

## Submission to the Government's 2011-12 Budget changes relating to Mental Health Services in Australia

*Submitted by:*  
**5 Clinical Psychologists from regional Australia**

### SUMMARY

1. As a group of Clinical Psychologists working in regional Australia we were very concerned when the Clinical Psychology Group of the Australian Psychological Society (APS) drew our attention to the fact that *"The Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists....."* **As Clinical Psychologists we strongly oppose this conclusion.**
2. Clinical Psychology is the only profession, apart from Psychiatry, whose entire postgraduate training is specifically in the field assessment, diagnosis and treatment of mental illness across the lifespan.
3. Clinical Psychologists have all been willing to have their qualifications objectively examined and have gone to considerable time and effort to ensure that their qualifications are in line with the requirements of Medicare and/or the APS College of Clinical Psychologists.
4. To become a Clinical Psychologist one must have a four year degree and then complete a Clinical Masters Degree, which consists of:
  - two years of coursework at a Masters Level specialising in diagnosis, assessment and treatment of mental illness (roughly 2000 hours)
  - 1000 hours of clinical, supervised placement (in a clinical setting)
  - A research thesis
  - In addition, the professional development requirements for Clinical Psychologists are higher than for General Psychologists.
5. By contrast to qualify as a General Psychologist the requirement is a four year degree followed by 2 years of supervised work (176 hours of supervision) and 120 hours of workshops.
6. **No other profession would expect its members to go through this additional higher level of training with no remuneration benefit.**
7. The research which some psychologists are using to state that Clinical Psychologists have no greater efficacy than general psychologists was not designed to compare efficacy of different types of psychologists. It was a survey designed to give simple information and did not meet the design criteria for an objective research study.
8. In all of the States of Australia Pay Awards, Clinical Psychologists are paid at higher award wages, to reflect their greater training and higher skill level *within the Health Care System in*

*the specific area of mental illness and treatment.* Refusing to remunerate Clinical Psychologists at a higher rate will undermine these existing awards and practices.

9. Refusing to recognise and remunerate this area of speciality within psychology undermines the opinions of the Psychology Board of Australia, psychologists' representative organisations as well as international trends, making it inappropriate as a cost saving measure in Australia.
10. Currently general psychologists may deliver Focussed Psychological Strategies. If Clinical Psychologists are limited to the use of these treatments, in reflection of the view that they are supposedly no more skilled than general psychologists at treating mental illness, then a large number of psychological treatments, specifically, the drawing up of complex management plans for severe mental illness, will no longer be available to Australians under Medicare.
11. If it is decided that Clinical Psychologists are not restricted to Focussed Psychological Strategies, it will be obvious that the government recognises the expertise of Clinical Psychologists but is unwilling to remunerate them according to their skills if the two tiered Medicare rebate scheme is scrapped.
12. Overall this will result in the workforce qualified to deal with severe mental illness shrinking and being replaced by professionals whose qualifications are far below those of international standards.
13. Clinical psychologists making this submission receive referrals from general psychologists requesting their assistance as they do not consider themselves qualified to assist patients with more severe mental illness. Furthermore, Clinical Psychologists also get referrals from GPs, psychiatrists and patients themselves who believe they needed more specialist diagnosis and/or treatment that can be or has been provided by general psychologists.
14. ***Overall, cutting the Clinical Psychology rebate is a short sighted approach that can only end up placing more strain on our already extremely overloaded and underfunded State Mental Health Services and end up costing the lives of Australian with life-threatening, severe mental illnesses.***
15. ***We strongly oppose the cutting of the number of funded sessions from 18 to 10. It is noted that only 5% of clients require 13-18 sessions. This small percentage of clients present with severe mental illness, which takes longer to treat. However, they do not necessarily require the additional services of respite etc being proposed under the Medicare Locals framework. They benefit from longer-term treatment to ensure that they reach recovery, and do not relapse, requiring ongoing sessions year after year.***

### Submission

We believe that this is based on insufficient evidence and a lack of understanding of the field of Clinical Psychology. We therefore make this submission for consideration.

