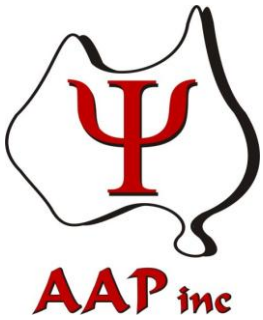

6th May 2019

Mental Health Inquiry
Productivity Commission
GPO Box 1428
Canberra City
ACT, 2601

Dear Sirs,

Thank you for the opportunity to contribute to your Inquiry into Mental Health.

We believe this to be a very important initiative, and we look forward to the results and recommendations that should greatly assist those many Australians for whom mental health is very important.

We would welcome the opportunity to meet with you to elaborate on the issues raised in our submission together with other matters that will be the subject of your inquiry.

Attached is our formal submission.

Yours Sincerely,

Paul J Stevenson OAM
President

The Australian Association of Psychologists Incorporated

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Submission to the Australian Government Productivity Commission Inquiry into The Social and Economic Benefits of Improving Mental Health

BACKGROUND

The Australian Association of Psychologists inc. (AAPi) is a not for profit peak body started in 2010 by a group of passionate grassroots psychologists. The AAPi was borne out of their desire to offer an alternative professional body that aims to represent the interests of all psychologists and preserve the diversity of psychology in Australia. Our primary goal is to address inequality in the profession and represent all psychologists and their clients equally to government and funding bodies.

The Association was incorporated on 18th March 2010 under the Victorian Incorporation Associations Act 1981.

AAPi represents the interests of all Australian psychologists including the 75% of Registered Psychologists who do not hold a Practice Endorsement who, together with their clients, have been disadvantaged and discriminated against by the introduction of the national registration arrangements now being administered by the Psychology Board of Australia (PBA) as a component of AHPRA.

Registration as a psychologist is the only prerequisite for membership of the Association that has members in every State and Territory, and that membership is currently increasing exponentially.

The Association is administered by a board of directors consisting of:-

President:	Mr. Paul J Stevenson OAM,B.A.(Mus.),Dip.Psych. MOP.MAPS. FACCP. FAAPi
Vice President:	Mr. Victor Mellors B.A; Dip Psych (Qld). FAAPi.
Directors:	Ms Lara Sullivan BA (Psych), GDip (Psych), MPsych, FAAPi, FAAPi

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Dr Vivienne Sullivan BSc (Psych), BSc (Psych) Hons, Dip Ed, PhD, FAAPi

Ms Karen Donnelly B Behave Sc, B Arts, B Psych (Hons), M App Sc, MAAPi

Executive Director: Mr. Michael Pointer OAM

All of the directors are practicing psychologists all operating their own small business private practices.

The President is a Member of the Board of Assessors for Professional Conduct for the Queensland Civil and Administrative Tribunal (QCAT)

The founding members of AAPi believed that the profession was not being adequately represented by the largest professional body the Australian Psychological Society (APS), which is now controlled principally by academic interests and is promoting the interests of a group of psychologists practicing as "clinical" psychologists, at the expense of the great majority of practitioners.

SUBMISSION

We would particularly like to address the reference to examine the effectiveness of current programs and initiatives across all jurisdictions to improve mental health, suicide prevention and participation, including by governments, employers and professional groups.

Furthermore we would like to address the undue influence on the administration of psychology by a small group of academic Clinical Psychologists who hold themselves out as an elite cohort of superior psychologists. As set out below there is no evidence to support this superiority either of qualifications or client outcome. Indeed the only research on this subject by Pirkis et al 2011 clearly indicates that there is no difference.

Unfortunately the Psychology Board of Australia (PBA) does not represent the overall profession as 63% of the psychologists on the Board are Clinical Psychologists.

Until recently the Australian Psychological Society (APS) was instrumental in providing advice regarding appointments to the PBA and of the Psychologists on the Board of this Society 50% of them are Clinical Psychologists.

The Australian Psychology Accreditation Council (APAC) is the body responsible for developing and reviewing accreditation standards for psychology programs of study in Australia, and then working with education providers to use the accreditation standards to determine whether programs of study for students seeking to practice as registered psychologists in Australia meet the required education standards.

Of the Psychologists on the Board of APAC 55% are Clinical Psychologists, and this Board consists of four directors nominated by the PBA, four directors nominated by the APS and 4 directors nominated by the Heads of Departments and Schools of Psychology Association.

Clearly there is an interconnection between these organisations that is dominated by the Clinical faction that does not represent the overall interests of the profession of psychology or its clients/ patients.

