

Dear Ministers,

I would like to make a submission to the Enquiry into Commonwealth Funding and Administration of Mental Health Services. I refer in particular to section (e), parts (i) and (ii):

- (e) mental health workforce issues, including:
 - (i) the two-tiered Medicare rebate system for psychologists,
 - (ii) workforce qualifications and training of psychologists.

I am aware that there has been lobbying in some quarters for the two-tier rebate system to be abolished, and for all psychologists, both generalists (without university-based postgraduate training) and those with specialised masters or doctorate level training in fields such as clinical psychology and neuropsychology, to be placed on the same tier.

I would urge you to advocate strongly against this move, not for financial reasons, but so as to retain the critically important distinction between those who have and have not undertaken specialised study and training in particular fields of psychology.

I believe it is vital to uphold this distinction in order to acknowledge the important role specialists have to play in helping patients with particularly complex or specific mental health problems, and to help both referrers and members of the public distinguish the most appropriate professional to consult about a particular problem. To use an analogy, I believe few would argue with the view that some patients with particular physical health problems can be fully managed by a general practitioner, whereas others require referral to a medical specialist in order to obtain optimal care. So too with mental health disorders, it is important to recognise that some presenting problems require more specialist care than others.

Further, preserving this distinction brings Australia into alignment with many other countries around the world, where specialties such as clinical and neuropsychology are widely recognised and utilised appropriately. Even within our own country, in Western Australia clinical psychologists are already acknowledged as having a specialist role. Retaining this title serves to inform better both referrers and the public; abolishing it would seem a retrograde step. The current non-binding "endorsement" title I believe carries little or no meaning to those who do not practise psychology, whereas the term "specialist" is well-understood within the community, and could be used to monitor practitioners and ensure that no psychologists (whether generalist or specialist) operate outside their areas of expertise, thereby providing greater protection to the public.

Finally, both within psychology and other fields, there is a growing move internationally towards specialisation through post-graduate university training. This would be a timely opportunity to encourage psychologists in this country to pursue the masters or doctorate level qualifications widely undertaken by their overseas colleagues. Such qualifications would provide them with specialised skills and training with which to tackle the wide range of mental health problems present in the community, and thereby decrease the financial and social burden of these problems upon our society.

Thank you for your consideration of this submission as to why the two-tier system should be retained, and higher levels of qualification and training by psychologists be encouraged.