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RE: Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

To Whom It May Concern:

I am writing with reference to concerns I have regarding the proposed reduction in sessions available to clients under the Better Access to Mental Health program and the proposal to remove the two-tiered system whereby Clinical Psychologists are rebated at a higher level than General Psychologists under the Better Access Program.

1. **Proposed reduction in session limit**

I am concerned that the reduction in the session limit will mean that those clients treated in the community with the most serious psychological issues will not get the treatment they need. The clients that I have seen who have required more than 10 sessions within a year would not have been accepted into a mental health service yet have been highly distressed, experiencing long term psychological difficulties, at risk of self harm or been impacted by recent psychosocial stressors. The consequences of reducing the number of sessions these people can access would be sub-optimal treatment outcomes for the client. I am also concerned about further effects on the clients families and children. Most of my clients in this category have children and I believe that the ability of these clients to access appropriate assistance will have a positive impact on their children and reduce the risk of their children developing mental health problems down the track.

2. **Proposed removal of the two-tiered rebate system for Clinical Psychologists**

This proposal infers that having post graduate qualifications and subsequent supervised experience in the assessment and treatment of complex mental health problems is of no more value than having general qualifications and supervised experience (in the recent past and in the more distant past [but still with numerous practitioners having been through this system] no regulated supervised experience at all). In every developed country in the world, except Australia, practicing psychologists are required to have a minimum of a Masters degree. Undergraduate psychology includes little or no assessment and intervention theory and mostly no practical experience. I think we should be moving towards an international model and removing the additional payment reduces incentives to do the extra education, undervalues this education and experience in therapy and undermines the additional expertise of Clinical Psychologists. Clinical Psychologists have also had additional education in applied ethics and professional conduct, both of which are vital to high standards of practice. I firmly believe that having extra qualifications ensures a higher minimum standard of practice and that this should be financially rewarded.

Clinical Psychologists have been authorised by Medicare to diagnose mental health disorders and provide appropriate evidence based treatments as they have the training and experience to do so whereas generally registered psychologists have been authorised to provide focussed psychological strategies. Surely in making this distinction the extra skills of Clinical psychologists are being acknowledged and hence, should be appropriately remunerated.

In addition to my own thoughts on the matter in 1998 there was an IRC (Industrial Relations Commission) endorsed articulation of the calling of Clinical Psychology in Australia and the higher industrial Work Value than the calling of Psychology. This is now embedded within Australia's Industrial Relations Awards. The Work Value Case found that

> "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."

A recent article in the Australian Psychologist[1] cited evidence that it is not sufficient that psychologists just be taught the scientist-practitioner model but that they must be taught how to apply this practically in order to be effective practitioners and while undergraduate training focuses on the scientific model it is not until postgraduate training that it is rigorously applied to practice.

The Work Value Case further stated that

> "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…
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> 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."

It astounds me in the face of all the work that has gone before to support the value of clinical psychology and in light of accepted international models and the West Australian model that the idea of removing the two tier system would even be entertained.

Regards
Margaret Cole

[1] Panchana, N.A., Sofronoff, K., Scott, T. & Helmes, E. (2011) Attainment of Competencies in Clinical Psychology Training: Ways Forward in the Australian Context. Australian Psychologist, 46: 67-76.