

# Australian Association of Psychologists incorporated (AAPi)



Response to Consultation - Statutory Review of the Victims Rights and Support Act 2013

The Australian Association of Psychologists incorporated (AAPi) thanks the NSW Department of Communities and Justice for the opportunity to provide feedback on the Victims Rights and Support Act 2013. The feedback provided in this submission incorporates feedback from our members working in this area and undertaking provision of counselling through the scheme.

Generally, feedback from our members regarding free access to counselling through the scheme, regardless of personal means, is very positive in principle. The actualities of the funding provided and the limitations around this however do not facilitate easy access to those counselling services.

## Financial disincentives

One of the issues that was identified through our consultation, was lack of indexation for the psychologist scheduled fee for some years despite general inflation and increased overheads (particularly commercial rentals) for practitioners. The current fee schedule is insufficient for private practice psychologists due to the business and operational costs that they face. Some of our most highly trained and skilled members, who work in the trauma field exclusively, have reported that they are not signing up to the scheme due to the low fee schedule. The current fee is too low, particularly given the amount of expertise, training, and professional supervision required to treat Victims of Crime. For comparison the 2022-23 recommend fee for AAPi members for a standard consult of 45-60 minutes is \$280.

## Inappropriate distinction between psychologists

The scheme appears to separate clinical psychologists from all other psychologists. Highly skilled psychologists who do not hold clinical endorsement are unfairly remunerated at lower rates than clinically endorsed psychologist. Lack of parity appears to be arbitrary, without evidential support.

This discounts highly experienced and skilled clinicians who do not hold endorsement or hold one of the other 8 areas of endorsement (70% of the profession). All psychologists complete a minimum six-year sequence of education and training and there is no evidence that there is any difference in treatment outcomes between the 9 endorsement types or between those who do not hold an Area of Practice Endorsement. A notable research project commissioned by the Australian Government itself (Perkis, et al., 2011) clearly indicates that psychologists treating mental illness across all training pathways produce strong treatment outcomes for mild, moderate, and severe cases of mental illness (Jorm, 2011).

The current two-tier payment system for psychologists is fundamentally flawed and needs to be immediately discontinued with payment levels raised to appropriately cover the operational costs of psychologists. 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 victims of crime who seek psychological support 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. Clinical psychologists and all other psychologists have the same operating costs including insurance, registration fees, administration support, rent and continuing professional development requirements. In view of the accelerating need for mental health support for Australians, all psychologists need to be supported to continue delivering these vital services.

## Long Waitlists and Rural and Remote Access Issues

Clients requiring assistance to complete their application for counselling have also had to fund their interim treatment and have experienced long delays in having the applications approved. Those who have sought counselling from non-VS registered providers have had to wait several months for treatment to be approved. One member commented *“I have signed up as in interim approved therapist for 2 separate clients. In both cases, it took them over 2 months to process my application which meant the client had to wait or keep seeing me through private funding instead.”*

A member of the public also wanted to provide feedback regarding the lack of registered providers in rural and remote areas. They were able to find one provider whose waitlist was 12 months long and who was an hour away from their location. When they asked local providers who was in their area to provide services, they were advised that because of the extremely low rate of pay for the service they were not registered to provide services under the scheme and would not be registering to provide services at any time in the future unless payment amounts changed. Although this individual had funding for counselling, they were not able to access services in a timely manner due to the current system. Our members agree that this is a common occurrence.

## Treatment Not Funded at Adequate Levels

Financial cutbacks and forced reduction of service provision, without sufficient warning, has created instability for clients who are already highly vulnerable. These changes also meant that providers had no time to prepare clients for reducing their support.

A member made this comment, *“I recently told a suicidal client that her consultations were reduced by victims services to fortnightly instead of weekly. This cut back in services was a further triggering event. I was very concerned about the increased risk of suicide. The fact that I had been given no prior warning of cutbacks put my client in a dangerous situation and was very stressful for me. There has been no recognition that counsellors will most likely extend their services without remuneration rather than risk a client’s suicide.”*

The guidelines around how many sessions will be provided to victims (up to 22 hours of counselling, which can be extended in some circumstances) is out of alignment with clinical evidence regarding effective treatment of trauma. Current evidence is that up to 40 sessions may be required to resolve PTSD, with some needing lifelong therapy (Cloitre, et al., 2011)

Clients were also not adequately supported should they need support for court attendance. Members advised that clients are forced to fund this support themselves or go without support unless pro-bono support is offered by their psychologist.

## Inadequate support for providers

Members advised that as registered providers they felt largely unsupported. There were generally no opportunities for training, supervision or consultation provided and there was no support offered to psychologists to offset the exposure to vicarious trauma (plus insufficient earnings to cover the costs of obtaining that support independently). *“During COVID – our very vulnerable clients became even more vulnerable – while many counsellors were themselves dealing with personal challenges (losing loved ones, illness, stress). There was no recognition of the difficulty counsellors were dealing with in this situation and no support offered from the Department of Justice.”*

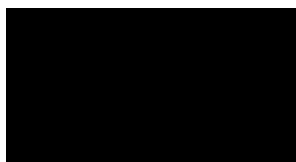
## Recommendations


AAPi recommends an overall increase in funding for the program to allow for an increase in sessions. We also recommend equal remuneration for all psychologists regardless of endorsement (or lack thereof) and for the increase in the rate of remuneration in line with the AAPi recommended fee of \$280.00.

We also recommend the removal of the requirement for psychologists to undergo an application and vetting process to become registered providers. Psychologists are already bound by stringent requirements of training and professional practice due to their Ahpra registration. Removing these requirements will allow more opportunities for victims of crime to access adequate provision of services, regardless of their geographical location.

Thank you again for the opportunity to provide feedback regarding these changes. Please come back to us if you require further information.

Sincerely,



  
Chief Services Officer  
Australian Association of Psychologists Inc



 Website [www.aapi.org.au](http://www.aapi.org.au)

