Submission to the Productivity Commission Re. Mental Health
Danielle
Psychologist

I have been registered as a psychologist for over 15 years. I have worked in a variety of areas across Mental Health, and am currently working in Private Practice, my work in particular focuses on military and first responders Post Traumatic Stress. Over the years it has become increasingly evident that our current system is not working, and this has come at a cost to consumers. The suicide rates in Australia continue to rise, and something must change.

1. Mental Health Workforce

I don't pretend to have all the answers to the challenges faced with regards to mental health; however I do feel able to comment on the current state of our mental health workforce. I acknowledge the tremendous support provided by mental health social workers, occupational therapists, nurses and counsellors, but will write only of psychologist here as this is the area I am familiar with.

All psychologists are registered with the Psychology Board of Australia (PBA), under the Australian Health Practitioner Registration Agency (AHPRA). All psychologists have completed 6 years of training, via one of the several pathways to registration. In addition to PBA/AHPRA, there is an organisation called The Australian Psychological Society (APS) – membership to this organisation is voluntary, and done so with the expectation that the APS will advocate for its members and mental health consumers. It is my understanding that the leadership of the APS is almost exclusively clinically endorsed psychologists (i.e. those that chose a clinical masters pathway to registration).

Recently, the psychology profession has been significantly divided. The APS (rather than advocating for members and consumers) appear instead to be attempting to foster the idea of elitism. Specifically, they have recently been advocating for a three-tiered model of mental health care in which clinical psychologists will be considered the only ones competent to provide treatment to consumers with moderate and severe mental health needs. This is despite a complete lack of evidence to support the idea of any "type" of psychologist being more competent than another. Researchers at Melbourne University evaluated the existing Better Access Program (i.e. the current Medicare model) and found that there was no significant difference in outcomes across clinical and registered psychologists. All undertook the same type of work, with the same level of complexity, and provided comparable treatment.

If the APS submission to move to a three-tiered model is accepted, mental health consumers will be adversely impacted. Clients will no longer be permitted to access their psychologist of choice, will be forced to endure multiple GP reviews to access psychology sessions (at their expense), and will be subjected to a (frankly de-humanising) classification system where they are reduced to "labels". Furthermore, this will have a significant impact on the mental health workforce.

Psychologists with considerable experience will not have their competency recognised, and will be effectively driven out of the workforce. This will see the loss of diversity and expertise within the workforce, further reduced choice of providers, and significant increases to wait-lists. There is no possible way that the proposed model is workable, and it will in fact more likely worsen the current situation. Again, there is no evidence at all for this proposal.

There is evidence that psychology is an effective treatment for mental health. A system needs to be implemented where all psychologists are supported to provide appropriate treatment under Medicare, and all consumers have the freedom to choose their provider, and the dignity to be treated as more than a "label". I support the Mental Health Reference Group recommendations, and parity across the profession of psychology to ensure that consumers are not unfairly disadvantaged simply by accessing their provider of choice.

Thank you for the opportunity to comment on this matter.

Danielle