

Personal submission to the Community Affairs References Committee Inquiry on:

*The Government's funding and administration of mental health services in Australia*

In this submission I make comment on:

1. The credibility of the APS as representing the interests of Psychology and Psychologists in Australia,
2. Unfair treatment in current registration arrangements for Psychologists
3. Apparent anomalies in the location of “Clinical” Psychologists in relation to community needs and how job sector employment may impact the choice of pathway to competence.
4. Fees for Psychological services and the two tier Medicare arrangement.
5. Personal recommendations

The APS has failed in its responsibility to represent its constituents.

It has become clear in the past few years that the APS represents a minority of all the psychologists in Australia. This would not be a problem if the APS was less influential in determining two critical issues:

1. What it is to be a psychologist i.e. what are the skills, knowledge, attitudes and qualities required to help people with psychological difficulties or to bring psychological expertise to design and decision making in matters dealing with the psychological functioning and wellbeing of people in a range of contexts.
2. How expertise is determined. The APS has participated in and fuelled a process that has resulted in more than half the psychology workforce being denigrated by a minority on the basis of ideology rather than evidence. This has impacted their ability to earn a living, their morale, and reduced the number of pathways to health for people in need.

The argument that this has been done in the interests of client wellbeing and protection must be substantiated by evidence. Registered psychologists like me were behaving ethically even before registration imposed regulation and we would continue to behave ethically if it were no longer there.

Unfair treatment via a change in previously recognised pathways to competence.

When registration was first introduced in NSW it was acknowledged that there were two equivalent 6 year pathways to professional competence as a psychologist – 6 years of University including a Masters Degree in Psychology or a recognised 4 year degree and 2 years of supervised practice.

During the past 10 years at least, the APS has fostered the idea that one particular pathway is superior to the others. This pathway comprises a small set of approved Clinical Masters degrees. People who have completed study at Masters or Doctorate level, often, like me, in a closely related area (Masters in Human Resource

Management from the Macquarie Graduate School of Management) find there is no pathway to have our masters level study and subsequent experience recognised.

One consequence, possibly unintended, is that there is now a spreading perception that the status of Clinical Psychologist is a stronger predictor of competence than anything else, including years of experience, higher degrees in closely related disciplines, and expert status in a range of treatment modalities. The notion that psychologists who have pursued the 4+2 pathway only offer “talking counselling” is a complete fiction.

At present, registered psychologists with a 4 year degree and two years of supervised practice, and registered psychologists with a 4 year degree, two years of supervised practice plus up to 30 years of experience are considered equivalent. And psychologists with a 6 year degree and one year of supervised practice are superior to both groups.

The current registration arrangement, with endorsed and “unendorsed” psychologists, fails to take into account the following groups:

- \* Psychologists who have completed University study at Masters and Doctorate level which is significantly relevant to the practice of psychology but not necessarily recognised by the APS.
- \* Psychologists with many years of experience – up to 30 or 40 years of working with clients across a range of contexts dealing with a range of problems. Those who have worked in community and rural settings have generally worked with people across the range of problem severity without access to specialist services. As a result these psychologists have a far broader experience;
- \* Psychologists who have completed ongoing self directed learning and development via workshops, on-line courses/lectures, reading of journals and books (often in advance of University courses), and ongoing professional supervision. All of this often at the practitioners own expense and totalling, in hours, far in excess of a two year degree. It can easily be argued that this learning is superior as it is immediately applied in real situations which extend the practitioner in ways that academic study rarely does.
- \* Psychologists who have achieved expert status in various fields whereby they train and supervise other psychologists.
- \* Psychologists who have worked across a range of specialisations (like myself with 14 years in the counselling/therapy area of practice, and 10 years in the organisational area of practice) and who therefore have qualifications and experience across more than one area of practice.

Meeting the Needs of Clients - Where people practice and the impact of job sector on pathways to competence.

When I conducted my own search using the APS “Find a Psychologist” search engine, and acknowledging the incompleteness of the data, two things stood out. Firstly, that there is a much higher proportion of Clinical Psychologists practicing in the Sydney CBD (approximately one in two), compared to the Blacktown area where the proportion is one in three.

Two issues arise from this for me:

1. If psychology, as a profession, is seeking to put the needs of clients first, we should find Clinical Psychologists working across the metropolitan area rather than concentrated in the CBD.
2. Obtaining a Masters Degree requires time and money and psychologists working in the not-for-profit sector and in the lower socio-economic areas are necessarily disadvantaged by factors that have nothing to do with their professional commitment or competence. They are more likely to pursue learning while still working and be in a position to refine that learning through practice.

### Payment for Psychological Services

The executive director of the APS spoke on ABC Radio National recently opposing changes to the Better Access initiative. One of the points she made is that many psychologists do not charge a gap fee for the service they provide. It is interesting that the APS makes this point when:

1. According to the Better Access Evaluation Report, it is more often psychologists with general registration, rather than those endorsed as Clinical Psychologists, who do not charge a gap fee. This is more significant given that the Medicare rebate is lower for psychologists with general registration.
2. The APS has always recommended a fee for service that very few psychologists charge and few people can afford. The current recommended fee for a consultation of approximately 1 hour is \$218.00. It is only psychologists working in high socioeconomic areas who regularly charge this fee and even in such areas many do not. In lower socioeconomic areas, even with rebates, this fee is entirely beyond most people.

### Conclusion

I feel very strongly that the APS does not adequately represent the profession of psychology. In determining registration arrangements for Psychologists the National Registration Board should consult more widely among practicing Psychologists and the groups to which they belong.

I also believe that great damage has been done to many practising psychologists in terms of their morale, confidence, and ability to earn a living. Action needs to be taken to review the current differentiation that promotes the perception of a two tier workforce. At the very least there needs to be some way of recognising the value of the experience and skill of practitioners who have developed their competence through self directed learning and years or decades of practice. Australia, in its

pursuit of better mental health, cannot afford to lose this committed and capable group of people.

Finally, I believe that in order to make the Better Access Initiative more effective:

1. There should be a single rate of rebate for psychological treatment,
2. The GP mental health plan should be abolished and psychologists take responsibility for mental health assessment and planning,
3. The rebate should be means tested.

I believe these steps will allow the money available for the initiative to be directed to those most in need and spent more directly on service provision.

Yours sincerely,