

To whom it may concern,

I am writing in response to the Senates proposition in regards to the Better Access Medicare System and the differentiation of psychologists, that 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....."

Being a Clinical Psychology Registrar myself I would like to bring your attention to the below information in the hopes that you will consider the impact of your decisions in regards to the best care for individuals in the community trying to obtain scientifically supported treatment for their mental health problems.

In most health settings Clinical Psychologists are often grouped with "allied health" for administrative purposes and this has led to a mistaken belief that there is sufficient commonality between this profession and other allied health professions to treat all groups similarly. However upon examination of the training and experience required by Clinical Psychologists in obtaining their qualifications, it can clearly be seen that Clinical Psychologists differ markedly from other allied health professions in the treatment of mental health problems.

The training of Clinical Psychologists differs in many ways from other allied health professionals. During the minimum of eight years of training, the emphasis of Clinical Psychology is on severe mental health problems. Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. The training of allied health professions is geared towards general medical, general health or general community problems, with a short elective in mental health.

No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. **Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.**

Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychologist to bring research and empiricism to human service delivery and thus increase accountability. The formal scientific training of Clinical Psychologists does not make research the end in itself, but is applied to the delivery of psychological services and to contribute to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works.

As a result of their training, Clinical Psychologists have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both

complex disorders and to novel problems, generating interventions based on this solid knowledge base. This very high level of specialist competence of Clinical Psychologists is acknowledged by all private insurance companies who recognise Clinical Psychologists as providers of mental health services.

The findings of the Human Rights and Equal Opportunity Commission of 1993 (the Burdekin Commission) with respect to Clinical Psychology were also clear cut. **The Commission (pages 178-182), found that Clinical Psychologists have distinctive skills which differ from those of other types of psychologists and differ from those of other allied health professions.**

Clinical Psychology has also taken 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 comorbid with psychotic conditions, such as depression, anxiety and substance use disorders. Along with providing treatments to these patients, Clinical Psychologists have been increasingly called on by Psychiatrists, to provide additional diagnostic information, to assist with differential diagnoses of complex cases.

When examining the specialised skills and training of Clinical Psychologists in conjunction with looking at current prevalence data relating to mental health disorders and problems, the data indicates that a very significant percentages of Australians suffer from serious mental health problems, most of which are treatable by psychological therapies and systems interventions. **The treatments of choice for serious affective disorders, significant clinical anxiety disorders, substance misuse disorders and personality disorders for example, are often (usually) psychologically-based and implemented by Clinical Psychologists.** Given the high prevalence rates noted earlier for mental health conditions such as these, it is most appropriate that in planning for service delivery, provision is made for this to be undertaken primarily by Clinical Psychologists, which is supported by the 1995 British Psychological Society and the Royal College of Psychiatrists journals that published a joint statement about the need for psychological therapies in the National Health Service (NHS) of Great Britain, which concluded after due consultation and review of evidence supported practice, was that psychological therapies were an integral part of both Psychiatry and Psychology and as such, are essential components of effective, co-ordinated mental health care. **Other than Psychiatry, Clinical Psychology is the only other mental health profession whose complete post-graduate training is in the area of mental health.** Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in the provision of psychological therapies.

Although this debate resides solely within the Australian Senate to date, I would also like to draw your attention to the view of both the APA Division of Clinical Psychology and BPS Division of Clinical Psychology definitions of Clinical Psychology – which view Clinical Psychology as a very significant specialisations within psychology within the United States and Britain. The link to APS is as follows -

<http://www.apa.org/ed/graduate/specialize/clinical.aspx> and Britain -

<http://www.clinicalpsychology.org.uk/> a website for the public.

In reviewing my letter, I hope that you can take into consideration the extensive training and skills specific to Clinical Psychologist, and the evidence that clearly depicts that Clinical Psychologists are the only Specialist Psychology group who are professionally trained and equipped to treat and manage the spectrum of mental health disorders and presentations with scientifically diverse and founded treatments. Furthermore, when exploring the outcome of research findings, it has shown that Clinical Psychologists have better outcomes with client groups with moderate to severe presenting problems over other psychotherapy approaches.

I implore you to consider these opinions when making your conclusions about bulking all psychologists and allied health workers into the same categorisation of skills and abilities to treat mental health disorders, as by doing so you are ignoring the fact that other than Psychiatry, Clinical Psychology are the only other mental health profession whose complete post-graduate training is in the area of mental health.

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