



# PSYCHOLOGY PRIVATE AUSTRALIA Inc.

## THE FEDERATION OF ORGANISATIONS OF PRIVATELY PRACTISING PSYCHOLOGISTS OF AUSTRALIA

### CONSTITUENT BODIES

Association of Private Practising Psychologists (NT)  
Association of Private Practising Psychologists (QLD)  
Australian College of Private Consulting Psychologists (NSW)  
Psychology Private Tasmania

Psychologists in Clinical Private Practice (A.C.T.) Inc.  
Australian College of Psychologists in Clinical Private Practice (VIC)  
Institute of Private Practising Psychologists (SA)

### ADDENDUM TO

### The PPAI Submission to the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services, dated 28 July 2011

### PPAI SURVEY REPORT 2008 INVOLVEMENT OF PSYCHOLOGISTS IN PRIVATE PRACTICE IN TREATING 'BETTER ACCESS' PATIENTS

#### General Findings and Comparative Analysis

(The full report of the survey is at [www.psychologyprivate.org](http://www.psychologyprivate.org))

### Explanatory Note

The Melbourne University Centre for Health Policy, Programs and Economics submitted in 2010 its report to the Commonwealth Government entitled *Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule Initiative*. That report does not take account of the findings of the above PPAI 2008 Survey. Some of these findings – not covered in the 2010 Evaluation Report – are highly relevant to the current Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services. This Addendum to the PPAI submission that has already been forwarded to the Inquiry Committee, is a selection and summarisation of the relevant findings.

### 2008 Psychologist Coverage

1. 103 psychologists responded to the invitation to complete the Survey Questionnaire.
2. These were drawn from every Australian State and Territory.
3. 88 were in **completely undifferentiated** private clinical practice prior to the announcement by the then Prime Minister on 6 April 2006, that a financially generous (to mental health patients) access to psychologist treatment services via Medicare benefits – the 'Better Access Initiative' – would be introduced through GPs as from 1 November 2006.  
An additional 6 of the 103 had, between 6 April and 1 November become part of a **completely undifferentiated 'private clinical psychology' service**.  
On 1 November 2006, with no evidence to support the arrangement, the Government decided to divide the undifferentiated private clinical sector of psychologists into two categories on the basis of possession of a particular university degree which was (is) of no critical value whatsoever in qualifying for registration as a psychologist. (In Western Australia only was this degree important in identifying to the public, a registered psychologist as a 'clinical psychologist'.)
4. Of these 94 clinical psychologists, **undifferentiated on 31 October 2006**, for Better Access purposes, 72 **on 1 November 2006** were designated 'focussed psychologists' whilst continuing their work unchanged in clinical psychology and 22, doing the same work were designated 'specialist

clinical psychologists'. (GPs, social workers and occupational therapists, none of them being re-

quired to register as psychologists but given a very short training course, could be recognised also as offering ‘focussed psychology’ services!)

### **Some Effects of ‘Better Access’ Differentiation of Psychologists**

1. ‘Better Access’ patients would receive treatment of a ‘lesser quality’ than would other patients of a ‘focussed’ psychologist if that psychologist chose to accept the limitation on range of interventions imposed by the terms of the Initiative on ‘focussed’ psychologists.
2. Psychologists would receive and treat ‘Better Access’ patients unethically if the limitation on range of interventions is adhered to in a treatment programme – it would be a failure in respect of duty of care.
3. Heretofore highly-respected, effective, psychologists suddenly were denigrated by the names of the ‘specialist clinical’ psychologists being given to GPs as psychologists possessing skills to treat the more complex mental disorders.
4. GPs could be influenced to cease to refer patients to heretofore tried and experienced psychologists and thus rob patients of that psychologists experience and competence.

### **Other 2008 Survey Statistics**

1. 88% of 102 stated that referring doctors, as a required element of a Mental Health Care Plan informed psychologists of the therapeutic interventions the psychologists should use.
2. 5% only of 96 indicated that they usually complied with a doctor’s direction on intervention! This included 93% of the focused psychologists in the sample
3. As to a comparison of complexity of condition and/or psychological distress, pre-Better Access patients (PBAPs) v. Better Access patients (BAPs), the experience of the two categories of psychologists was (percentages are percentages of psychologists reporting):

	<u>PBAPs more so</u> than BAPs	<u>PBAPs less so</u> than BAPs	<u>PBAPs same</u> as BAPs
(i) Clinicals	29%	5%	67%
(ii) Focussed	26%	7%	67%

4. As to a comparison of the frequency of referral of patients with personality problems, PBAPs v. BAPs, psychologists’ experience as reported was:

	<u>PBAPs more so</u> than BAPs	<u>PBAPs less so</u> than BAPs	<u>PBAPs same</u> as BAPs
(i) Clinicals		41%	59%
(ii) Focussed		32%	68%
	<u>PBAPs more so</u> than BAPs	<u>PBAPs less so</u> than BAPs	<u>PBAPs same</u> as BAPs
(i) Clinicals	9%	14%	77%
(ii) Focussed	8%	8%	83%

### **Significance of These Statistics for the PPAI’s Submission to the Senate Inquiry Committee**

Strong support is given to:

- (i) Item (b)(ii) – Recommendation 4 – relating to ‘Non-reduction of maximum number of consultations under a Mental Health Care Plan’, and Recommendation 5 – An increase in the number of consultations under the one Plan for Personality Disorder Conditions’
- ii) Item (b)(iia) – Recommendation 6 – relating to ‘Abandonment of the Two-tier System of Psychologists’
- (iii) Item (b)(iib) – Recommendation 7 relating to ‘No reduction in time or fee allowance for GPs

- (iv) Item (e)(iii) – Recommendations 9 and 10 relating to ‘ the Australian Psychology Board’s stand on Specifications for its introduced *endorsements* system’

**Australian Psychological Society Procedures with Psychologists in Independent Practice**

An issue that was traversed in Part B of the 2008 Survey Report is included here because of its relevance to **Item (b)(iii) – Recommendation 6 ‘Abandonment of the Two-tier System of Psychologists’**.

For some 30 years and currently, *in terms of its fee-for-service recommendation to independently practising psychologists*, the APS has treated (is treating) ***all*** of its Members and Fellows who ***practice in the field of clinical psychology, as one undifferentiated body of psychologists***, with no reference whatsoever to level of university qualification, to psychologist-selection of therapies used or to nature of client psychological condition.

*Moreover*, the APS through its paid staff has continued since 1 November 2006, to follow another significant ‘non-differentiation practice’. Its office receives phone enquiries from all over Australia for information on available psychologists, and *names given to an enquirer are those of psychologists who are geographically convenient and have registered a ‘treatment-competence’ with the APS in a ‘psychological-condition-area’ relevant to the enquirer’s need.*

S M Wilkie, President  
E P Milliken, Secretary  
28 July 2010