Commonwealth Funding and Administration of Mental Health Services

Terms of reference
Mental Health Workforce Issues
i) The two tiered Medicare rebate system for psychologists
ii) Workforce qualifications and training of psychologists

I would like to take this opportunity to highlight inequities related to eligibility to provide higher tier psychology services. To qualify for providing Medicare higher tier services psychologists must prove eligibility to join the Australian Psychological Society (APS) Clinical College. Clinical psychologists on proof of their qualification, are granted eligibility to join the college on application.

Please note when reading this submission that:
The term **4+2** refers to university psychology training of 4 years plus 2 years supervised psychological work before full registration can be acquired.
The term **Clinical Psychologist** refers to Masters or Doctoral level psychologists who have undertaken training in the Clinical stream of post graduate psychology university training. This is to differentiate from the term clinician. Many psychologists regard themselves as clinicians.
The term **Counselling Psychologist** refers to Masters or Doctoral trained psychologists who have undertaken study in Counselling stream of post graduate psychology university training, Many psychologists regard themselves as counsellors. Indeed many psychologists regard themselves as counsellors and clinicians.

Examples of inequities from my own experience and observations follow:
1) Inequity results from Individual Bridging Plans for psychologists who have a high level of training and/or experience in psychological therapies, but may not meet eligibility to join the APS Clinical College. Non Clinical Psychologists who have been deemed to have insufficient training or expertise according to APS Clinical College adjudicators may be granted an Individual Bridging Plan (IBP). My own experience is that I have been granted an IBP in order to complete 10 hours of psychopharmacology training. It seems that there are many Clinical Psychologists who possess no training at all in psychopharmacology, partly as a result of this element of training only recently being included in post-graduate courses. It should be noted that training in psychopharmacology is also now a critical component of most Counselling Psychology courses nationally too.

In summary: If it is deemed necessary to have had training in psychopharmacology to provide higher tier psychological services, then **all** psychologists providing the higher tier service should have this training. Therefore Clinical Psychologist who do not have this training should also have IBP's relating to psychopharmacology training in order to be deemed competent to deliver psychotherapies for the higher rebate.

2) My IBP also stipulates that I undertake 40 hours of supervision with a Clinical Psychologist supervisor. To date I cannot determine that the supervision that I am receiving from a Clinical Psychologist for my IBP is any better or more relevant to clinical work than supervision I have already undertaken in my 8 years of full time practice. I am left wondering why I need to undertake this supervision. I seek supervision from various psychologists depending on their area of expertise, rather

than their specific academic training. The inequity is that *an assumption has been created* that Clinical Psychology supervision is the only supervision that is adequate to ensure capability to provide higher tier services.

3) That higher tier services can only be provided by clinical psychologists or those psychologists who can prove eligibility to join the APS Clinical College has excluded psychologists who can provide very high standards of care. Master in psychology (clinical) is not the only criterion for proficiency and expertise in knowledge and experience in evidence based psychological work.

Linking the higher tier to eligibility to join the clinical college seems to have created a misperception that only clinical psychologists can provide high levels of expertise in evidence based assessment, diagnosis, case formulation and treatment. **All psychology university training and practice whether 4+2, masters, or doctorate level is based on scientific work.** Evidence for this can be seen in the university training programs. Notably university training for all psychologists is the same for the first 3 years. It does not suddenly become more evidence based at 4, 5 or 6 year university training.

Currently Clinical Psychologists with just 2 years of supervised practice enabling endorsement as a Clinical Psychologist can provide higher rebate services, while other psychologists who have many years of clinical and counselling experience and expertise are deemed not suitable to provide higher rebate services.

Ethically (e.g. principles of fairness, intergrity) and from an organization point of view it is a concern that the APS Clinical College sets the standard and makes decisions on who and who is not eligible to provide higher tier services.

Suggestion : That there be recognition of the high standards of training across the board for psychologists. That the criteria be inclusive rather than elitist while at the same time ensuring and protecting standards. The eligibility to provide higher tier services not be attached to an APS college, but instead be regulated by an independent body. Suggested criteria could include training plus experience. For example whether a psychologist is 4+2 trained or masters/doctorate level trained in clinical or counselling streams, that there also be (for example) 7 years experience in assessment diagnosis and evidence based therapy.