Australian Productivity Commission
Inquiry into Mental Health

10 April 2019

Dear Commissioners,

Thank you for this opportunity to make this submission.

I am a QUALIFIED PSYCHOLOGIST

I was conferred my Masters in Educational and Developmental Psychology from the University of Melbourne in 1992. I am a registered Psychologist and Board Approved Supervisor with AHPRA. I am a provider with Medicare, TAC, WorkSafe, VOCAT and DVA. I worked as a Statistical Information Officer with the Government on the basis of my strong training in the scientific method, program evaluation, research, theory and statistical analysis. I worked as a change management consultant with Accenture, both here and overseas. I have worked as a psychologist in the private practices of two of my lecturers, and since early 2000 in my own private practice.

I am going to begin with the position of the psychologist. I do not hold a psychology endorsement and do not respect this unfortunate and misguided distinction brought upon my Australian professional contemporaries and the public, as it is meaningless, superfluous, and disrespectful to our rigorous university education, ongoing Continuing Professional Development, and years of experience. I want to continue working as a psychologist. I have felt distress about the increasing threats and proposed restrictions on my capacity to continue working as a psychologist that were submitted by my membership body (the APS) and that do not represent me or my clients. I feel angry and disappointed that a psychologist who helps others, experiences distress because of trade restrictions being imposed on their profession, versus th psychologist being adequately valued. Positive reinforcement is basic behaviour modification and leads to positive results. To this end, my proposal is that what would be best for the Australian public, and the health of the psychology profession, is one Medicare rebate for all psychologists, an increase to 20 rebateable sessions per year (with an option to extend to 10 sessions thereafter), with an increase to a $170 rebate amount per session. This will reduce the emotional and associated financial distress on the client who needs the psychology sessions.

Psychologists are trained to help people feel well, and to implement preventative programs on an individual, community, and organisational level. It is my passion and vision to continue to this work. Additionally, I seek that the disparity between psychologists be rectified. It is unfair to amend and apply trade practices retrospectively. Psychologists made decisions to study particular courses based on information that was correct at the time. We graduated and were registered as psychologists with no trade restrictions. It was our subsequent vocational experience that determined our career path and areas of expertise. Currently, psychologists with 10, 20, or 30 years experience working across the life span and with all condition types and severity types are considered less capable, than a recent graduate. Can the government clarify the basis for this decision as it does not make sense and is confusing? As a member of the public I would not appreciate being mislead that a psychologist with an endorsement was superior and then entitled to offer a higher rebate to me than my preferred psychologist, and further, I would want to see a psychologist who was a good fit for me….particularly when there is no evidence to support the distinction.

The silent issue of the health and safety of the health practitioner psychologist does need to be considered. This will impact the economy, productivity of the workforce, and healthcare costs. I personally have experienced severe stress because of the regulations and policies in my industry, and not because of my clients, but for my clients. My ethical standards are high in terms of best practice service provision and my focus is the best interests of the client. Clients tell me they are so grateful they have finally been referred to me, and this is the story of some of my peers, indicating that the fit is what works for clients, and that it may take time to find the right fit. I have seen clients who, for years, have been unable to connect to their service providers, or who have been abused by service providers via inaccurate diagnosis/treatment and insensitive labelling.

The proposed changes I have outlined will reduce the job strain on the psychologist who is currently trying to achieve high outcomes with low time and low budget. The proposal enables the session to be bulk-billed for those who need it, and for the psychologist to increase their own well being by reducing their client case load as they will be able to earn an adequate professional income with a smaller case load. It also enables early career psychologists and those considering psychology as a career to be encouraged that the government values and supports the important role of the psychologist to serve our public. Mental health is a vital issue that is escalating in severity, as outlined below.

One REGISTRATION: NO Endorsement

GENERAL REGISTRATION is one's ENDORSEMENT for the unrestricted practice of psychology in Australia. All psychologists should continue to be considered equivalent in their capacity to practice upon registration. All Psychologists abide by National Law, which adopts the APS Code of Ethics, to provide services within the limits of their expertise by meeting competency of practice declarations. I support all psychologists to acknowledge their nationally regulated identity and to resume their previously harmonious and collegiate camaraderie. Disparity in status divides and does not add value to the client. It costs in more ways than financial; it costs relationships, respect, access and service. It is the exact approach that causes distress in our client's, and to which we apply sound psychological theory and models to assist the client to a way that works for them.

