



11/4/2019

Chair, Productivity Commission

4 National Circuit
Barton ACT 2600, Australia

Via email: tracey_horsfall@pc.gov.au

Re: *initial submissions for the Productivity Inquiry into Mental Health*

Dear Chair,

Please find enclosed an initial submission by the Institute of Private Practising Psychologists (IPPP).

Psychologists in private practice comprise a very significant component of the mental health workforce. As a key organisation within the psychology profession, and with a thirty-six-year history of representing private practice, the IPPP has been extensively involved in the establishment of assessment, treatment, rehabilitation and prevention services by private practising psychologists for individual clients, organisations and communities regarding mental health difficulties.

The IPPP was extensively involved in developing framework for provision of psychological services under private health and for workers compensation in South Australia, and nationally.

The IPPP has also developed and implemented Competency Standards and the Schedule of Items, Services and Guidelines for private practice during the past thirty years. These have been adopted and used by various government and private health organisations in that time. In addition, from the 1980s, the IPPP was also involved in negotiations to provide Medicare rebates for psychological treatment.

The IPPP is well-placed to provide informed advice regarding improvements in the provision of treatment of people with mental health issues, individual and community based prevention strategies and integration of mental health services in the community.

Regarding some of the questions posed by the Inquiry:

(1) (a) Does the configuration and capabilities of the professional health workforce need to change to improve where and how care is delivered? (b) If so, how should the workforce differ from current arrangements? How would this improve population mental health, participation and productivity?

IPPP provides the following comments regarding the changing role of psychologists and improving care to clients by psychologists, particularly those in private practice.

(a) Psychologists in private practice reflect the broad profession of psychology.

(i) Unique range of expertise of psychologists.

All registered psychologists, with the current minimum of six years of training and other postgraduate training and experience, have unique and broad training and expertise, which enables them to select and conduct appropriate psychological assessment of the client's needs and formulate a relevant, evidence-based psychological treatment plan. Many psychologists also have additional experience, expertise and training to provide appropriate management of complex psychological difficulties¹. Currently this range of expertise is not utilised effectively under most current mental health related schemes to enable more effective Stepped Care arrangements.

(ii) Potential roles of psychologists within health care system.

Psychologists have training to provide care in many roles in various settings as (a) clinicians providing individual assessment treatment within "clinical" settings (b) providing health related assessment, prevention strategies and individual and group or community intervention, (c) consultancy, advice and assistance services to organisations and individuals regarding interventions to improve mental health in workplaces, (d) working as individuals and as members of "virtual" teams with other professionals in assisting people with complex and comorbid mental and physical conditions such as chronic pain management in primary health and in work injury rehabilitation settings.

(iii) Current limitations in effective use of psychologists.

Currently the potential application of expertise by psychologists is often limited by the nature of funding arrangements such as under Medicare, private health, workers compensation, CTP, NDIS, community and/or private funding arrangements. One of the limiting factors is

¹ The IPPP notes that, irrespective of any additional training and experience and/or formal Endorsements on their health practitioner registration status (e.g., Clinical, Health, Neuropsychology, etc.), all psychologists have a legal obligation as required by the PsyBA to practice within their level of competence and to refer to others for additional treatment if dealing with presentations beyond their level of competence.

the grouping of current health workforce into three categories, Medical, Nursing and Allied Health. It has been a consistent view of the IPPP that psychologists registered by the Psychology Board of Australia (PsyBA) under the National Registration and Accreditation Scheme (NRAS) do not fit well into the category of allied health.

Categorising psychology under the Allied Health label is an administrative convenience for government and insurers, and groups professions with very different training pathways and areas of practice. It has the unintended effect of limiting the range of Items and services, which psychologists alone could offer, and which would see more adequate servicing of the mental health treatment needs of the help-seeking community. As a consequence many of the potential range of services by psychologists are underutilised.

(b) Improvement in current workforce and delivery of mental health services.

An example of some of the potential improvements in services that can be provided by psychologists, include; early assessment to select appropriate Stepped Care arrangements and the role of psychologists in informing individualised treatment of clients by all providers.

(i) Improving Early Assessment and Stepped Care arrangements.

The IPPP believes that a number of national health schemes such as Medicare and private health underutilise the unique training and skills of psychologists in providing early and accurate assessment of the psychological and psychosocial needs of clients to assist in selecting appropriate level and type of treatment under Stepped Care arrangements.

The IPPP therefore proposes inclusion of additional services under MBS, CTP and other relevant schemes. This would include an early psychological assessment to provide diagnostic and other relevant information to assist in formulating appropriate and targeted psychological treatment. Where relevant, psychologists can also formally assess the impact of potential psychosocial, cultural issues and barriers that can adversely affect efficacy of any proposed treatment. In addition, we believe that expertise of psychologists would also assist in broader management of clients with comorbid psychological and physical conditions.

We therefore recommend the addition of a number of psychology related service categories. These should include (a) Assessment by (treating) psychologist, (b) Summary report to referring source by treating psychologist, (c) A formal decision making process for early identification and management of complex psychological and/or psychosocial conditions to include a psychologist, referring party and other professionals. (d) Attendance at a Multi-professional case conference. Psychologists can provide expertise to help formulate appropriate comprehensive management strategy for clients with complex needs.

(ii) Improving management of comorbid physical conditions eg chronic pain.

Currently, many people with comorbid mental and physical conditions (for example depression and chronic pain, diabetes) do not have access to appropriate integrated services to assist with their complex needs. Some psychologists have appropriate training and experience to assist with psychological and psychosocial assessment, advice and as members of “virtual” teams and as individual treatment providers. These additional “value adding” services are rarely provided by psychologists under current health schemes.

(iii) Role in prevention- health education of at risk individuals and communities.

Psychologists with expertise in health psychology interventions are well placed to provide expert services to assist in risk modification and prevention. Currently there is no provision for these services.

(2) 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?

The IPPP believes that currently the National Registration and Accreditation Scheme (NRAS) does not contain a prescriptive scope of practice restricting type of intervention by a psychologist. There is an overarching requirement that the practitioner must not practice beyond their level of competence¹. The IPPP believes that this is currently the most appropriate method to ensure that an appropriately experienced psychologist provides relevant service.

(i) Appropriate rebate for services.

IPPP believes that setting appropriate rebates is integral to the provision of evidence based treatment. We believe that the current level of rebates, particularly those for treatment by psychologists under the Better Access Initiative scheme have a dual negative impact on the provision of psychological services;

(a) It leads to reduced access to psychologists by low income clients as psychologists in private practice need to charge a significant gap to adequately support provision of appropriate, effective and evidence based treatment in private practice settings. Many low income earners are not able to cover the fee gap and consequently do not have access to many experienced psychologists; and

(b) psychologists in private practice working in locations with a high number of low income earners under bulk billing arrangements, such as those in some multidisciplinary medical practices, are under significant pressure to “cut corners” to reduce components of treatment on basis of cost rather than client need, leading to ineffective or inappropriate treatment and potential harm to clients. The true costs of private practice are broadly similar per hour of professional time; the difference between treatment of more complex and less complex conditions is in the number of hours, frequency and duration of treatment.

We believe that any increases in rebatable costs are likely to be offset by the early triaging of clients to appropriate Stepped Care arrangements with treatment being individualised to the specific needs of the client by integrating psychological, psychosocial and medical information.

We would be happy to provide additional input for the enquiry into mental health services.

Yours sincerely

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