

1 August 2011

I would like to address:

The Government's funding and administration of mental health services in Australia, with particular reference to:

The Government's 2011-12 Budget changes relating to mental health;

**(b) (iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefit Schedule;**

I am a Clinical Psychologist with 12 years experience. I have a Masters degree in Clinical Psychology and I work in private practice. Through the existing Better Access Initiative, I have been able to see clients with both moderate and severe mental illnesses. The clients I have seen for more than twelve sessions have been presenting with complex and multiple mental health issues that are severe. The proposed change to reduce the number of sessions from eighteen to a maximum of ten, and only for clients with mild to moderate mental illness will deprive these clients from the services that are the specialty of Clinical Psychologists.

I am fluent in Bosnian, Croatian, Macedonian and Serbian. I have seen and treated clients from these backgrounds, and I have found that most of them have severe and complex mental health issues. All of these clients are unable to access Mental Health services because of the language barrier and if they do there is an additional cost for the interpreters, and another factor is that they may not get a culturally appropriate service. I am able to provide a professional and culturally appropriate service for this population. Some of these clients have been referred to me by the Mental Health Service.

The proposed cut of the number of sessions will undermine the profession of Clinical Psychology. It will also deprive the clients from having access to Clinical Psychologists in private practice. Mental Health Services needs to refer clients not just to GPs and Psychiatrists, but also to Clinical Psychologists. And with the proposed cuts, that option will not exist anymore. The contribution of Clinical Psychologists to the mental health and wellbeing of the mentally ill should be recognised.

**(e) mental health workforce issues, including:**

**(i) the two-tiered Medicare rebate system for psychologists,**

**(ii) workforce qualifications and training of psychologists**

I will start with (ii) the qualifications and training of psychologists:

Generalist Psychologists and Clinical Psychologists have the same basic training in psychology. Clinical Psychologists however, have additional postgraduate training specialising in Clinical Psychology.

A specialty in Clinical Psychology requires advanced scientific and theoretical knowledge and skills acquired through an organised sequence of education and training in addition to advanced professional applications of this knowledge on selected populations with mental health disorders across the full spectrum of complexity and severity. Postgraduate training in Clinical Psychology covers the field of advanced evidence-based and scientifically-informed mental health assessment, diagnosis, case formulation, consultation, treatment, evaluation and research.

**Accredited and approved Masters/Doctorate degree programs in Clinical Psychology:**

The Australian Psychology Accreditation Council (APAC) is the current accrediting body for all Australian university psychology courses (this activity was previously conducted by the APS). APAC

comprises representatives of the Council of Psychologists Registration Boards of Australia (CPRB) and the Australian Psychological Society (APS). The highest standard of clinical psychology training in Australia is provided within postgraduate (Masters/Doctorate) clinical psychology degree programs that have been, a) accredited by APAC and b) given approval as specialist clinical psychology degree programs by the APS College of Clinical Psychologists.

### **APS College of Clinical Psychologists:**

As one of the member groups within the APS, the APS College of Clinical Psychologists maintains the highest standards for clinical psychology training in Australia.

### **Clinical Psychologist:**

In the present context, a clinical psychologist is defined as a member of the APS College of Clinical Psychologists or someone whose eligibility for College membership can be demonstrated.

### **Rules for APS College membership**

Applicants for College membership must have completed:

- An accredited Doctorate degree in clinical psychology followed by a minimum one year full-time equivalent supervised practice; OR
- An accredited Masters degree (or combined PhD/Masters) in clinical psychology, followed by a minimum of two years of supervised practice.
- To become a full member of the APS College of Clinical Psychologists, a minimum of six years university training, including approved postgraduate clinical studies and placements in mental health settings, plus a further two years approved supervision in the clinical field is required. Members are also required to maintain a program of ongoing professional development.

As the above demonstrates, the required postgraduate education and training, as well as the dedicated commitment to ongoing improvement and professional development in the clinical field, clearly equips Clinical Psychologists with advanced, in-depth knowledge and a defined ability to deal with complex and severe mental health issues.

It is also worth noting that Clinical Psychology is recognised as one of several specialisations within psychology within the United States and England.

### **(i) the two-tiered Medicare rebate system for psychologists**

The argument that the Clinical Psychologists specialisation should not be recognised is based on one study of the Better Access Initiative. The National Committee evaluation of this study is:

“There are 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.”

While the study's positive outcomes for all psychologists should be recognised the study was not designed to assess the distinction between Generalist Psychologists and Clinical Psychologists and was flawed in this respect. Therefore, this study can not be used to prove that "Clinical Psychologists are providing exactly the same services as Generalist Psychologists" because it did not include the nature and type of the actual intervention, and it did not actually evaluate the difference between skill levels of Generalist and Clinical Psychologists. The fact that the study could be used as a basis for the new regulations is absurd.

Based on this study, a similar comparison can be made between GPs and Psychiatrists. If there was a study done to evaluate the outcomes between GPs and Psychiatrists, if the GPs achieved the same positive outcomes as the Psychiatrists did, would this conclude that a Psychiatrist's work should not be recognised? A GP can be trained in Mental Health but that does not undermine the psychiatrists' training, which is evidently more specified and in-depth.

Putting the research and postgraduate study issues aside, it is imperative to ascertain, that the most important people affected by the entire situation, are the patients themselves. In regards to the clients, the most significant point is that many clients have benefited from the existing arrangements, and to make further changes to the arrangements, especially by reducing the services (cutting number of sessions from 18 to 10) would disadvantage the clients, particularly clients with non-English speaking background. This change would be contradictory to the purpose of the provision of psychology services in general.

The unique contribution that clinical specialisation brings is well recognised within the public mental health system nationwide. Abolishing the two-tiered rebate system will not only affect the Clinical Psychologists and their clients but it will also undermine the whole educational system that shapes the industry itself. It will invalidate Postgraduate studies in Clinical Psychology across Australian universities because the Clinical Psychology Training will no longer be recognised.

The Better Access Initiative with the existing two-tiered system, and the maximum of 12 to 18 sessions has been successful in providing mental health clients access to effective and substantial psychological treatment thus far, and should therefore be maintained. The new investments in mental health should not be taken from the Better Access Initiative funds when it has been proven that it provided the best outcomes for clients.

Lepa Arsenieva  
BBehSc(Hons). MCLinPsych, MAPS  
Clinical Psychologist