I seek that all psychologists who have been registered are granted equal Medicare rebates; and that endorsements be abolished. A resume of a psychologist's work experience and a reference check can be deemed adequate endorsement of experience and expertise, as it does for other industries and areas of employment.

All Psychologists understand that SEVERE is the New Norm

I have enjoyed working as a psychologist on a wide variety of issues across the life span including school refusal, chronic unemployment, bullying, disability, depression, schizophrenia, bipolar, domestic violence, ADHD, Asperger's, autism, parenting, sleep issues, pain, stroke impacts, learning issues, PTSD, sexual abuse, family breakdown, childhood abuse, LGBTIQ, dementia and issues regarding the aged, adjustment disorder, and of course the ever present and ever increasing anxiety. I work across all severity types: mild, moderate and severe. However, what needs to be acknowledged is that the presentations in the last three or so years is dominated by the severe type. Much has changed in our homes and society, for example, mobile phones and technology in the home are having an enormous impact on all types of anxiety related issues: online bullying, reduced time for self and sleep, increased comparison to the idealised life, and reduced time with our family members. Registered psychologists are already dealing with this new and increasingly intense emotional and psychological landscape, and are already well equipped to do so. There are many more reasons why severe is the new norm, and can be expanded upon on request.

Categorisation does NOT support positive outcomes.

The categorisation of people and their emotions according to mild, moderate and severe erroneously assumes that the human condition is static, when it is in fact dynamic. Furthermore, it is the least "static" when presenting for psychological treatment. In my experience, when someone is distressed, it is takes either a strong level of motivation, or elevated levels of suffering to enable the first step to make contact with a psychologist.

Additionally, each person's mental health need is equally valuable so how can one ethically discriminate or pigeon hole according to mild, moderate or severe? Who determines that a mild issue is to be taken less seriously than someone's condition deemed 'severe'? Less serious by virtue of how the APS Green Paper has positioned the higher rebated severe item to go to the already higher rebated (since 2006) endorsed psychologist. We need to reinstate equality amongst clients and also amongst trained and registered psychologists deemed as such by virtue of the university approved course and National registration.

Regarding the classifications, one can feel strongly depressed or anxious, but that does not mean they are a strongly depressed or anxious person intrinsically. This is a fundamental psychological principal; to not judge a person based on their behaviour or emotions. However under the proposed model, they instead become an entity to be treated, and not a person of free will, with a history and presenting condition/symptoms, able to choose who they feel comfortable with, able to be treated with dignity so their psychological issues are dealt with at the rate that is right for them versus forcing them into a 10 session treatment plan. Labelling their condition as "severe' will inevitability increase the subjective experience of stigma and stress and plus their choice of psychologist is severely limited to the tier one pool. Whatever rapport they have established with a psychologist in previous times, will no longer be legitimate, as the health system will no longer support the client's choice of psychologist.

Access to treatment will also be impaired. When there is a limited pool of psychologists deemed suitable to treat the 'serious condition' types, their already stretched wait times for a consultation will increase.

Under the proposed system, the assessment is made by a GP not trained in psychology. I seek that a GP continue to refer patients for psychological treatment, and the psychologist who is trained to do so performs those assessments. Currently, a GP can refer the client to a psychologist of the GP or client's choice. The psychologist in turn identifies the presenting symptoms, treatment goals, intake data and begins to formulate hypothesis as per the scientific method. Currently, all psychologists who choose to perform counselling and therapeutic interventions are appropriately trained. The distinction however between endorsed and non endorsed psychology is entirely political and insulting to Australian values. It is confusing, deceptive and misleading to the public. In 2012, the APS argued that there was discrimination that was unfair as per the following, taken from a recent communication between concerned psychologists:

In 2012, the APS expressed significant concerns to the Australian Competition and Consumer Commission (ACCC) that clinical psychologists were being placed at a competitive advantage by Private Health Insurers who were denying their clients' claims for services provided by non-clinical AoPE and other generally registered psychologists.

The APS in their submission, prepared by Mr. David Stokes, Mr. Bo Li, and Dr. Leah Collins of the National Office, wrote that:

"What [only recognising clinical psychologists] does is to effectively limit other specialised and general psychologists from providing services to their clients when they are both appropriately trained and, in many cases, have extra training that makes their services more than appropriate."