This domination by the Clinical faction is demonstrated by the following facts.

As at December 2018 there were 36,702 Psychologists registered with the PBA of which:-

- 65% have an unrestricted license to practice but do not hold a Practice Endorsement
- 24% hold a Practice Endorsement in Clinical Psychology
- 11% hold a Practice Certificate in one eight other Areas of Practice Endorsement

Because of the fact that many Psychologists have multiple endorsements in areas of practice the actual figure of those not holding a Practice Endorsement is probably higher than 65%.

In addition moves to change the education requirements by removing the 4 + 2 system whereby students undertake 4 years undergraduate training plus 2 years practice under supervision to be replaced by a 5 + 1 system will create a further shortage of practitioners at a time when there is already more demand for the services of psychologists. This is clearly demonstrated by the increasing rates of suicide in Australia with approximately 9 Australians committing suicide daily.

RECOMMENDATIONS

1. We recommend the current two-tier Medicare rebate applying to Psychological Services should be discontinued immediately and replaced with a single rebate applying to all procedures implemented by registered psychologists and all other mental health professionals.
2. We strongly recommend that the system of endorsing areas of practice should be discontinued immediately and replaced with a system that recognises that all Registered Psychologists have the afore mentioned Unrestricted License to Practice across the full range of mental health problems, and that some practitioners opt to concentrate their practice on specific areas care and treatment.

   Furthermore we recommend that the profession discontinue the practice of describing mental health problems as either minor or complex. All mental health problems are complex and all our Registered Psychologists are fully equipped to treat the entire range of mental health problems.

3. The Psychology Board of Australia be reconstituted to adequately represent the full complexity of the profession.

4. Retain a flexible education system by introducing a 5 + 1 system; however at the same time retaining the 4 + 2 at the discretion of the educating institution.

PREAMBLE

1. The question this raises is:-

Why are clients of 75% psychologists discriminated against by Medicare?

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.

In 2006 the Australian Psychological Society (APS) agreed to the "Two Tier" Medicare system despite very strong advice from within their own organisation to the contrary, and a failure to consult its membership.

No doubt this recommendation came from the Clinical clique within the APS who were trying to create a niche within the profession, and disadvantage the clients of all other registered psychologists who only qualified for the lower Medicare rebate.

Registration by AHPRA/ PBA as a Psychologist is an **unrestricted license to practice.** To obtain this unrestricted license entrants to the profession take one of two slightly divergent educational pathways to the same destination.

The difference in the two education streams result in the same professional knowledge and client outcome.

There is absolutely **no evidence** demonstrating that there is any difference. In fact the only research on this subject was done by Melbourne University in 2009 and 2010 looking at the Better Access Scheme, and this research concluded that any difference in client outcome was marginal, if anything concluding fractionally in favour or Registered Psychologists and this research was confirmed in 2016

This Association has formed an Alliance many other groups who all strongly support the above recommendation, and who represent the interests of the great majority of Australia's Registered Psychologists. To support the fact that we are representative of the profession we refer to a Petition established using change.org that sought support for the following statement:-

"ONE MEDICARE REBATE FOR ALL PSYCHOLOGISTS

Ever since a Dual Medicare Rebate was introduced for psychologists, Australian Taxpayer's via Medicare Rebates have needlessly been paying 47% more to some psychologists for essentially the same Psychological Services that ALL psychologists provide. There is absolutely no evidence that treatment outcomes provided by any group of psychologists is better or worse. Furthermore, all psychologists are required to pay the same annual fees to A.H.P.R.A. and the A.P.S. and attain the same number of P.D.P. points per annum to stay registered. The Dual Medicare Rebate has caused nothing but divisiveness in the profession and has cost and is continuing to cost taxpayers millions and millions of dollars. No other Allied Health Profession has a Dual Medicare Rebate, so how are

Psychologists different? Until some substantial evidence can be provided that treatment outcomes for one group of psychologists justifies taxpayers paying 47% more for their services we argue all psychologists should be paid the same Medicare Rebate."

At the time of writing this petition has been supported by more than 5,000 signatories including some Clinical Psychologists. This number represents around 25% of General Registered Psychologists.

Two-tiered Medicare Rebate System

In 2006 the then Federal Government implemented the "Two Tier" system of Medicare rebates with the full acquiescence of the Australian Psychological Society (APS).

As shown in the table below the difference between the currently endorsed Clinical Psychologists and all other Registered Psychologists in terms of education is absolutely clear.

There is no difference.