It refers specifically to:

*(e) mental health workforce issues, including:*

*(i) the two-tiered Medicare rebate system for psychologists,*

*(ii) workforce qualifications and training of psychologists*

### **CLINICAL PSYCHOLOGY AS A SPECIALIST AREA OF EXPERTISE**

- The writers of this submission acknowledge that there are 9 specialist areas of psychology training: neuropsychology, health, forensic, family and relationship counselling, community, exercise and sport, education and developmental, and organisational. We believe that each area is as important as the rest and each area deserves higher awards in their specific areas of expertise. As the area of specialisation of Clinical Psychology is the diagnosis and treatment of Mental Illness, it deserves the higher award in the Medicare system. In the field of psychology, Neuropsychologists and Forensic Psychologists and specialists in other areas are equally protective of their specialist training.
- Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of mental illness across the lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity of mental illness. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions (APS).
- The Clinical Psychologists writing this submission believe strongly the information presented in the Work Value Document from WA: Clinical Psychology takes an increasing responsibility in the treatment of less prevalent mental disorders within the psychotic spectrum, bipolar disorder and the more intractable personality disorders. The roles and responsibilities of Clinical Psychologists have increased through the development of psychological therapies which address components of these disorders, and in specific psychological interventions targeting other mental disorders which are very often co-morbid with psychotic conditions, such as depression, anxiety and substance use disorders. Along with providing treatments to these patients, Clinical Psychologists are also called on by Psychiatrists, to provide additional diagnostic information, to assist with differential diagnoses of complex cases.

### **CLINICAL PSYCHOLOGISTS HAVE BEEN WILLING TO HAVE THEIR SKILLS OBJECTIVELY EVALUATED**

- The writers of this submission have found that the majority of psychologists who object to the higher rebate for Clinical Psychologists either do not meet the criteria to become Clinical Psychologists or have not bothered to submit the paperwork, arguing that they are so experienced that they do not think they should need to have their skills assessed. If this argument held for other professions, an orthopaedic surgeon could start doing neurosurgery simply because they thought they had sufficient experience or professional development to qualify them.
- Many psychologists have gone to considerable effort and expense to have their training and professional development assessed, and have completed and paid for hours of extra training to bring their qualifications in line with the requirements of the APS Clinical College. It is unreasonable that the psychologists who were most willing to ensure that they provided relevant and up to date services to Australians with mental illness will now have gone to all that effort for no reason, if the two tiered Medicare system is abandoned.

## **DIFFERENCE IN TRAINING BETWEEN CLINICAL PSYCHOLOGISTS AND GENERAL PSYCHOLOGISTS**

- In order to obtain recognition in an area of specialist practice, a psychologist must complete a relevant Master's Degree, as well as obtain additional ongoing professional development and supervision. In order to register as a psychologist, you need either a Master's degree without the extra supervision and professional development, or a 4 year degree followed by a 2 year supervised internship.
- There are clear differences in outcomes between a Masters Training Courses and "4+2 Internship Programs". A Master's Course will allow the student to register as a general psychologist, as well as to pursue the additional supervision and professional development which will enable them to obtain one of the 9 specialist endorsements. The "4+2 Internship Program" is clear in that it does not allow the student to obtain any areas of specialist endorsement without further academic and clinical study/placements and supervision (i.e. a Master's degree).
- The "4+2" internship programs are dependent on the individual student, supervisor clinical exposure and job variations to provide quality outcomes. The requirements for a student completing the 4+2 internship program do not reflect the depth and breadth of training that a full time Master's course encompasses.
- The trend towards psychologists having a Masters Degree with a particular area of speciality has been well known in our field for many years. In fact, in countries like the USA a Doctorate is required in order to register as a psychologist.
- **In terms of training:** the **"4+2" internship stream** requires a four year degree followed by at least 2 year's full time work or equivalent in a psychology setting. During this time they need 176 hours of supervision and 60 hours of workshops per year pro rata (minimum 2 years = 120 hours). The supervision in this can be used to teach information required in the key components, review the supervision plan, fill in forms, discuss the achievement of outcomes, as well as reflect on clinical practice and skills. This equates to approximately **296 hours of supervision and workshops** as a way of learning the all the skills of a psychologist.
- By contrast, in order to start a Masters program you need to have a (basic) 4 year degree, the same as above. A **Masters Degree in Clinical Psychology** consists of:
  - **two years of coursework** at a Masters Level (**roughly 2000 hours**)
  - **1000 hours** of clinical, supervised placement (in a clinical setting specialising in diagnosis, assessment and treatment of mental illness)
  - **A research thesis**
- In addition to this, to obtain **Clinical College Membership**, we must have obtained 40 hours of individual supervision by an accredited/registered Clinical Psychologist, as well as attended ongoing specialist Clinical Psychology professional development.
- **No profession would expect its members to go through this level of training with no remuneration benefit.**
- The argument used by psychologists that they have accumulated high levels of skills through ongoing professional development and experience is irrelevant, since all psychologists accrue professional development and experience through years of practice. In fact professional development requirements for Clinical Psychologists are higher than for General Psychologists.