They also wrote:

***"An even greater concern is that around half of all registered psychologists do not have an area of endorsed practice and still provide sound services to clients with both mental health issues and other health disorders."* This statement is consistent with Reform APS's position that there is no actual clinical basis upon which to base any such discrimination within the profession.**

We need to maintain one classification of psychologists, as per current registration practices.

A FALSE economy

This year I raised my fees by less than 10% for the first time in over 15 years, but it is still less than the APS recommended fee; though significantly higher than the Medicare rebate. I feel marginalised and do not have an interest, as per large service providers, in clever marketing to gain a large portion of clients for bulk billing. Nor do I contemporaneously abuse newly graduating endorsed (aka higher income making) psychologists with poor remuneration (removing up to 30% of their bulk billed fee), and leaving them on their own with their still to be acquired 'runs on the board' experience that is important in the therapeutic relationship…not forgetting, the data shows there is no difference between psychologists re

treatment outcomes and the client is disadvantaged in this regard as they pay for the lower experience with the higher rebate, without this being made clear (aka informed consent).

I am very disappointed that Medicare has reduced, rather than increased the allowable rebateable sessions. I seek one higher rebate with increased sessions per year for all psychologists. This would assist with all psychologists to continue to do their work without the pressures of the current model (10 sessions per year for severe and complex issues is a tough gig in anybody's language), or the unworkable proposal of the Green Paper that would prevent thousands of current clients and psychologists from working together based on 'severity'. Again, the rigorous scientific evidence additionally supports equal status amongst all psychologists (ref: Pirkis, J., Ftanaou, M., Williamson, M., Machlin, A., Spittal, M.J., Bassilios, M., Harris, B. (2011). *Australia's Better Access initiative: An evaluation*. The Australian and New Zealand Journal of Psychiatry, 45, 726-739). I support increasing the number of Medicare sessions and the rebate to ensure an increased availability of affordable, effective psychological assistance and to reduce numbers in the public health system. I had a client just this evening, who would meet the criteria of "severe", where public money was spent for over one month and numerous appointments with psychiatrists, social workers etc in a mental health facility, where against her will she was medicated to a 'drowsy and dopey' state, and all she wanted was to meet with me to take the next steps towards psychological progress versus the imposed "pharmacological haven". Under the APS proposed model, she would not be able to be referred to me.

As well as being unscientific, these proposed trade restrictions by the APS encourages segregation. The government needs to consider the impact of asking competent psychologists to metaphorically, 'sit at the back of the bus'. Funding by our member body the APS, and not the psychologists themselves, has been pushed towards the endorsed (specifically clinical) psychology format for the past 12 years at significant cost to the public and the psychologist. When a psychologist who is committed to their client outcome chooses to bulk bill, because the rebate is so low that the client can not afford the gap for a professional services fee, they are penalised by having the lower rebate that shows a lack of regard for their qualifications and experience, and the financial penalty is also paid as they conscientiously apply a fee reduction. Excellence however needs to be rewarded in monetary terms. Pay the professional appropriately, and see the increased well-being of both psychologist and client.

Aside from being unscientific and discriminatory, going against the ethics of the profession and the values of Australia, it simply will cost Australia more money. It is a waste of time and money to pair a client with a psychologist when there is not a good fit. Indeed effective therapy with the 'right' psychologist saves money. Client-professional relationships that are devoid of real choice and which are not effectual will contribute negatively to the underlying psychological problem and increase severity/intensity of symptoms, like a boiler and pressure vessel. The rate of mental ill-health will no doubt increase, and the monetary burden to the tax payer will only escalate.

The great benefit of private practise psychologists is that clients can choose who they feel is a good fit for them. They can rely on recommendations from their doctors, referrals from friends or family, or their own research. The psychological relationship is special. It is more than a two dimensional assessment of symptoms and implementing an evidence based treatment. Google and a good book can do some of that. It is relying on developing a work relationship so that the client and psychologist can work together. Implicit in this relationship is creation of trust, and the expression of the client's exercise of personal agency and choice. Removing choice with the creation of professional tiers and endorsed siphoning, impedes the creation of a helpful therapeutic environment and reduces the prospect of positive client outcomes.

