To Productivity Commission

What restrictions exist on the scope of practice for different professions, such as GPs, nurses, ***clinical versus other psychologists****, and social workers? Are these restrictions unwarranted and, if so, how could they be addressed and what would be some of the costs and benefits?*

There are approximately (30000) thirty thousand psychologists. Approximately a third have an endorsement in clinical psychology. What began as an interest group, and with a difference emphasis in training and employment has resulted in an acrimonious division within the profession. This has been exacerbated with a difference in the Medicare rebate to the Australian public with rebates from visits to a clinical psychologists attracting 50% higher rebate, with their fees also being higher as they are concentrated in affluent urban areas as opposed to lower socio- economic ones.

The underlying assumption promulgated by the APS was that clinical psychologists were the only specialists in mental health, as opposed to the fact that all psychologists are specialists in mental health as noted by their registration under AHPRA. To attempt to enforce this division two levels of treatment were described, again under the auspices of the APS, one was focussed Psychological strategies and the other Psychological Therapy. Under Medicare only clinical psychologists were authorised to use Psychological Therapies. This was ludicrous as the Australian Psychological Society (APS) continued to provide, endorse, advertise and benefit financially from all manner of Psychological Therapies to all its members and other professions. Further, evidence based therapies are not taught in university training courses. eg, EMDR therapy evidenced based therapy recommended for PTSD.

Under the Code of Ethics, psychologists must provide psychological services within the boundaries of their professional competence. This includes, but is not restricted to:
a) working within the limits of their education, training, supervised experience and appropriate professional experience;
b) basing their service on the established knowledge of the discipline and profession of psychology.

As well they must continue with 30 hours minimum of annual CPD to stay up to date.

Hence all psychologists treat mental illness using those same therapies or psychological services. Assertions or threats, as recently as the APS CEO made on a telephone hook up, to psychologists who have provided evidence based therapies under Focussed Psychological Strategies have not been

tested under AHPRA, who have ignored any evidence in cases they have heard where this has occurred. It could be assumed that the Psychology Board would not want a Tribunal to make a judgement against a psychologist for using evidence based therapy under Medicare as that would imply the Psychology Board wanted the psychologist to use less effective Focussed Psychological Strategies to the detriment of the Australian public, in direct contravention of their primary purpose to protect the public.

To further muddy the waters, the recent Green Paper by the APS states on page 41

It is important to note that psychologists who are not listed in this as providers of services to consumers with a severe level of need are not prevented from providing psychological services to these consumers privately. However, consumers of these services will not be eligible for rebate from Medicare.

This is a drastic arbitrary practice restriction. In effect it states we know you have the right to practice without reservation but we are telling the government not to encourage consumers who have the right to a Medicare rebate to see you or they will have to forgo their rebate. That is equivalent to saying we know you are a qualified registered GP, but you don't have any or only limited Medicare rights.

The crux of this is around who should treat severe mental illness with the concession from the endorsed psychologists that others may treat mild and moderate presentations but leave the hard stuff to us. It is often asserted that this is the case and why clients of clinical psychologists should be granted 50% and in the new proposal, 70% higher Medicare rebates.

However, just how many severe cases of mental illness exist in Australia and how many people actually see a psychologist? Surely we need to increase help not make it harder.

In the APS green paper it is stated that 20% presentations are severe, 40% are mild and 40% moderate. It then states as a result it is therefore impossible for all psychologists to be seeing severe presentations. This is an appalling misunderstanding and misuse of statistics. There is absolutely no evidence to suggest that these proportions are maintained amongst the Australian public who actually see a psychologist.

Mental disorders can vary in severity and be episodic or persistent in nature. A recent review estimated that 2–3% of Australians (about 730,000 people based on the estimated 2016 population) have a severe mental disorder, as

judged by diagnosis, intensity and duration of symptoms, and degree of disability caused (DoHA 2013). This group is not confined to those with psychotic disorders and it also includes people with severe and disabling forms of depression and anxiety. Another 4–6% of the population (about 1.5 million people) are estimated to have a moderate disorder and a further 9–12% (about 2.9 million people) a mild disorder.

So 730000 Australians have a severe mental illness and from my calculations only 304000 Australians actually see a psychologist. It isn't hard for me to see that most psychologists just might be seeing mostly severe presentations. "Data from the National Profile of Mental Health and Well-being study indicates that approximately 20% of the Australian population will meet the criteria for a mental health problem or disorder (ABS, 1997). Yet, only 38% of these people will seek professional help. Of those who do seek professional help, 75% do so from their GP." (Primary Mental Health Care, AGPN)

So approximately 25% of 38% of 20% of Australian population over 15 (16 million) seek help from psychologists. That is 3.2 million have a mental illness, so 38% or 1.216 million seek help then 25% or 304 000 see a psychologist or other allied health.

I would suggest that looking at a 40:40:20 breakdown overlooks the fact that the majority of people with a mental illness do not see a psychologist in the first place and to then decide that most psychologists could not see severe presentations must be an erroneous conclusion. In fact if severe presentations are 20% that 730,000 also includes the 75% of homeless with severe mental illness and 40% of prisoners.

So I recommend that all Australians have a right to access a psychologist under Medicare without arbitrary expensive restrictions. The Medicare rebate should be the same for all Australian citizens and not dependent on how sick they are.

If they get too sick, the APS wants them to lose their right to universal Medicare rebate and pay for it themselves or find one of the APS endorsed Medicare providers for severe illness. Just what we would all want, at our sickest let's find a new person to tell everything to again.

The APS wants tens of thousands of Australians suffering severe PTSD stripped of their right to Medicare. Forced to pay all fees out of their own pocket to stay with their own psychologist who is trained, registered and authorised to treat their trauma and other severe mental health issues with evidence based treatments.

I am an EMDRAA accredited consultant. EMDRAA, representing a possible 10000 allied health practitioners trained in EMDR therapy, has made a case that as such they would want all EMDRAA accredited consultants and accredited practitioners to be granted an advanced practice certificate to be equivalent to an endorsed psychologist and thus have my clients granted the same highest level of Medicare rebate. All other EMDR practitioners with basic training in EMDR therapy are proposed to be given the level 2/ moderate Practice Certificate. I reject this further fracturing of the profession.

I also have a masters level in psychology conferred in 1988 and could possibly avail myself of any carrot of a bridging course, having not applied in 2010 when it seems I might have done to gain endorsement.