



**SUPPLEMENTARY SUBMISSION TO THE
SENATE COMMUNITY AFFAIRS REFERENCE
COMMITTEE INQUIRY INTO THE
GOVERNMENT'S FUNDING AND
ADMINISTRATION OF MENTAL HEALTH
SERVICES IN AUSTRALIA**

BACKGROUND

The Australian Association of Psychologists inc. (AAPi) appreciates the opportunity to make a Supplementary Submission to the Senate Community Affairs References Committee following the public hearing held in Melbourne on 19th August 2011.

The purpose of this submission is to identify some solutions to various problems relating to the Government's funding and administration of mental health services in Australia.

SUPPLEMENTARY SUBMISSION

Our Submission dated 5th August 2011 concentrated on four areas of funding and administration of mental health in Australia that we believe require remedy.

1. The two tier Medicare rebate system
2. The 'endorsement' of areas of practice and associated attempts to create specialties within psychology
3. The reduction of consultations under the Better Access program
4. Conflicts of interest

SUMMARY OF RECOMMENDATIONS

1. *The solution to the dichotomy created in the profession by the two-tier Medicare rebate system is to immediately abolish this discriminatory and divisive system and replace it with a single rebate covering consultations with registered psychologist under a mental health care plan.*

We believe that the quantum of a single rebate is within the purview of the Government to determine within the confines of its budget.

2. *That the Psychologists Board of Australia be advised to abandon the endorsement dichotomy as it is based on false premise, implying a specialty in Psychology where the Council of Australian Health Ministers has determined one does not exist.*

Introduce a Grandfather Clause to include all students and all practitioners who had commenced their courses or had been practicing prior to 2nd July 2010 recognising their prior training and experience.

Any change to curricula or training should come into effect from the start of the 2012 academic year.

3. *The 12+6 Better Access consultations under a Mental Health Care Plan be reinstated with funding to come from a reduction in funding announced to worthwhile but as yet unproven programs.*

- 4 i *Conflicts of Interest should be vigorously opposed and conflicted personnel removed from administrative and regulatory bodies*

- 4ii *The Psychology Board of Australia and its State and Regional Boards should be reconstituted to adequately represent the interests of ALL registered practicing psychologists. The PBA be placed in care-taker mode until competent independent regulators and administrators are appointed after a period of genuine consultation with the entire profession*

- 4iii *The Psychology Board of Australia and its State and Regional Boards should consist of a range of interests including academics, private practitioners and generalists who not only understand that their role is to “protect the public” but also to advance the profession of psychology and the interests of its practitioners.*

- 4iv *The nexus between the Psychology Board of Australia and its State and Regional Boards, and the Australian Psychological Society Ltd, its Clinical College should be discontinued.*

1. The two tier Medicare rebate system

Since meeting with the Committee we have had the opportunity to read Submission Number 199 from the Department of Health and Ageing and before addressing the four points outlined above we would like to comment on the ramifications of the Departments Submission.

Under item e) Mental health workforce (i) *Two-tiered Medicare rebate system for psychologists* the Department states (in part) “***This design*** (referring to the two-tiered Medicare rebate system) ***was based on advice from the psychology profession.***”

We have contended in all our correspondence with various stakeholders that this, in fact, was not the case and the profession at large was not consulted prior to the implementation of this system.

This fact was confirmed during the exchange between the Committee and the Executive Director of the Australian Psychological Society (APS) on 19th August. During this exchange the APS was specifically asked if their membership was consulted on these issues. The Executive Director advised that the membership was not consulted. The APS *modus operandi* is/ was to refer these matters only to their Board for determination.

We assert that the sample opinions expressed in **Appendix i** attached to our original submission, the many emails and telephone calls we have received, the submissions received from 'generalist' psychologists and the nearly 5000 petitioners who have expressed their support for the retention of the 12+6 Better Access consultations at <http://betteraccess.net/index.php/petition-link> demonstrate that the profession has not been consulted on any of the major issues.

If the psychology practitioners had been consulted at the time of the planning for the two-tier Medicare proposal it would have been rejected, because it was based only on membership of a small group and not on any criteria of merit, competence or quality of service to the Australian public.

Furthermore there was no legislative test to meaningfully differentiate between the two tiers, there was no objectivity or clarity in any such assessment, and there was no transparency in the process. As a result of this 'two-tier' distinction, Australian consumers have received discriminatorily different rebates of \$38.20 per consultation for identical psychological services.

The arguments against the two-tier Medicare rebate system are articulated in our original submission of 5th August 2011.

Recommendation

The solution to the dichotomy created in the profession by the two-tier Medicare rebate system is to immediately abolish this discriminatory and divisive system and replace it with a single rebate covering consultations with registered psychologist under a mental health care plan.

We believe that the quantum of a single rebate is within the purview of the Government to determine within the confines of its budget.

2. The 'endorsement' of areas of practice and associated attempts to create specialties within psychology

The overwhelming dissatisfaction within the profession of the attempts by some practitioners and the Psychology Board of Australia to introduce specialties within the profession by way of areas of practice endorsement is clearly evident in the sample opinions expressed in **Appendix i** attached to our original submission and the submissions received from 'generalist' psychologists by the Committee. We have articulated the arguments against this practice that is further dividing the profession in our original submission of 5th August 2011.

