

25 July 2011

Committee Secretary  
Senate Standing Committees on Community Affairs  
Att: Community Affairs References Committee  
PO Box 6100, Parliament House  
Canberra ACT 2600

Dear Senate Committee members

**RE: Senate Committee Inquiry – Commonwealth Funding and Administration of Mental Health Services – Reduction of Medicare psychological sessions, and the two-tier system.**

I would like to take this opportunity to make strong representation to the Committee for the retention of the two tiered Medicare rebate system for psychologists, which recognises the distinct services provided by clinical psychologists who are specialists in the assessment, diagnosis and treatment of people with mental health disorders through their possession of advanced education and training in this field. I am amazed that the Committee has added this to its agenda due to lobbying by a recently formed group of general psychologists.

The current scheme distinguishes between two types of services available to clients: *Clinical Psychology Services* provided by a clinical psychologist; and *Focused Psychological Strategies* provided by allied health professionals which includes psychologists, social workers and occupational therapists.

Australian research studies support the clear distinction between the wider range and higher quality of assistance provided by clinical psychologists to clients with severe mental health disorders. The Review of Clinical Psychology Services conducted by the Management Advisory Services to the NHS, May 1989, stated that:

*The range of psychological skills possessed across the various disciplines can be located within a skills framework related to three levels of activities:*

- Level 1            basic “psychology” - activities such as establishing, maintaining and supporting relationships with patients and relatives, and using some simple, often intuitive techniques, such as counselling and stress management.*
- Level 2            undertaking circumscribed psychological activities (such as behavior modification). These activities may be described by protocol. At this level there*

*Level 3 should be awareness of the criteria for referral to a psychologist. activities which require specialist psychological intervention, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw-on a multiple theoretical base, to devise an individually tailored strategy for a complicated presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level, which comes from a broad, thorough and sophisticated understanding of the various psychological theories.*

*Clinical psychologists are the only profession which operates at all three levels. It is the skills required for level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists from other disciplines.*

*Focused Psychological Strategies* fit within level two of this model and require less advanced training to be applied effectively. More chronic presentations and those with more severe mental health disorders require greater expertise to assess, diagnose, formulate and treat effectively. They also require longer treatment periods with the integration of advanced therapies and approaches. Only clinical psychologists and psychiatrists have the level of advanced training to undertake this provision of service at level three. The treatments provided by clinical psychologists and psychiatrists frequently complement each other in providing sound psychological and medical management of mental illness and psychiatrists and clinical psychologists frequently work closely together to manage patients. With the shortage of private psychiatrists and the high co-payments required for their services, clinical psychologists are needed to supplement the workforce in all domains to provide appropriate services to these patients. Currently, only the Better Access program enables clinical psychologists to provide tailored programs for those with more severe or complex presentations at level three within the private health system.

It is also important to note that Australian industrial relations tribunals also recognise the difference between clinical psychologists and generalist psychologists, and this legislatively recognised difference is enshrined in awards, which not only lay out different pay scales, but also lay out the differences in skill sets and the kind of work done by these groups.

If the Committee recommends the phasing out of the two tier system it will be in effect sending out a message that basic qualifications are all that is needed to treat more chronic presentations and those with more severe mental health disorders and that a student wishing to enter the field of psychology now only need to complete a basic degree.

If this position is adopted by the Committee why not expand it to other parts of the medical profession, a parallel would be to look at my son-in-law, a doctor who studied for five years to work independently as an anesthetist. Given that all doctors during their training cover anesthetics, why not allow them to go straight into the operating theatre and start anesthetising patients without having to take on further study and examinations. I am sure no one on the Committee would recommend that, as to do so would be irresponsible because lives would clearly be put at risk. Although mental health is less tangible than physical health the implications for patients are still the same.

I myself originally trained as a motor vehicle technician, and knowing as I do a lot about repairing motor vehicles should I then be allowed to work on passenger jets without gaining any further qualifications, I think not.

In summary, I am extremely concerned that the removal of the two-tiered system would break a long held convention in western society that endeavor to gain recognised qualifications will result in better pay outcomes. While it also sends out a message to prospective students who may choose psychology as their career, that a degree in general psychology is all that is needed, ensuring that in the future there will no longer be any clinical psychologists. While this may please certain people in the profession, it will be detrimental to the well being of patients.

Yours sincerely

Philip Spencer Worthen