## **RESEARCH FLAWS IN EVALUATING THE EFFICACY OF CLINICAL PSYCHOLOGY PRACTICE**

- In order to evaluate the use of the Better Access for Mental Health, the APS commissioned a survey of psychologists. This is the "research" that some psychologists are using to justify their position that the two-tiered system is not necessary.

- There are many significant research methodological issues that diminish the credibility of the study. The study did not meet fundamental standards of research design:
  - It did not identify the nature, diagnosis or complexity of the clients seen by psychologists by type of psychologist;
  - it did not identify the nature or type of psychological intervention actually provided;
  - it did not factor in or out medication use by the client;
  - it did not factor in or out therapy adherence indicators;
  - it did not have a valid criterion measure actually related to a range of diagnoses or complexity in order to assess pre and post intervention condition of clients;
  - it did not undertake follow-up assessment of clients, which is often the point at which the relative strength of any competent treatment becomes manifest;
  - it did not determine relapse rates by type of psychologist;
  - it was a self-selected sample of psychologists who self-selected their clients and clinically administered the research questions in session;
  - it was not subjected to peer review
- Some psychologists claim that the Medicare evaluation is convincing proof that general psychology is the same as clinical psychology and that there should be no recognition of the specialisation. Clearly, however, it is convincing proof that these psychologists have little critical clinical evaluation skill, the cornerstone of the specialised advanced evidence-based practice of a Clinical Psychologist.
- Additionally, if it were true that equivalent outcomes should mean no recognition of clinical psychology as a specialty, then surely this means that the UK's IAPT research - where untrained counsellors demonstrated equivalent outcomes to psychologists - means that the government should treat psychologists the same as untrained counsellors. It's a very slippery slope for psychology if we subscribe to these arguments.....
- It is a well known fact that the client-counsellor relationship counts for a lot, which is often the reason for these results. It is also very difficult to measure outcomes effectively as there are a large number of variables.
- Most importantly, it was not designed to evaluate the differences between general or Clinical Psychologists, and using it for this reason is a misrepresentation of the survey.

### **CUTTING CLINICAL PSYCHOLOGY REBATES WOULD UNDERMINE THE EXISTING STATE AWARD SYSTEMS**

- Clinical psychologists work in many areas within the community, including hospital settings, children's services, rehabilitation and private practice. Their extra specialist training over and above general training is evident in the fact that many employers specifically employ Clinical Psychologists in their organisations.
- In all of the States of Australia Pay Awards, Clinical Psychologists are paid at higher award wages, on a separate level, to reflect their greater training and higher skill level *within the Health Care System in the specific area of mental illness and treatment*.
- By refusing to remunerate Clinical Psychologists at a higher rate to reflect their training and specialisation within the field of mental illness will undermine these existing awards and practices.

### **CUTTING CLINICAL PSYCHOLOGY REBATES UNDERMINES THE PSYCHOLOGY BOARD OF AUSTRALIA, PSYCHOLOGIST REPRESENTATIVE BODIES AS WELL AS INTERNATIONAL STANDARDS**

- The Psychologists Registration Board also endorses the field of Clinical Psychology on our registration. Our specialist endorsement by these governing bodies has not been granted lightly. It should be noted that these are the governing bodies for **all** registered Psychologists in Australia.