Furthermore the proponents of this divisive policy have failed to coherently argue in favour of establishing specialties within the profession. They have been unable to present credible research or evidence to support their position. Whereas the only credible research available on the subject, the Melbourne University Better Access Evaluation, very clearly shows that there is no evidence to justify dividing the profession into specialties or 'areas of practice endorsement'.

We recognize that it is within the auspices of a private organization like the APS to maintain its own in-house two-tier distinction between specialists and generalists by way of its various Colleges; however it is completely inappropriate to translate these distinctions into the regulations for the administration of the profession.

Psychology is the specialty under the umbrella of Allied Health in the same way as Psychiatry, Physiotherapy etc. These specialty forms of allied health service are stand alone specialties and are not further subdivided.

Practitioners do not need a specialist degree in Forensic Psychiatry, Counselling Psychiatry, or Clinical Psychiatry; there are no specialist 'colleges' of Forensic Psychiatry, Counselling Psychiatry, or Clinical Psychiatry which control pathways in the profession. Individual psychiatrists practice competently across all areas, as do psychologists. The use of such terms in Psychiatry is to indicate areas of expertise not 'endorsement' in specialist areas of practice.

Recommendation

That the Psychologists Board of Australia be advised to abandon the endorsement dichotomy as it is based on false premise, implying a specialty in Psychology where the Council of Australian Health Ministers has determined one does not exist.

Introduce a Grandfather Clause to include all students and all practitioners who had commenced their courses or had been practicing prior to 2nd July 2010 recognising their prior training and experience.

Any change to curricula or training should come into effect from the start of the 2012 academic year.

3. The reduction of consultations under the Better Access program

The arguments in favour of retaining the 12+6 consultations with psychologists have been cogently expressed by the majority of those making submissions to the inquiry and it is unnecessary to repeat that debate here.

Recommendation

The 12+6 Better Access consultations under a Mental Health Care Plan be reinstated with funding to come from a reduction in funding announced to worthwhile but as yet unproven programs.

4. Conflicts of interest

Conflicts of interest within the PBA and between the PBA and APS have been graphically illustrated in our 5th August 2011 submission.

These conflicts of interest have been of detriment to the profession by preventing adequate consultation with practitioners and allowing small vested interest groups to influence policy.

The conflicts of interest within the profession are exemplified in the Department of Health and Ageing Submission No 199 to the inquiry when they state:-

“Clinical psychologists receiving fee-for-service payments through the MBS are required to have training and qualifications that are consistent with international benchmarks. In accordance with the Health Insurance (Allied Health Services) Determination 2011 psychologists who wish to provide Medicare rebatable psychological therapy services, which are at the higher MBS schedule fee level, must be either:

- *a member of the College of Clinical Psychologists of the Australian Psychological Society (APS); or*
- *assessed by the APS as meeting the requirements for membership of the College and continues to meet those requirements; or*
- *endorsed by the Psychology Board of Australia (PBA) to practice in clinical psychology.*

The credentialling standards applied by the APS and the PBA for clinical psychologists ensure that eligible providers meet heightened requirements with respect to education, length of work experience in the field, and clinical supervision in relation to the provision of psychological therapy services for people with a diagnosed mental disorder.”

We assert that it is totally inappropriate for a private organization like the APS, that does not represent all the registered psychologists, to be applying credentialing standards for any requirements being administered by the registration and authorising authority, or assessing any of the authorities requirements.

It is equally inappropriate for membership of what is demonstratively a ‘closed shop’ organization to be a pathway any form of registration.

To emphasise our conflict of interest concerns we reiterate the fact that:-

Of the eight (8) Psychologist members of the Psychology Board of Australia (PBA):-

8 (100%) are Members or Fellows of the APS

5 (62.5%) identify themselves as ‘clinical’ psychologists

3 (37.5%) are full time academics.

These are interesting statistics when compared with the fact that only 66% of registered psychologists are APS members, 12% are endorsed ‘clinical’ psychologists and only 7% of registered psychologists are full time academics.

Clearly the Psychology Board of Australia does not represent the practice of psychology in Australia. The interests of the 80% of ‘unendorsed’ psychologists, many of whom are running small business private practices, are completely unrepresented at the table that is administering and regulating psychology.

We strongly support the concept of national registration of psychologists and a representative national board to administer that registration. Unfortunately it appears, however, as if the national law was implemented to fix a system that was not broken, and in so doing has caused the profession to fracture.

Recommendations

- i. *Conflicts of Interest should be vigorously opposed and conflicted personnel removed from administrative and regulatory bodies*
- ii. *The Psychology Board of Australia (PBA) and its State and Regional Boards should be reconstituted to adequately represent the interests of ALL registered practicing psychologists. The PBA be placed in care-taker mode until competent independent regulators and administrators are appointed after a period of genuine consultation with the entire profession*
- iii. *The Psychology Board of Australia and its State and Regional Boards should consist of a range of interests including academics, private practitioners and generalists who not only understand that their role is to “protect the public” but also to advance the profession of psychology and the interests of its practitioners.*
- iv. *The nexus between the Psychology Board of Australia and its State and Regional Boards, and the Australian Psychological Society Ltd, its Clinical College should be discontinued.*

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