

5 August 2011

Committee Secretary
Senate Standing Committees on Community Affairs
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Parliament House
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Dear Sir / Madam

I am writing in regards to the following points:

- (b) (ii) the rationalisation of allied health treatment sessions*
- (e) (i) the two-tiered Medicare rebate system for psychologists*

Rationalisation of allied health treatment sessions

I was very concerned when it was announced that the number of Medicare sessions that clients can access through a psychologist will be reduced from 18 to 10 sessions. While 10 sessions may be sufficient for some clients who seek the help of psychologists, for others 10 sessions is woefully inadequate and reducing the number of sessions is going to seriously compromise the care of clients suffering from mental illness. I am completely baffled as to why this proposal has been made after the evaluation of the Better Access program by the Department of Health and Ageing, found that positive outcomes are being achieved with consumers. Surely the cost of untreated mental illness far outweighs the cost for maintaining the current number of sessions? If sessions are going to be so heavily reduced, calling the program 'Better Access' would certainly not be appropriate.

There seems to be a prevailing myth that psychologists in the Better Access program are mainly catering to the "worried well". This myth is highly invalidating to clients presenting to psychologists and does not reflect the reality of what brings someone to see a psychologist. There is still considerable stigma in the community about mental illness and about seeing a psychologist, so attending that initial appointment is something clients generally struggle with. All clients who walk through the door have genuine and valid concerns. Most of my clients are on Centrelink payments or have low incomes. They could not access sessions if they had to pay an upfront fee. I bulk bill many clients due to the fact that they are financially struggling. I strongly believe that mental health care should be accessible to all Australian citizens irrespective of their financial status. Reducing the number of sessions is really taking a backwards step in the provision of mental health care. The 18 sessions that some

clients receive a year is completely insufficient if they have severe and complex needs. I urge the Committee to reconsider the reduction of sessions.

The two-tiered Medicare rebate system for psychologists

The two tiered Medicare system that has been established between 'clinical' psychologists and 'generalist' psychologists is unnecessary and highly discriminatory. Currently the rebate that clinical psychologists receive for providing Medicare services to clients is **almost 50% higher** than the rate received by generalist psychologists for doing the **same work**. Research demonstrating clinical psychologist's superiority in skills and clinical effectiveness in comparison to generalist psychologists to justify such a difference in Medicare rebates doesn't exist. In fact, the evaluation of the Better Access program by the Department of Health and Ageing did not find a difference between the two groups in clinical outcomes for consumers.

Some clinical psychologists appear to be doing their best to minimise and invalidate the skills, qualifications and experience of generalist psychologists, and this denigration of our value to help clients does not reflect the fundamental qualities of what makes an effective therapist. A number of misleading and completely false statements have been made by some clinical psychologists in order to maintain the two tiered Medicare rebate system. Myths that have been perpetuated include:

Myth: Generalist psychologists only have four years training in psychology. (Other forms of this myth include generalist psychologists do not have specialised skills, generalised psychologists are unendorsed etc).

This is false. **All registered psychologists have six years training.** Some attend four years of university training followed by two years supervised practice. Others, like myself, complete graduate diplomas, masters degrees, doctorates or PhD's in various psychology specializations.

To say that generalist psychologists only have four years of training is on a par with saying Medicare sessions are being reduced from 12 sessions to 10 sessions. Both are blatantly obscuring the truth.

Psychologist training doesn't come to a screeching halt once university training is completed. Attendance at workshops, seminars and conferences are all part of the ongoing training of all psychologists. All psychologists are required to engage in ongoing and regular professional development. Ongoing supervision is expected of psychologists to maintain registration. Psychologists are also further trained and given an opportunity to develop their skills and abilities in the workplace.

Personally I find that the best trainers in psychology are not academics at university. The best trainers are clients. Sitting in a lecture room or having your head stuck in a textbook barely compares to the value of actually listening to clients, hearing their stories and learning from them what has helped or not helped in their recovery.

Psychologists can build up a wealth of insight and considerable knowledge and skill by having practical experience with clients.

Myth: Other than psychiatry, clinical psychology is the only mental health profession whose complete post-graduate training is in the area of mental health. (Other form of this myth: You can only learn about psychopathology, assessment, case formulation and pharmacology in a master of clinical psychology degree).

This is false. In my training, I was required to learn and demonstrate skills in evidence-based psychological therapies and assessment and diagnosis of the full spectrum of mental health disorders. I was also required to conduct research and completed subjects in psychopathology and pharmacology.