When National Registration replaced State Registration in 2010 a system of Practice Endorsement was introduced in Psychology. At that time all members of the APS Clinical College were grandfathered as Endorsed Clinical Psychologists regardless of their qualifications.

The grandfathering process has meant that psychologist with the same level of education can be either clinically or generally registered.

	Registered Psychologists	*Clinical Psychologist*
Highest level of education	▪ Undergraduate 4 year degree	▪ Undergraduate 4 year degree
	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ 2 years of supervision	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ 2 years of supervision
	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ Masters Degree	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ Masters Degree
	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ Doctorate	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ Doctorate
	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ PhD ▪ Supervision	▪ Undergraduate 4 year degree ▪ Postgraduate degree (Honours or Post Graduate Diploma) ▪ PhD ▪ Supervision
Ongoing professional development	▪ A minimum of 30 hours per year • 10hr peer supervision • 20 hours of other CPD that focus on learning goals	▪ A minimum of 30 hours per year • 10hr peer supervision • 20 hours of other CPD that focus on learning goals

Those applying for clinical endorsement after the grandfathering period have been required to complete a Masters or Doctorate degree with a clinical focus plus 2yr of supervision. This is opposed to all other Registered Psychologists who may have completed a Masters of Health, Counselling or Forensic Psychology; PhD + 1yr supervision; 4yrs university study + 2yrs supervision, 5yrs study + 1yr supervision. All registered psychologists are required to complete a minimum of 30 hours per year Professional Development each year which includes ongoing supervision.

The medical model cannot be transposed into the psychology sphere because there is no ability to differentiate between procedures, and many procedures overlap in treatment of complex problems involving people and their unique personalities.

We assert therefore what the majority of psychologists know to be true: that it is a fallacious argument to claim that a so called 'clinical' psychologist is providing a different or superior treatment to that provided by all other registered psychologists. Evidence demonstrates that all these psychologists provide a service of equal value and outcome to their clients.

Where all the evidence demonstrates either no superiority of 'clinical' psychologists over registered psychologists, vested interests in the APS, PBA and 'clinical' psychology have succeeded in marketing themselves at the expense of 80% of their psychology colleagues.

The Federal Government should immediately discontinue the two tier rebate scheme and replace it with a single rebate for consultations referred by a GP to all registered psychologists under a Mental Health Care Plan. There is no credible evidence to justify a "Clinical/ Endorsed" practitioner's client being paid a higher rebate than a Registered Psychologist's client.

To demonstrate our assertion that there is little or no difference in the ability of all Psychologists to treat patients recent research indicates that up to 42% of Psychologists granted Endorsed Clinical status by the Psychology Board of Australia (PBA) do not have the required Masters Degree.

As a consequence it would appear that the very rationale for creating Clinical Psychologists as a type of specialist and Medicare rebating $124.50 to the clients of Clinical Psychologists and only $84.80 to the clients of all other Registered Psychologists has no basis.

The Interim Report of the Medicare Benefits Review Taskforce stated:-

MBS Principles and Rules Committee Preliminary findings There are 34 current MBS services for which two items exist allocating lower and higher fees to general practitioners and specialists respectively ('G&S' items). The Committee recommends abolishing this differential arrangement on the principle that MBS benefits are paid for the provision of a surgical service by a medical practitioner regardless of the medical practitioner's background qualification. The Committee notes that other safeguards exist to ensure quality service provision including hospital credentialing. A single fee for these services should be set at the higher

specialist rate. While the Committee arrived at this position through its own deliberations, this approach has been independently supported by the Obstetrics and the Ear, Nose and Throat Clinical Committees

We fully support the principle that the MBS benefits must be paid for the provision of the service and not the practitioner's background or qualification.

The efficacy and the outcome of the treatment should be the prime and only reason for applying a Medicare rebate and not the emolument of the practitioner.

We assert that the only speciality in psychology is Psychology itself and that the unrestricted licence to practice is in being a Registered Psychologist.

2. For the forty years prior to 2010 the profession of Psychology was legislated for and regulated by State Governments. The profession was regulated effectively and efficiently in all of that time.

Following a decision made at Ministerial Council level a national registration scheme, based on the Western Australian model, came into effect in July 2010; this followed the implementation in 2006 of a Medicare rebate scheme for psychologists in private practice.

Western Australia was the only state in which the Australian Psychological Society (APS) was able to successfully lobby and dominate the State registration board. In all other states their proposals were rejected by the Health Ministers, and their advisers, as thinly veiled attempts to control the profession.

