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5/4/2019

Productivity Commission

Australian Government

Re: APS Green Paper to Medicare Benefits Scheme Review

I am writing to voice my dismay at a number of the proposals made in the recent APS Green Paper proposal to the MBS. That these are proposed by the academic-driven APS becomes clear when considering how they would work, if implemented, in real-life day-to-day practice. The short, and immediately obvious, conclusion by those who work 'on the ground' in our profession is that they would not. Not only that, I, and many many others, believe, they would negatively and profoundly affect the delivery of mental health care in Australia.

First and foremost, our clients, for whom this service is designed to help, seem not to have been given adequate consideration. Under the new proposals, clients are 'sorted' by the level of severity of their diagnoses. This suggests they are being regarded principally as diagnoses (as in a medical model) rather than people needing human care and support.

Our clients are people in distress who respond to support and ongoing care based on trust and confidence in those delivering and ensuring it. As much as therapies, which all psychologists are trained in anyway, this consistency of care is what they have been found to respond to. It is an oft-cited fact in the literature that the therapeutic relationship accounts for the majority of the effect in psychological care. It is this which is at risk if a client is to be handed over to various practitioners as the severity of their symptoms are assessed or develop.

Under these proposals, clients who may have been happily seeing a certain locally-available, well-trained and experienced psychologist for some sessions might then be diagnosed as 'severe' and, without consultation, be moved to another practice, perhaps much further away, to see a 'clinically endorsed' psychologist who has been deemed to be more able to provide the right service. This is not only based on a complete fallacy (as there is no evidence to suggest 'clinically endorsed' psychologists have better outcomes

than other psychologists), but is horribly disruptive to the client and disregards their right to choose to stay with a psychologist they like and are getting results with.

As a psychologist, I was dismayed to see that our supposed representative body, the APS, once more imply that the majority of our profession (ie the 'unendorsed') is unsuitable to the task which they practice very successfully every day.

The majority of psychologists, those who do not hold the misleading title of 'clinical endorsement', would not, if the Green Paper recommendations were implemented, be able to practice the trade for which we were rigorously trained at least six years, and have been practicing ever since, whilst maintaining our professional development requirements. I say 'misleading title' regarding clinical psychologists as we are all, in fact, psychologists well-trained in clinical skills.

As psychologists, we have been treating clients with the full range of clinical presentations since we first registered. Our training and experience ensure that we apply best practice and provide effective evidence-based therapies to our clients. If any client does present with a disorder which the psychologist feels is beyond their capability or experience to treat, they are referred to one who has greater expertise in that area. This arrangement has worked well, and continues to work well, and relies on the psychologist's ability and obligation to find the best possible care for their client. The Green Paper suggests that those with the 'clinical psychologist' title are better qualified to treat severe cases of pathology, and those without it are less so. This is completely unfounded. As long as we have held registration, we have all been treating the full range of pathologies, with considerable success. The percentage of complaints made by the public against members of our profession are amongst the very lowest of all the professions. Personally speaking, my clients, almost all of whom are bulk-billed, demonstrate consistent and significant improvements in the ten sessions they are granted through Better Access, whatever their presentation. They regularly express their gratitude and appreciation for my services and the enormous difference it has made to their lives. I imagine this is the case for the big majority of others too, whether 'clinically endorsed' or not.

The three-tier system which would further devalue and discriminate against those who do not have 'clinical endorsement' has no basis. The existing two-tier system of Medicare rebates has already created a division

in our profession which has been immensely damaging. The public now are being encouraged by certain quarters to regard any psychologist not endorsed as 'clinical' as a lesser psychologist, regardless of years of experience, related masters degrees and doctorates in psychology, high-ranking positions held in mental health services, years of professional development trainings and courses. A 24 year old uni graduate with a clinical masters degree is, thanks to the machinations of the APS, regarded more highly, and is able to offer considerably higher Medicare rebates, than any of these other highly-trained, very experienced and valuable psychologists. The APS Green Paper proposes to not only perpetuate this misconception of superiority of one psychologist over another, but undermine the livelihoods and professional reputation of the majority of its members.

I hope you will consider this submission and reject the divisive and destructive three-tier system recommended by the Green Paper. It is unworkable, unfair, and is based on a fallacy. It may seem hard to believe that the APS would perpetuate this fallacy to the detriment of the majority of their members but it is the case. As such, I believe them to be a somewhat unreliable source in the discussion about psychological care. I am hoping that recommendations by other groups representing all psychologists (e.g. The Mental Health Reference Group, The Australian Association of Psychologists) will be considered as an alternative to that of the APS,

Sincerely
Suzanne Bouchier
Psychologist