical Psychology have widened my scope of practice and deepened what I can offer my clients enormously. These four degrees add up to over ten years of full-time study, about the same time as it takes to complete a Doctorate. This means that I am in fact much better qualified for the job than most of those currently claiming Generalist Psychologists like me do not have adequate qualifications.

After a further two years of part-time study I completed my Post Graduate Diploma in Psychology, which was an acceptable psychology qualification for APS general membership, and for National Psychologist Board registration when combined with my B.Soc.Sci(Psychology). This brought me into the 4+2 pathway to registration. To gain registration, for two years I had to be employed providing clinical psychological services under supervision, and to attend twice-weekly supervision with a Clinical Psychologist at $140 a session. I also completed the very-comprehensive set of assignments used by the Psychologists Board of W.A. to assess the competence of 4+2 candidates until national registration took over this year. The assignments covered assessment, diagnosis and interventions, plus ethics etc and did help ensure that the 2 year supervision period provided good postgraduate training/skills/knowledge in these areas.

I became a Generalist Registered Psychologist in November 2010 (after working for twenty years as a professional counsellor) and I have been providing services for many GP-referred clients on the lower tier of the Medicare rebate system
since December 2010. The disorders my clients are referred for include Bipolar Disorder, Major Depressive Disorder, Acute Generalised Anxiety Disorder, Borderline Personality Disorder, Acute Post Traumatic Stress Disorder, Psychotic Disorders, and Eating Disorders. I have also worked with children, adolescents and adults who are desperate and suicidal. These are the clients we are told Generalist Psychologists are not qualified or competent to work with. In the limited time available under the Medicare Rebate, I have successfully worked with a number of clients suffering from each one of these disorders. They have become symptom free, as shown by appropriate assessment measures, and moreover have built new lives and new directions for themselves. I teach them important skills that mean when they leave me they are confident that if it happens again, they will be able to cope on their own, and are happy to seek help again if necessary. They are reassessed by their GPs after each block of six sessions to provide solid quality control and accountability.

Since I completed my Counselling degree, I have undertaken long-term internships, externships and other extended training courses at my own expense to ensure I am competent to practice a number of psychotherapies for individual work, relationship and family therapy work.

Also, concerned to ensure that I am fully competent to carry out my clinical work, and have the skills I need in diagnosis, assessment and treatment, I enrolled in three courses from the postgraduate Clinical Psychological training at my own expense. These courses were Psychopathology, Clinical Assessment and Clinical Interventions. I found their content limited, that they were not nearly as comprehensive as the competency-based training set by the Psychologists Registration Board of W.A plus what I have learn through my degrees, accredited training courses, clinical practice, and through supervision I already knew almost all the course content.

I challenge the assumption that all Clinical Psychologists are necessarily more competent purely because at some stage of their life they have completed a particular set of University courses and supervised work. Psychology is a field in which what is core knowledge at one point in time can go completely out of date and be superseded in the space of a few years. The “bible” of clinical Psychology, ie the DSM, is completely rewritten every ten years or so, with new disorders added, diagnostic criteria changed and often the entire approach to mental illness fundamentally altered. If they genuinely believe that the additional University qualifications do make so much difference, title Clinical should surely be restricted to graduates from the last ten-to-fifteen years, and all members should be required to repeat their studies to retain their title. On the other hand, if they accept that once a practitioner begins to work in the field, clinical practice and professional development are enough to keep their knowledge up to date through major and minor ontological changes, they need to accept that perhaps they are attributing too much significance to those two-plus years of extra study.

This then emphasises the enormous importance of ongoing Professional Development training. Yet currently much of what is currently offered for Professional Development by the Clinical-Psychologist-driven APS is expensive light-weight one-day courses put on by college members who are often not even properly accredited in the approaches they teach. A possible answer would be to establish a series of short but linked content-rich courses that are updated each year and that continuously update the knowledge, skills and qualifications of all practising psychologists, eventually eliminating the gap between Clinical and Generalist Psychologists entirely. Also many of my clients speak in depth about the Clinical Psychologists who treated them and failed them before they came to me, so I know there are some who are decidedly incompetent regardless of qualifications and titles. However I certainly do also hear of and know of quite a number of Clinical Psychologists who do excellent work, have a powerful understanding and great competency levels, and overall I support them as a worthy and dedicated group of professionals. I am not questioning the competence of Clinical Psychologists as a group, only their claimed superiority.

I suspect that the Clinical Psychologists criticising the Generalist Psychologists are doing so out of fear that their own tier may be eliminated instead of our lower tier, or that at very least they will be demoted to join us and their income will therefore drop by one third. They are naturally distressed and keen to protect their livelihood. However this is not grounds for making such slanderous and unprofessional statements about a large group of mostly highly skilled professionals who are their colleagues, and their comments should be ignored and dismissed.

It does appear that as a profession we Psychologists need to to learn to trust each other and work together better, and our failure to do so in such a public way is at least partly due to the fact that we do not yet have a representative professional body, either registration board or a society of members that truly represents us all and supports us all. The composition of the APB does need to be adjusted to correct this problem, and care needs to go into the selection of psychologist-representation on the new Medicare Locals as well.

In summary then, in order to provide the best mental health care services under Medicare rebates, at the best price to the taxpayer, I recommend to you that Generalist Psychologists should continue to be providers of the excellent mental health care services we currently provide under Medicare, and that client session numbers should be maintained at current levels and not be cut. Perhaps also the rebate level could be set at a halfway mark between the two current levels.

Yours faithfully,
Ms Jessica Vivien