Australian Association of Psychologists incorporated (AAPi)

Submission to Senate Inquiry into the Purpose, Intent and Adequacy of the Disability Support Pension

Introduction

The Australian Association of Psychologists incorporated (AAPi) thanks the Senate Community Affairs References Committee for the opportunity to provide information and recommendations.

Psychologists play a vital role in the health and wellbeing of Australians. Our members are on the front line dealing with the increasingly fragile mental health of Australians.

AAPi is the leading not-for-profit peak body representing all psychologists Australia-wide. Our members include psychologists from all areas of endorsement and those who have chosen not to pursue endorsement, from graduates through to university lecturers and leaders in their field.

By advocating for equality for psychologists, the AAPi is also advocating for equitable access to mental health services for all Australians.

Sincerely,

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Terms of Reference

b) the DSP eligibility criteria, assessment and determination, including the need for health assessments and medical evidence and the right to review and appeal;

The current impairment tables provide restrictions on the practice of psychologists when working with their clients to gain access to disability support pensions. Impairment tables 5-Mental Health, 6-Alcohol, Drug and other Substance Use, and 7-Brain Function all restrict diagnosis of psychologists, whereas tables 8- Communication Function and 9-Intellectual Function all accept diagnostic reports and corroborating evidence from psychologists. Psychologists work across and can competently diagnose and treat in all the mentioned tables (5,6,7, 8, and 9).

The Table 5 (Mental Health Function) specifications are unclear: *'The diagnosis of the condition must be made by an appropriately qualified medical practitioner (this includes a psychiatrist) with evidence from a clinical psychologist (if the diagnosis has not been made by a psychiatrist).'*

This condition eliminates all psychologists who do not hold clinical endorsement from providing a valid diagnosis. The ability to make diagnoses is a minimum requirement of registration as a psychologist in Australia. Psychologists also use a range of psychometric tests to clarify and support any diagnoses made. This provides a level of objectivity to a psychologists diagnoses and recommendations. Therefore, it is unclear why psychologists are not considered an appropriately qualified practitioner as psychologists undertake a minimum of four years of formal study specifically in mental health. Psychologists can provide evidence for Table 7 (Brain Function) and Table 9 (Intellectual Function) impairments, so the omission of psychologists from being able to provide evidence for the Mental Health Table is perplexing.

Until the introduction of the current impairment tables, psychologists were able to write reports regarding clients' mental health conditions or disability to Centrelink as part of their Disability Pension applications or any other matters that they needed support for regarding their mental health. The introduction of these tables has resulted in restrictions, particularly in psychologists core area of work (mental health), damaging psychologists reputations and public standing. Clients have been told these reports are unsatisfactory, and some have been told that their psychologist was not a real psychologist and they needed to find another one. This is not only distressing and costly for the client but is blatantly untrue and discriminatory towards all psychologists who are not clinically endorsed.

AAPi is concerned that the Government has been provided with misinformation about psychologists skills, which has led to restriction of practice and reduced access for the public to psychological services. This has also blocked some applicants from accessing the Disability Support Pension as there is limited availability of clinical psychologists, neuropsychologists, or psychiatrists in many areas of Australia, particularly in Rural and Remote areas of Australia. In addition, the higher fees charged by these clinicians, compared to registered psychologists, are cost-prohibitive for the majority of Australians with a disability.

Mistaking Area of Practice Endorsement for Area of Practice

Psychologists practice within their scope of experience, and the current system has erroneously confused area of practice endorsement with an area of competency. All psychologists must complete Australian Psychology Accreditation Council (APAC) accredited degrees to qualify for national registration. These courses must teach the same set of core competencies. Psychologists may then diversify their practice into different areas of psychology such as forensic or educational/developmental by attending specific training, engaging in further study, or gaining employment and experience in certain areas. For example, typically, forensic psychologists were drawn to working in the justice system; clinical psychologists were drawn to working in hospital and psychiatric settings; educational and developmental psychologists were drawn to working in schools or working with people along the lifespan. Core competencies such as assessment, diagnosis, treatment, and research skills are amongst all psychologists' expected and required competencies. The setting in which they are applied is the difference. It is not possible, nor is it a requirement of the Masters or Doctorate levels of training that psychologists work in or across all the different workplace areas that psychologists may work. Therefore, it is not possible that they have qualifications that make them more specialised in their skill sets which senior psychologists who are trained in these workplace areas under supervision and ongoing mandatory professional development have acquired. Psychologists are psychologists.

