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## **Recommendations:**

**Recommendation 1:** Have one category of registration for all Psychologists, with one rebate for all whether they be Generalist psychologists, Clinical Psychologists, Health Psychologists, Counselling Psychologists etc. Stop trying to split Psychologists into nine different groups. Abolish endorsement because it is meaningless, inappropriate, does not benefit patients, disadvantages the bulk of registered Psychologists and the bulk of mentally ill Australians, and costs the government more.

**Recommendation 2:** Replace the two tier Medicare rebate with one tier for all registered psychologists. This will cut costs as well as benefiting the majority of Psychologists and their patients.

**Recommendation 3:** Ensure an arms length relationship between the Psychology Board of Australia and the Australian Psychological Society Clinical College, whom the Board seems to have favoured above consulting any of the 80% 4+2 trained Psychologists who are now disadvantaged by the new laws.

**Recommendation 4:** Instead of consulting vested elitist interests within the Australian Psychological Society, who in my opinion have not adequately represented the interests of the 80% of Australia's registered Psychologists who have become unendorsed as at 1<sup>st</sup> July 2011 under the current legislation, respect Psychologists right to choose their union and association and consult with the Australian Association of Psychologists, and the other five associations and the people who will be disadvantaged by this law.

**Recommendation 5:** The interests of 80% of Australia's Psychologists who are 4 +2 year trained and the majority of mentally ill Australians should be paramount.

**We ask that changes be immediately made to stop this debacle.**

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**My submission is relevant to the following categories:**

The Governments funding and administration of mental health services in Australia, with particular reference to:

- (a) the Governments 2011-12 Budget changes relating to mental health;
- (b) changes to the Better Access Initiative, including:
  - (ii) the rationalisation of allied health treatment sessions,
  - (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure
    - for clinical assessment and preparation of a care plan by GPs, and
  - (iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;
- (e) mental health workforce issues, including:
  - (i) the two-tiered Medicare rebate system for psychologists,
  - (ii) workforce qualifications and training of psychologists, and
  - (iii) workforce shortages;
- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
  - (i) culturally and linguistically diverse communities,
  - (ii) Indigenous communities, and
  - (iii) people with disabilities;
- (g) the delivery of a national mental health commission; and
- (h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
- (j) any other related matter.

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**Dear Senators,**

I am a 4 + 2 year trained Psychologist who has been registered as a Psychologist and worked in Clinical Psychology treating the mentally ill since . I work in the A.C.T. , and also in NSW and in the remote town of in Victoria. I specialize in delivering services to the severely and chronically mentally ill, to culturally and linguistically diverse communities (such as the community in , NSW), Indigenous people, and people with disabilities such as patients recovering from acquired brain injury. As a private practitioner I always bulk-bill these groups as I also do for any patient G.P.s refer to me on a 2710 (Mental Health Care Plan)

What a mess the laws implemented on 1<sup>st</sup> July 2011 have made! In my opinion AHPRA has been negligent in its stewardship of the Psychologist Board of Australia (PBA), by allowing it to develop National laws that were implemented on 1<sup>st</sup> July 2011, and which disadvantage 80% of currently registered Australian Psychologists, and the bulk of mentally ill Australians.

These laws are significantly affecting my private practice and disadvantaging my mentally ill clients, and need to be changed immediately.

The Psychology Board of Australia has now increased the qualifications for Psychologists to be considered proficient. As well as qualifications to be registered as a Psychologist, (a 4 year degree followed by two years of supervision) the new national PBA laws require extra years of study in order to be endorsed in nine specialist fields.

The proposed laws that were implemented on 1st July 2011 devalue my 29 years of qualifications and experience as a Psychologist, and disadvantage my patients by inferring that I am of inferior status to a new graduate. I am typical of the 80% of Australia's registered psychologists who are regarded as insufficiently trained because they are not endorsed in a specific area of practice.

The distinguishing feature of psychology, why it considers itself to be a science at all, is that it pays attention to research based evidence. The Psychology Board of Australia's endorsement system and the two tier Medicare rebate system are predicated on the false assumption that "clinical" psychologists are better equipped to treat mental health problems than "generalist" registered psychologists.

**There is no empirical evidence to justify this claim and the recent Evaluation of the Better Access scheme and overseas research support this lack of evidence.**

As Mr. Stevenson, President of the Australian Association of Psychologists said, "Any claim of inherent superiority of 'clinical' psychologists by practicing 'clinical' psychologists, or by the academic 'clinical' psychologists who train them, is simply against the weight of evidence. Recent research both in Australia and overseas has highlighted the attitudes and views of key stakeholders in psychology and allied health fields."

Endorsement in specialized areas does not result in improved mental health outcomes for patients. All it does is cost the government more money. This administrative blunder has resulted in a large majority of mentally ill clients of registered psychologists disadvantaged.

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The laws are negatively effecting my practice in that they falsely imply that a Clinical Psychologist has more expertise than me. G.P.s prefer to refer to a Clinical Psychologist than one who is not.

Similarly, these laws based on their false premises, result in magistrates and lawyers in court trying to denigrate my qualifications because I am not clinically endorsed.

My clients and those of the majority of psychologists are further discriminated against by only being eligible for the lower of two Medicare rebates. This means paying patients have to pay a larger gap that they cannot afford, and when I bulk bill, despite my expertise and experience, I receive approximately \$20 less per hour than a new graduate who has nowhere near my expertise. This therefore exacerbates the mental health crisis. I always bulk bill disadvantaged groups, but when the Medicare rebate is \$81.60 per hour and the rent is \$40.00 it results in Psychologists being paid less than school teachers.

The national Australian Psychology Board did not adequately consult the 80% of Psychologists are disadvantaged by the new laws. Instead the APB seems to have relied mainly on advice from the Australian Psychological Society, who in my opinion has represented the interest of an elite minority at the expense of the majority of Psychologists, especially those older members who have been in Private Practice for many years.

An example of this hand-in-glove relationship between the Australian Psychology Board and the private association, the Australian Psychology Society, is when I phoned the Australian Psychology Board to ask a question they referred me to the Australian Psychological Society to answer questions. Why did they prefer one union and association over another? The impression I received is that I had to be a member of the Australian Psychological Society in order for the government Board to register me as a Psychologist, and that the Board did not recognise or know of the existence of other Psychological Associations such as the ACCP and AAPi.

This debacle is disadvantaging the delivery of mental health services to Australians. It is a failure of both the Australian Psychology Board and a failure of AHPRA's stewardship.

## **Urgent action is needed!**

### **Recommendations:**

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**16 July 2011**