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

Please accept the following as a statement of my concerns about the proposed cuts to the number of rebated Medicare sessions for psychologists and the possible changes to the two-tier system for services.

My details:
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Profession: Clinical Psychologist (Registrar) and Forensic Psychologist (Registrar)

I work in private practice and in a forensic assessment role for

Loss of rebated sessions

My main concern here is that it is the clients with the most chronic and severe problems that will be the most disadvantaged. Only a small percentage of my clients would receive the full 18 Medicare sessions per year. However, the majority of these who do are those suffering with eating disorders. Currently, we have only one government funded adult eating disorder service in WA with a waitlist typically of 3-6 months and offering only 20-40 sessions per client. Anyone who has worked with eating disorders would understand that this is not a reasonable time frame in which this work can be completed. Apart from the eating disordered clients I also have a small number of clients with severe depression / anxiety with comorbid Axis II conditions. Again it is not reasonable to expect that these clients will make any significant gains with 10 sessions, and if the Medicare sessions are not available will return to an already overloaded public system.

Furthermore, many of my clients come from a poor or financially disadvantaged background with no private health. I bulk-bill these clients and if they did not have the opportunity of this assistance from Medicare most of them would go untreated. Two of my current clients with severe anorexia nervosa are extremely distressed about the proposed cuts as they will have no further options of treatment.

The treatment of the moderate to severe range is the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, more than thirty sessions per annum are sometimes required. In this way, Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices. However, this is unlikely to be granted presently given the government imperative to cut costs so we believe that the decision to cut session numbers for the specialist clinical psychologist Medicare items should be reversed immediately.

Proposed changes to the Medicare two-tier system for recognising clinical psychologists as distinct from psychologists.

If you or one of your loved ones were seeking help from a therapist would you prefer to go to someone who had a four year degree, which contained none or minimal clinical training, plus two years of supervision, or someone who had 8 years of training with 4-6 of those years being specialist clinical training? I know I would prefer the latter. This is not to say that some of the four year trained psychs are not skilled practitioners, however they do not have the level of knowledge or skills that the extra training would give them. As a supervisor of master's students I see this first hand. All of my students have completed four years of study in psychology and some of them are registered psychologist's working in the field. The difference in knowledge and skills in these students at the start of the Masters degree and at the conclusion of the course is significant and critical. Having acknowledged this difference it seems absurd that both level of knowledge and skills should be recompensed at the same level. This would be like paying a first year doctor at the same level as a specialist.

Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment,

diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity.

The study claiming to give proof that general psychology is the same as clinical psychology has been noted by the NC to have many significant research methodological issues that diminish the credibility of the study. The study did not meet fundamental standards of research design (it did not identify the nature, diagnosis or complexity of the clients seen by psychologists by type of psychologist; it did not identify the nature or type of psychological intervention actually provided; it did not factor in or out medication use by the client; it did not factor in or out therapy adherence indicators; it did not have a valid criterion measure actually related to a range of diagnoses or complexity in order to assess pre and post intervention condition of clients; it did not undertake follow-up assessment of clients, which is often the point at which the relative strength of any competent treatment becomes manifest; it did not determine relapse rates by type of psychologist; it was a self-selected sample of psychologists who self-selected their clients and clinically administered the research questions in session; it was not subjected to peer review); and what is needed is a well-designed prospective study aimed clearly at answering specific questions in accordance with principles of psychological research.

The NC acknowledges that Clinical Psychology is one of nine equal specialisations within Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme recognition of specialised Areas of Endorsement. All specialisations require a minimum of eight years training including a further ACPAC accredited postgraduate training in the specialisation leading to an advanced body of psychological competency in that field. No specialisation should be referred to in a manner that creates the appearance of the same level of skill and knowledge as the basic APAC accredited four year training of a generalist psychologist.

Regards

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