Active Continuing Professional Development (CPD) and recent work experience are the best predictors of a psychologist's current skill set. This does not limit, and neither should it, the ability of the psychologist to work in other workplace settings. The skills of a psychologist are generalisable across workplace settings as the fundamental core competencies are met via tertiary studies approved by APAC, an independent quality and standards organisation appointed by Australian Governments under the Health Practitioner Regulation National Law Act 2009 as the accrediting authority for the education and training of psychologists in Australia.

All Psychologists Share Core Competencies and Equivalent Treatment Outcomes

There is simply no evidence to restrict the diagnostic ability of the majority of psychologists. A notable research project commissioned by the Australian Government itself (Pirkis et al., 2011) clearly indicates that psychologists treating mental illness across all training pathways (operationalised through both tiers of Medicare Better Access) produce strong treatment outcomes for mild, moderate, and severe cases of mental illness (Jorm, 2011). Moreover, all psychologists provide the same service, to the same standards (as governed by their registration with AHPRA), and to the same population group.

Ultimately, it is the community members in need who are missing out. This erroneous notion of superior skills based on area of interest versus actual competency has additionally contributed severe negative impacts at an economic/financial level, on career viability and to the wellbeing of the psychology profession.

The restrictions on psychologists providing diagnostic reports to Centrelink under some impairment tables also disadvantage people from culturally and linguistically diverse communities (including Aboriginal and Torres Strait Islanders) that often desire to access psychological services from bilingual/multilingual and culturally competent psychologists (Tan & Denson, 2019).

The evidence for the superiority of endorsed psychologists in the diagnosis of a disability is non-existent, with all Psychologists being required to undertake training in the assessment and diagnosis of all mental health conditions and disabilities. No psychologist can become fully registered without an experienced psychologist signing off on competency in assessment and diagnosis. Psychologists who do not have an area of practice endorsement must sit the National Psychology Exam, ensuring all psychologists meet a national standard for registration. There is also no evidence that endorsed psychologists are more capable than other psychologists in assessing permanent disability. In fact, many are more experienced, having been trained as provisional psychologists in this assessment as part of their two-year supervised practice. Provisional psychologists are employed readily in the vocational rehabilitation field, making it far more likely for a psychologist without endorsement to be qualified to assess permanent disability as they have higher rates of experience in this field.

The AAPi strongly cautions against the use of an area of practice endorsement as a means of restricting client access to services, as has recently occurred. All registered psychologists can treat the full range of mental health conditions from mild to severe and complex.

Additional Deleterious Impact in Regional Australia

There is a lack of psychologists who hold a clinical endorsement in regional and rural/remote areas. For example, an article outlining the issue of there only being one clinical psychologist in Kalgoorlie was recently published by ABC news: https://www.abc.net.au/news/2021-05-15/kalgoorlie-shortage-of-psychologists-mental-health-crisis/100141374 Similar shortages of psychiatrists in these areas results in Australians living outside of big cities experiencing difficulty accessing professionals who are authorised to complete their DSP paperwork. These Australians are therefore less likely to be granted a DSP (due to the Table 5 specified qualifications) which is essentially discriminating against Australians who lived in regional and rural/remote areas. They are faced with spending significant amounts of money travelling to the major cities to have several consultations with a clinical psychologist or psychiatrist. If all psychologists registered with AHPRA could provide evidence for DSP applications, a significant number of Australians would have increased access to ongoing care and support to maintain their functioning and avoid further deterioration of these individuals mental state.

