

Please accept my submission as follows and thank you for taking up this important issue.

I believe that there should be no discrimination between psychologists who are registered under our national board. If psychologists have chosen to further their studies in a particular area of interest then that is their choice and that this is deemed professional development. If the profession has elected to change the training requirements from a 4+2 pathway to a Masters degree or higher than those psychologists who trained prior to the changes should not be discriminated against.

I have great concerns regarding the APS green paper for generalist psychologist's ability to practice and provide best outcomes for their clients under this proposal.

The three tier system as it stands would require when a client who has an established relationship with a therapist becomes more high risk, complex and classified then as "severe" would have to be re-referred to a clinical psychologist right at a time when they would be requiring the continuity of care and support from the current therapist. To be referred to another practitioner who they do not have a relationship with, have to start from the beginning again, may take some time to even get into another therapist, as under this proposal there would not be enough endorsed psychologists to take on this load, would actually put that client at risk. I cannot fathom how in anybody's world they could conceive of this being in a client's best interest. Clients can feel abandoned by their therapist during their most vulnerable time increasing the risk to their mental health even further. I cannot support any proposal that increases the risks to our clients.

Furthermore this proposal undermines the professional competence of therapists who have been working with "severe" mental health conditions under MBS for the past 12 years to their existing referring practitioners (GP's, psychiatrist, paediatricians etc). It will also be confusing for referring practitioners to understand why, after all this time, they can no longer refer their "severe" patients to their psychologist of choice when they specifically make those referrals based on their awareness of the therapist's competency, expertise and experience in these cases.

This proposal is discriminating against generalist psychologists who are not being recognised for their ongoing professional development, years of experience and dedication to this work. I have personally been supervising clinical psychologist in both formal and informal peer supervision in my workplace for many years post their endorsement to help them understand and treat severe mental health clients and support them through complex cases.

The levels of in this three tier system, if it is to be in any way effective, should reflect the differing needs of the client and not restrict who can be their treating psychologist. We are already bound by our profession code of ethics not to treat clients that are outside of our own professional competence.

I am also puzzled as to how rural and remote psychologists, who may not be clinically endorsed psychologists will be able to provide treatment across all the 3 tiers whereas non remote psychologists who are not clinically endorsed cannot. Another form of discrimination and/or no consistency.

As such there should be a single rebate offered to patients who seek psychological services.

Areas of practice endorsement do not benefit the public. If the psychologist holds current registration and meets the requirements of registration which includes maintaining recency of practice, continuing professional development and practicing ethically and professionally I believe that we will meet the needs of the public who are referred to our service. The public view the

psychologist as an expert and if they feel that their needs are met by the practitioner the area of practice endorsement is meaningless.

It is currently insulting to psychologists, like myself, who trained in the 1980's when only those continuing to work in academia went on to higher degrees and who have more than 25 years experience of which 21 are working in a clinical setting (private psychiatric hospital) and 20 supervising students undertaking placements as a part of their masters or doctoral degrees in clinical psychology can only claim the general rebate whereas their students with very little experience can claim the higher rebate after 2 years of practice endorsement or 2 years after completing their training.

It is imperative that the public, our referring doctors and organisations such as DVA, Work Cover etc see our profession as being united and that one of area of psychology is not seen as better or more proficient than another area.

Like all professions there will be good and poor practitioners. Like all professions our style will resonate well with some patients and not others.

Finally, let us remember that we are psychologists who are allied health professionals. Other allied health professionals do not have areas of endorsed practice. The registration board recognises psychologists. I do not believe that a clinically endorsed psychologist provides a better service to the public than a general psychologist.

I continue to mentor some of my previous supervisees who are clinically endorsed and practising.

Yours sincerely,

**Anne-Marie Elias**, B.A.,DipEdPsych,MAPS,STAP