These two events have created a hiatus in the profession that is severely adversely impacting practitioners and their clients. The new national scheme unfortunately has added support to the APS influenced Medicare model that attempts to differentiate between various levels of qualification and competency in the practice of psychology.

Our colleagues in the Medical profession are demonstrably and rationally able to specialise in particular areas of medicine according to the structures and workings of the human body. Psychiatry is a long-established medical specialty which includes prescribing rights and requires full knowledge of the working of the human body.

However, Psychology is clearly an inexact science. All psychological practitioners, despite any particular areas of practice, treat the full range of psychological illness. The medical model cannot be transposed into the psychological sphere because there is a less clearly defined basis or need to differentiate between procedures.

Many procedures overlap, particularly in treatment of complex problems and issues involving people and their unique personalities.

Research both overseas and locally, including the Evaluation of the Better Access Scheme **clearly and unequivocally indicates that any claim of inherent superiority of 'clinical'** psychologist**s by practicing 'clinical' psychologists, or by the academic 'clinical' psychologists** who train them, is simply *against* the weight of evidence.

The distinguishing feature of psychology, why it considers itself to be a science at all, is that it pays attention to research based evidence.

An analysis of the Melbourne University Evaluation of the Better Access Scheme is available that clearly shows there is no discernable difference in treatment outcome for clients treated by **'clinical' psychologists or 'generalist' psychologists.**

In the open market, practitioners compete for clients and survive or fail on the basis of their competence and results. As with all professions, effective and reputable practitioners thrive, and **ineffective ones fail.** APS 'Clinical' **p**sychologists who have not operated in private practice foster an argument that only they use techniques which have any empirical basis.

The clinical treatment methods present in the APS and academic/university courses are far short of the highest standards of practice and therapeutic effectiveness evinced by the **professional of decades' experience, and whose businesses, reputations and careers greatly** exceed these. Every graduate of an Honours or even undergraduate degree has assimilated the basic concepts which the APS Clinical College advocates.

It is unnecessary and redundant to repeat this learning process *ad infinitum*; the professionals in industry have learned how to apply these axiomatic ideas without demur. Far from raising standards, the APS and academic hegemony over the profession lowers professional standards **–** not raises it.

Other more experienced and successful psychologists - especially those operating successfully in the competitive milieu of the open market for decades - often have developed proprietary techniques, products and skills.

The implementation in 2010 of the Ministerial Council decision, although well meaning, has disenfranchised 80% of Australia's psychology practitioners, and devalued years of education, training and experience in the profession.

Registration as a Psychologist represents an **unrestricted license to practice**, and Psychology itself is the specialty and not the individual areas identified by the system of endorsement of area of practice. The current system is creating confusion and the impression of a medical style indication of specialist practitioner.

The assumption that the areas of practice endorsement represents the means of differentiating the training and experience of psychologists is demonstrably incorrect.

The system currently in place was perverted by grandfathering members of various APS Colleges into endorsement, meaning that a significant number of Endorsed Psychologists (particularly clinical) do not have the required academic qualifications for endorsement.

Furthermore there is a disproportionate number of endorsed practitioners operating in the major cities thereby creating a major problem in rural and regional areas of the country. A high percentage of mental health problems are identified in these areas that are being unnecessarily neglected because many instrumentalities like Centrelink, DVA, the courts etc are unjustifiably requiring reports and treatment only from so called clinical psychologists.

According to the American Board of Professional Psychology website, ***"Clinical Psychology is both a general practice and a health service provider specialty in professional psychology. Clinical Psychologists provide professional services for the diagnosis, assessment, evaluation, treatment and prevention of psychological, emotional, psychophysiological and behavioural disorders across the lifespan".***

In Australia, the rule was made by the APAC/APS that for you to call yourself a clinical psychologist, you must have a Masters of Clinical Psychology and be eligible to apply for membership of the APS College of Clinical Psychologists. Any current unendorsed General Psychologist has easily met the American criteria through past State and present Federal Registration Boards. They have been in general practice and they have a health service provider number. They have also been taught through this supervision on how to assess, diagnose and treat the Australian Public.

3. The Psychology Board of Australia should be reconstituted to consist of an independent Chair from outside of the profession, three Community Members and eight psychologists two of whom hold an Area of Practice Endorsement (only while this system remains in place) and the remaining four should be Registered Psychologists who do not hold an Area of Practice Endorsement.