Case Study On The Impact of Diagnosis Restriction for DSP Applications

A case that can illustrate this disadvantage to clients is that of a client seen by an unendorsed psychologist. The client had previously been treated by a clinical psychologist who failed to provide adequate support, leading them to find treatment elsewhere. The new treating psychologist discovered that the client was experiencing psychosis and was a risk to themself and others. The client was assessed at the local hospital and was admitted and treated for some weeks. The client was unable to be stabilized on medication and their symptoms never resolved. The client was discharged back to the psychologist and was not expected to recover or work a significant amount in the future. The client applied for disability pension and was told the report from their treating psychologist would not be accepted as evidence of diagnosis and impairment as they were not a clinical psychologist. Their options were seeing a clinical psychologist or a psychiatrist to complete the support documentation. They could not afford either privately, so the client was forced to wait an exceptionally long time for an appointment with a psychiatrist through the public system. The impact on the client was

significant. The client refused to have their care transferred back to the initial clinical psychologist due to the bad experience they had with them. In fact, in this case, there is more evidence that the work of the non-endorsed psychologist was superior to that of the Clinical Psychologist who completely missed that they were experiencing psychotic symptoms at all.

g. the adequacy of the DSP and whether it allows people to maintain an acceptable standard of living in line with community expectations;

The rate of payment for the disability pension is too low for those who have chronic health/mental health conditions. Improvement in these conditions is often facilitated by higher levels of engagement in the community and the workforce, which are often hindered by the inability to fund these activities or adequately fund the medications required to facilitate higher activity levels. Mental health treatment is often costly, as is access to other allied health providers, meaning that many pensioners cannot access the amount of treatment for the time required to see substantial functional improvements to live a higher quality of life. This needs to be addressed with some urgency.

k. any related matters.

The Tables do not adequately cover the range of disabilities and chronic illnesses that prevent participation in the workforce. The Tables are skewed towards physical disabilities and accidents/illnesses that focus on specific body parts, excluding chronic systemic illnesses such as Crohn's disease, Fibromyalgia, Complex Regional Pain Syndrome, Osteoarthritis (in multiple joints rather than severe in one single area), circulatory conditions, connective tissues disorders such as Ehlers-Danlos Syndrome and the after-effects of cancer treatment (circulation issues etc.). Clients with diagnoses that are cyclical and fluctuate in severity are also not well catered for within the Tables.

Furthermore, clients with several issues rather than one single issue severe enough to gain high points on any single Table, often struggle to be granted DSPs. Psychologists often see clients who cannot work as their health issues fluctuate and make them unreliable in the workforce. For example, a person with diabetes, osteoarthritis (in wrists and knees), and sleep apnoea is likely to experience low energy levels and fluctuating pain levels and be unable to maintain employment. However, according to the Tables, they may not score enough points to be granted a DSP.

Similarly, a person with fibromyalgia, moderate anxiety, and irritable bowel syndrome would struggle to maintain employment and be unlikely to be granted a DSP.

Psychologists are no longer listed as professionals who can complete a Carer Payment and/or Allowance SA332A form. These forms must be completed by a medical practitioner, nurse, physiotherapist, occupational therapist, Aboriginal health worker, or ACAT team member. The omission of psychologists from these allied health groupings is confusing and unclear. Psychologists often work with people with autism and other conditions that require these forms to be completed. As psychologists are one of the few professions who can legally diagnose mental health and developmental disorders, psychologists' omission from this group of professionals who can complete these forms is perplexing. It should be noted that five of the professions in that category are not permitted to diagnose mental health/developmental conditions yet are included regardless. When psychologists have to tell clients that they

cannot complete these forms, they are forced to seek input from other health professions, which can be either cost-prohibitive for some or require long waiting lists and delays.

Summary

It is imperative that all psychologists are once again able to provide diagnostic reports for their clients, as is consistent with their high level of training and competence.