- Clinical psychology is an endorsed specialty by the Australian Psychological Society and they negotiated the two tiered system, despite the fact that they represent a wide range of psychologists in Australia.
- The specialist area of Clinical Psychology is a registration category in many countries, including UK, New Zealand and South Africa.
- The notion of practitioners in a certain field of health care becoming specialists in their area and therefore offering specialist services to the public and advice to their colleagues is not isolated. Similar structures exist among our colleagues in Medicine, Dentistry and others. In each case their specialty endorsement is reflected in their remuneration.
- Refusing to recognise and remunerate this area of speciality within psychology undermines the opinions of the Psychology Board of Australia, psychologists' representative organisations as well as international trends, making it inappropriate as a cost saving measure in Australia.

### **CUTTING CLINICAL PSYCHOLOGY REBATES WOULD DISADVANTAGE AUSTRALIANS WITH MENTAL ILLNESS**

- Currently general psychologists may deliver Focussed Psychological Strategies. If Clinical Psychologists are limited to the use of these treatments, in reflection of the view that they are supposedly no more skilled than general psychologists at treating mental illness, then a large number of psychological treatments, specifically, the drawing up of complex management plans for severe mental illness, will no longer be available to Australians under Medicare.
- If it decided that Clinical Psychologists are not restricted to Focussed Psychological Strategies, it will be obvious that the government recognises the expertise of Clinical Psychologists but is unwilling to remunerate them according to their skills if the two tiered Medicare rebate scheme is scrapped.
- Clinical psychologists making this submission receive referrals from general psychologists requesting their assistance as they do not consider themselves qualified to assist patients with more severe mental illness. Furthermore, Clinical Psychologists also get referrals from GPs, psychiatrists and patients themselves who believe they needed more specialist diagnosis and/or treatment that can be or has been provided by general psychologists.
- Although it is understandable that the government wishes its services to be cost effective, limiting the treatment options available to Australians by refusing to subsidise more specialist treatment services will result in fewer psychologists deciding to upskill or complete higher level clinical training.
- Overall this will result in the workforce qualified to deal with severe mental illness shrinking and being replaced by professionals whose qualifications are far below those of international standards.
- ***This short sighted approach can only end up placing more strain on our already extremely overloaded and underfunded State Mental Health Services and end up costing the lives of Australian with life-threatening, severe mental illnesses.***

### **PROPOSED REDUCTION OF MEDICARE FUNDED PSYCHOLOGY SESSIONS FROM 18 TO 10**

- We strongly oppose the cutting of the number of funded sessions from 12 (+6) to 6 (+4) and we would like to bring a very important point for your consideration, which is the therapeutic process:
- Following the GP's referral, the psychologist takes a detailed history from the client. From the history a diagnosis is formulated and then a treatment plan. While in less severe cases this can be done quickly, in more severe cases this process may require up to 2 sessions before psychotherapy begins.

- There are some presentations that require ongoing and longer term treatment by the Clinical psychologist and these include, but are not limited to, Eating Disorders, Personality Disorders, Obsessive Compulsive Disorder, and Post Traumatic Stress Disorder. These psychopathologies are common referrals and even though treatment length can vary between clients, 10 sessions would not adequately complete treatment in many cases. In our experience 12 sessions has been a minimum requirement.
- It is noted that only 5% of clients require 13-18 sessions. These are the small percentage of clients who present with severe mental illness, which takes longer to treat. These people, however, do not necessarily require the additional services of respite etc being proposed under the Medicare Locals framework, but do require ongoing treatment to ensure that they reach the recovery phase and do not relapse. If they do not, they risk requiring ongoing treatment year after year, without reaching recovery.
- Research has shown that length of treatment is an important factor that decreases the chance of a relapse among clients with mental illness. Furthermore, it is internationally recognised e.g., in the USA, that up to 26 sessions is considered necessary for the treatment of more severe psychological disorders and mental illness.