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The Jury is IN: generalist psychologists as superior as clinical psychologists.

The federal government Department of Health and Aging has just released its long awaited Evaluation of the 'Better Access' scheme.

The full report is available at
www.health.gov.au/internet/main/publishing.nsf/content/mental-ba

In this extensive evaluation, the Better Access scheme has been assessed and analysed, producing results which clearly demolish any claims of superiority which the APS, PBA and 'clinical' psychologists have made over registered/generalist/unendorsed psychologists. Until now, we have had to cite evidence gained from overseas research which has demonstrated:-

- **no superior outcomes for clients of psychologists with more academic training (eg. 'clinical' psychologists with masters degrees);**
- **no superior outcomes for clients of psychologists who rely on standard approaches such as CBT (the favoured approach of masters of clinical psych programs);**
- **no superior outcomes for clients whose psychologists favour DSM categories (favoured by masters of clinical psych programs).**

However, we have not been able to cite research which directly compares the client outcomes of 'clinical' psychologists Vs registered psychologists in the Australian context. The Evaluation of the Better Access scheme now gives us the ability to see the current evidence which refutes all claims of superiority of 'clinical' psychologists.

The data sample was obtained from 132 service providers, which included 41 'clinical' psychologists and 49 registered psychologists; and 906 clients. Apart from the sample deliberately over-sampling rural providers and consumers, the sample is said to be representative of clients and service providers. Registered psychologists provided around twice the amount of services to clients than did 'clinical' psychologists.

Table 1 shows the outcome results. As can be seen, registered psychologists actually *outperformed* 'clinical' psychologists on all measures of improvement.

Results obtained

(mean differences

pre-to-post measures)

	<u>Clinical psychologists</u>	<u>Registered psychologists</u>
Improvements in K-10 scores	9.53	10.58
Improvements in DASS -depression scores	11.37	11.46

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Improvements in DASS -Anxiety scores	7.17	8.74
Improvements in DASS - Stress scores	9.93	11.69

Perhaps registered psychologists obtained these results from working with less badly afflicted clients? **Table 2** shows the breakdown of client presenting problems, demonstrating that overall, registered psychologists actually provided services to higher percentages of clients with serious psychological distress than did 'clinical' psychologists.

<u>Client presenting problems</u>	<u>clinical psychologists</u>	<u>registered psychologists</u>
Depression & Anxiety	34%	38%
Depression without Anxiety	36%	37%
Anxiety w/out Depression	23%	19%
Very high K-10 scores	47%	53%

What about client's own perceptions of the value of the service they received? Surely, if 'clinical' psychologists are in any way superior, their clients will report a higher level of satisfaction with their service? **Table 3** compares client's evaluations. As can be seen, clients of registered psychologists report more satisfaction with the service provided than clients of 'clinical' psychologists. Also, it is interesting to note that clients of registered psychologists were more likely to report that the underlying problems had been addressed, than were clients of 'clinical' psychologists.

<u>Client's evaluations</u>	<u>Clinical psychologists</u>	<u>Registered psychologists</u>
Good, satisfied, helpful or constructive advice/care	39%;	44%
Client perception of mental health improvement	44%	49%
Client perception of underlying causes still present	11%	2%

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Client perception of improvements

- health, lifestyle and sleep 3% 7%

Are ‘clinical’ psychologists providing services which are essentially different to registered psychologists, perhaps justifying the different pay and statuses (even if the outcomes and levels of client satisfaction do not justify such a differential)? Table 4 shows what each type of psychologist is actually doing. As can be seen, despite providing essentially the same service, and despite ‘clinical’ psychologists being paid nearly 50% more for the same service, they are still more likely to be charging clients a gap fee than are registered psychologists- in spite of obtaining no better outcomes.

	<u>Clinical psychologists</u>	<u>Registered psychologists</u>
Providing clients with CBT	87%	90%
Clients pay gap-fee	69%	65%

Are ‘clinical’ psychologists servicing the most economically disadvantaged clients, and those in rural and remote areas; or are they remaining in their traditional domain of the leafy suburbs of major cities? Well, the evaluation actually fails to report on this important issue (perhaps strategically). The report states that the clients were not a representative sample in regards to rural/remote Vs metropolitan residents. “The sample strategy deliberately over sampled rural providers and consumers”. This means that the results of ‘clinical’ psychologists below are deliberately mis-representing the actual distributions. Despite this sampling strategy, the results are telling. One has to wonder what the results would look like if the sample was actually representative on the rural-remote/metro dimension?

Client demographics

<u>(not representative)</u>	<u>Clinical psychologists</u>	<u>Registered psychologists</u>
Metropolitan residence	50%	40%
Rural	46%	56%
Remote	6%	4%
Most eco disadvantaged	9%	7%
Second most eco disadvantaged	13%	18%
Most eco advantaged	24%	22%

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Discussion

Clearly, any claim of inherent superiority of 'clinical' psychologists by practicing 'clinical' psychologists, or by the academic 'clinical' psychologists who train them, is simply *against* the weight of the evidence. The distinguishing feature of psychology, why it considers itself to be a science at all, is that it pays attention to research based evidence- or at least, it is meant to.

As part of the research, the attitudes and views of key stake holders were obtained. 'Generalist' psychologists, social workers and occupational therapists *<i>all</i>* questioned the higher rebate paid to 'clinical' psychologists. And for their part, a few 'clinical' psychologists thought that MBS provider numbers should be restricted to 'clinical' psychologists only! Only the APS and 'clinical' psychologists perceived the difference in rebate as a valid reflection of "the additional training and skills" of 'clinical' psychologists. Despite the proof of no difference between the two, GPs generally reported feeling more confident in referring patients to a 'clinical' rather than a registered psychologist.

A massive confidence trick has been pulled on the medical profession, the Australian Government and the general public by vested interest in the APS, PBA and 'clinical' psychology. Where all the evidence demonstrates either no superiority of 'clinical' psychologists over registered psychologists (or where there are differences, they are usually in favour of registered psychologists), vested interests in the APS, PBA and 'clinical' psychology have succeeded in marketing themselves at the expense of 80% of their psychology colleagues.

The losers from this 'snow-job' will be most of Australia's psychologists (if we lose Medicare rebates) and the Australian public, who will have to then seek services from the remaining 'clinical' psychologists, and GPs.

We need to prevent this from happening. The decision makers need to pay attention to what the evidence is clearly demonstrating. The AAPi needs your membership support NOW to ensure that we can effectively fight the cause for the Australian public and your career in psychology.

Dr. James Alexander PhD