4. In an article by the then Chair of the PBA in the "Connections" Newsletter Issue 18 – November 2016 stated that the 4+2 pathway ***". has a long history and has served the profession and employers well, it had many positive aspects and has produced many high-quality psychologists.".***

Given this statement, why is the 4+2 pathway being retired when there is no empirical evidence to show that the 5+1 European pathway is superior to graduates that are industry trained? There are many experienced psychologists who have gone through this pathway and would readily supervise 4+2 interns if permitted to. It is too early to be retiring the 4+2 pathway when the empirical evidence is not available. Psychology registrants that have completed 4 years of university training do this at a considerable cost. A majority of 4+2 interns choosing this pathway are mature-age with significant life experience that has led to them choosing psychology, not people just out of school.

The demand for psychologists is exceeding the supply and this looks like continuing in the future (Health Workforce Australia, (HWA) (2014): Australia's Health Workforce Series-Psychologists in Focus).

According to the Australian Institute of Health and Welfare, ***"In 2014, there were 31,489 registered psychologists, 23,878 were employed in the psychology field (excluding provisional registrants)". Here are some more statistics, 8 in 10 (78%) of employed psychologists were women, slightly higher than 2011 (76%). Almost 3 in 10 (27%) of employed psychologists were aged 55 or older, no change from 2011; 9 in 10 (87%) of employed psychologists worked in a clinical role; 32.7 hours was the average number of hours worked weekly by psychologists, a slight decrease from 33.2 in 2011. Finally, the Fulltime Equivalent (FTE) per 100,000 population was 87.4 psychologists an increase from 84.2 in 2011".*** If 87% of Psychologists in Australia have trained and worked in a clinical setting and clinically experienced, why aren't they permitted to use the title of "Clinical Psychologist"?

In relation to supply of psychologists in the future, the (HWA, 2014) Report used the Workforce Dynamic Indicator Index for this assessment. The WDI is a visual summary of the key dynamics of workforce recruitment, retention and retirement. The following was written on page 43 of this report; ***"... the WDI assessment for psychologists, the duration of training indicator was rated at the high end of the scale. This indicator is used to highlight the greater the duration of training, the longer it takes to train a replacement workforce. This high rating also relates to an issue raised consistently by stakeholders – that training capacity has been constrained, particularly as a result of increased supervision requirements in the internship pathway to registration (the 4+2 pathway); and many students cannot gain entry into masters programs to obtain qualifications for an area of endorsement. In the longer-term a constrained education pipeline may impact the number of students choosing psychology as a profession, as well as the numbers qualifying and able to enter the workforce. Monitoring of the number of provisionally registered psychologists will provide information on the potential workforce impact of constrained training pathways***".

The report concludes with the following statement (Page, 43);

"If the supply of psychologists is constrained through the education pathway, this may have a consequent impact on the age of the workforce in the medium to long-term".

One of the solutions that have been offered from the recent Psychology Board of Australia is to address improvements and efficiencies in the education and training of psychologists. In our opinion, these outcomes are going to (1) deter future young students from wanting to become psychologists and (2) at the same time the highly-credentialed Academics and Clinicians will be in an eventual position of unassailability (Specialist Registration) and where they become the gatekeeper to who will enter the profession. Finally, the Public will suffer both cost-wise and waiting to see a specialist psychologist. This is what happens with seeing a Psychiatrist who have huge waiting-lists.

Already, the psychologists without a Practice Endorsement who have been working in clinical settings have been failed of acknowledgement for prior learning, experience and knowledge. This is even though in the HWA (2014) report, 87% of employed psychologists work in a clinical role. The other HWA (2014) finding about the psychology profession was that it is predominantly a private practice workforce.
Private psychology practices proliferated in the late 80's and 90's and they made significant contributions to diverse areas in Clinical and Counselling Psychology as well as Organizational Psychology. This was long before the Medicare rebates in 2006.

An excuse has been made that the reason why psychologists have left the public sector for the private sector was because of the Medicare rebates. We can't agree with this notion because the constant complaints heard from AAPi members are that a lot of Government positions now require the applicant to have a Clinical Masters. We think that if the recommendations of the Psychology Board of Australia are invoked, it will lead to workforce substitution (paraprofessionals) and contribute to the further devolution of the "Scientist-Practitioner Model".

If you compare the United Kingdom's IAPT program, it has a strong "Scientist-Practitioner" Psychological Model that works in with the Medical Model. In comparison, the 18/12/2015 Psychology Board of Australia's recommendations does not immediately address the supply and demand problem of Psychologists in this country and through the two-tier Medicare rebate scheme will potentially reduce current highly-experienced private practicing psychologists, restrict practicing rights of new graduates and potentially lead to a cost blowout of clinical psychology services in this country.

Paul J Stevenson OAM,
President

5th April 2019