Again, the scientific evidence does strongly show is that there is NO difference in outcomes between the different psychologist educational backgrounds. What the evidence has always shown, is that the therapeutic relationship is key and determines the greatest progress. This largely speaks to the role of attachment theory in dealing with the underlying emotional issues that need to be taken care of for adequate progress and management of emotions.

Tackling REGIONAL DISADVANTAGE :

I work in rural settings every fortnight, at great cost to my personal and family life. I do this because a Melbourne GP who was impressed with my results, invited me to work in his new GP practice two hours from Melbourne. The “severity” of these country clients is high. A majority of my clients here are connected to horrific crimes that are often across the media, including murders, suicides, and sexual abuse. I am often the first person to whom they disclose their trauma. They will only do this when our therapeutic relationship has been established as safe and trustworthy. I use digital technology wherever possible to provide access in between my fortnightly visits. I work closely with the referring GP, and associated organisations to provide team based care as relevant to each client.

The current proposal by the APS will place barriers for these clients, mostly middle aged men, to continue to access my services in the country. The rural people I work with have complex issues, and often limited incomes, and I want to continue working with them in a committed fashion. I host forums for the community to share their mental health experiences, and I do not charge for these sessions. I do this because I am passionate about seeing these people become happier, confident and able to take care of themselves. They are inspirational and motivate me to do more for their community. How I would love to be acknowledged by the APS and AHPRA for my commitment, results and vision. Instead, I am penalised and marginalised; and whilst this happens access to appropriate treatment and care for rural clients is being severely restricted.

Adverse Childhood Experiences (ACE) questionnaire

I support a recommendation that the Commission considers findings from studies related to the Adverse Childhood Experiences (ACE) questionnaire. The impact of developmental trauma is significant to a person, both for their mental and physical heath, and should not be treated as separate for adequate health care and management. Strong emotional experiences are frequently the result of early childhood impacts. The ACE studies have strong data to show the risk for people based on a range of childhood experiences. More emphasis could be placed on valuing the role of underlying causes/experiences, to help accurately intervene and treat the causes, rather than the symptoms.

SUMMARY

My summary is that the APS led segregation and discrimination is perhaps (I am being generous here) a miscommunication but definitely based on an arbitrary and baseless (no evidence to support) distinction; it creates confusion and is misleading. Good value rises to the top, along with the free and unencumbered expression of client choice and agency. I do not support the Stepped Care Model as clients are not ‘units to be shuffled along different departments until they are fixed’, and there is NO evidence that one group of psychologists outperforms another based on the psychology qualification or endorsement. I propose removing the two-tier rebate system in favour of equality and a single Medicare rebate for psychological services. I propose that one rebate, more sessions, and a higher rebate amount is effective immediately and that this model is tested rigorously before we put the mental health of Australians at increased risk. Service delivery and not the rebate amount should be the driving the choice of provider; it increases accountability and the efficacy of service for the psychologist, and increases well being outcomes for clients. I support clients to choose psychologists on a therapeutic needs-basis, rather than choosing a psychologist based on rebate size. I do not support bridging courses, endorsement programs or the current segregation amongst psychologists. I do support psychologists having access to a wider range of courses and to subscribe to a range of therapeutic modalities and treatment styles; and to be recognised as fully competent to practice as per National registration.

Submissions Made to the PC

I reviewed a handful of submissions and I support in their entirety (not to the exclusion of others, solely due to time constraints to review) the submissions made by:

#86 Paul Gray: Preventative Programs for Families (based on my experience since 2002 working with families, founding a preventative program for mums and dads)

#89 Lyn Thomson: couples/marriage counselling using EFT approach; the adoption of the Power Threat Meaning Framework; Domestic Violence related to attachment issues; remove the segregation of psychologists. Based on my experience with EFT and my support that ruptures to emotional attachments in early childhood underlie all presenting symptoms

#90 Karen Donnelly: 1. Medicare funding of MH services and 2. Mental Health Hubs and Headspace Centres. Based on my experience that clients need more sessions, want to choose their service provider, and require a higher rebate to retain commitment by client and also adequate remuneration for the psychologist. I disagree with large organisations delivering psychological services based largely on a business model as it presents risks to the client and the psychologist.

Yours sincerely,