I completed a Master of Counselling Psychology degree prior to the commencement of the Better Access program. I distinctly recall asking my supervisor at the time (a clinical psychologist), *“What is the difference in the training and the work of a clinical psychologist verses a counselling psychologist?”* Her response was, *“There is no difference”*. I wonder if that supervisor is now claiming that there is a vast difference in the training and skills between clinical and generalist psychologists and adopting scare-mongering tactics that clients are at great risk of harm if they see a generalist psychologist in order to justify this unwarranted two tier system.

Myth: Clinical psychologists treat more complex clients so they deserve the higher rebate

Where is the evidence of this claim? In regards to my personal work experience, I have significant experience working with the full spectrum of mental health disorders. Early in my career, I worked in well-known national telephone crisis counselling services, where the nature of this job required receiving frequent crisis calls of clients presenting with homicidal, suicidal or self-harming intentions and plans. Contact with callers who were suffering from severe mental health disorders such as mood disorders and psychosis was the norm.

Prior to becoming fully registered as a psychologist, I worked as a mental health worker assisting clients in the community with severe psychiatric illness. I have also worked in government funded programs that targeted clients with serious personal barriers, primarily being serious psychological disorders. I have worked significantly with children and youth presenting with eating disorders, severe and chronic suicidal and self-harming behaviour and mood and anxiety disorders. I have also worked with homeless young people who have been exposed to severe sexual, physical and emotional abuse. In private practice, I have worked with many clients presenting with moderate to severe mental health disorders. Based on my own qualifications, skills, experience and supervision, I do not see any real distinction between the work I do and the presenting client issues I have worked with, compared to what clinical psychologists do.

Myth: There will be a great loss of loss of expertise if the two tiered Medicare system is removed, to Australians who suffer mental illness

I can't imagine there will be a mass exodus of clinical psychologists in the Better Access program if there is a change to the two-tiered Medicare system. If such an event did eventuate, generalist psychologists have a wealth of experience, skills and training and are more than capable of achieving effective outcomes with clients with mental health concerns.

It is not possible to clearly distinguish between clinical psychologists and generalist psychologists on:

- Level of qualifications;
- Years of experience working with clients;
- Type of work experience;
- Amount and type of supervision;
- Assessment and diagnostic skills;
- Research experience;
- Knowledge and skills in applying evidence-based psychological therapies;
- Type of clients seen in private practice

Most importantly, clinical psychologists are unable to demonstrate that they are more capable of achieving effective clinical outcomes with clients. The evidence based, scientific practitioners that some clinical psychologists claim themselves to be, appear to be completely ignoring, or if mentioned, have minimised research from the Better Access Outcomes Study. The minimal differences that exist between clinical psychologists and generalist psychologists certainly does not warrant an almost 50% higher rebate that is paid to the clinical psychologists for doing the same work with the same client population. I recommend that this huge discrepancy in rebates is amended.

Finally, I would like to recommend that generalist psychologists are not restricted to using focused psychological strategies but also be able to provide psychological therapies, as clinical psychologists do. In particular, as counselling psychologists specialise in psychological therapies, denying them the opportunity to practice what they specifically specialise in is grossly unfair and discriminatory. I have added information below from the APS College of Counselling Psychologists, describing what Counselling Psychologists specialize in.

Yours faithfully

Name Withheld

Attached information:

Counselling Psychology

The College has a current membership of 643, 42% of whom work in private practice. Counselling Psychologists are trained in assessment, diagnosis, and psychopathology as well as specific interventions for specific client populations. They are trained to have a developmental focus across the lifespan.

Counselling psychologists are specialists in the provision of counselling and psychotherapy. They provide psychological assessment and psychotherapy for individuals, couples, families, and groups and treat a wide range of psychological problems and mental health disorders. Counselling psychologists use a variety of evidence-based therapeutic strategies and have particular expertise in tailoring these to meet the specific and varying needs of clients. Counselling psychologists work in a range of settings including private practice, government and non-government organisations, hospitals, and educational institutions. The two core areas of practice for counselling psychologists are:

1. **Counselling and Psychotherapy:** Provision of a wide variety of evidence-based techniques and therapeutic approaches that are tailored to meet the specific needs and circumstances of the client. This includes areas such as grief and loss, significant life transitions, developmental issues, relationship difficulties, domestic violence, sexual abuse/assault, trauma, maintaining healthy lifestyles, vocational assessment, and career development.
2. **Mental Health Disorders:** Prevention, assessment, diagnosis, and treatment of clients with mental health disorders such as anxiety, depression, substance abuse, and more complex presentations such as post-traumatic stress disorder, chronic pain, and personality disorders.

Source: http://www.groups.psychology.org.au/ccoun/about_us/counselling/