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COMMENTS ON THE EXPERIENCE OF THE BETTER ACCESS TO PSYCHOLOGY SCHEME

My brief comments fall into two categories. Discussion is constrained by work demands.

1. The Better Access to Psychology Scheme: Session number and rebate level.

The Better Access Scheme has offered the opportunity for specialist clinical psychologists to provide treatment for
community members in the range of moderate to complex and severe presentations. It has been extremely helpful to a large
cohort in the community who were previously unsupported, whose need is great and who, in my experience, have gained
considerably and consistently. The Medicare research recently undertaken was inadequately detailed for yielding more than
broad indications which do not give the depth, detail or comparisons needed to confidently plan the future of such an
important aspect of Community Mental Health care.
The treatment of the moderate to severe range is the unique specialized training of the Clinical Psychologist and, to
undertake a comprehensive treatment of these individuals, more than eighteen sessions per annum are sometimes required.
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. More sessions than 18 are unlikely to be granted, given
the government imperative to cut costs, but the decision to reduce session numbers for the specialist clinical psychologist
Medicare items must be reversed to maintain present levels of effective outcomes.
Those with milder presentations are less likely to be severely affected by cuts to session numbers, but conversely what can
be done for them will be reduced. Psychological treatment at any level of severity requires time for interpersonal processes to
be established and psychological learning to occur. This is quite different from taking an antibiotic for an infection. A lifetime
of emotional learning is rarely effectively changed in 6 or even 10 X 50 minute sessions, despite session spacing and
carefully planned sequences of experiential learning. (There is an important implication here for urgent attention to the
introduction of emotional and social learning in primary schools).

The rebate level for specialist clinical psychologists has enabled some flexibility regarding the occasional provision of longer than 50 minute sessions, working to psychological closure each session instead of to time. 18 visits of 50 minutes is very inadequate to deal with severe trauma in complex psychological situations. These are the people who benefit from specialist treatment.
The availability for up to 18 X 50 minute sessions per year has in my experience allowed the provision of effective help that has:
* Reduced demands on other government services (health, social services) through reduction of high stress levels which were causing or exacerbating physical symptomatology such as diabetes, irritable bowel syndrome, post traumatic stress disorder, severe depression, borderline personality disorder, emotional overeating and weight gain, excessive alcohol consumption, suicide attempt etc. These are frequently cases of great dynamic complexity, requiring skilled work on several levels.
* Returned people to the workforce through reduction of severe symptoms which necessitated leave from work, through the use of a range of different therapeutic actions including the learning of self awareness, self monitoring and coping mechanisms to reduce high arousal, enabling the appropriate expression of strong feeling, accessing thinking and cognitive challenge leading to changed behaviour, problem solving complex of employment situations such as bullying.
* Supported clients in the better understanding of themselves and their families with life cycle issues, ensuring more adequate child management and family based problem solving, thus dealing with multiple small groups all of whom, including children, benefit from the primary referral.

2. Who can do what?

My own career in applied psychology has included comprehensive study in each of the three significant 20th century theoretical clusters within psychological treatment approaches (psychoanalysis and neo-analytic developments, cognitive behavioural applications and their variants, and now an integrating basic understanding of neuroscience, which allows for focussed, effective treatment).

I have acquired this repetoire through extensive study and practice experience (2 X 4 year Bachelor degrees, a specialization clinical master degree, and a doctorate, as well as a professional life time of CPD courses). This mastery allows me to deal with severe mental illness and trauma and cannot be achieved in one four year, largely academic degree, with 2 years clinical supervision, that characterizes general psychology.
I endorse statements made by the College of Clinical Psychologists, of which I am a member that:
“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".
"Clinical Psychology is one of nine equal specializations within Psychology. These areas of specialization are internationally
recognized, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognized
since Western Australia commenced its Specialist Title Registration in 1965, thus offering the model which formed the basis
for the 2010 National Registration and Accreditation Scheme recognition of specialized Areas of Endorsement. All
specializations require a minimum of eight years training including a further ACPAC accredited postgraduate training in the
specialization leading to an advanced body of psychological competency in that field.
As is the case with Clinical Psychology currently, each area of psychological specialization deserves a specialist rebate with its
own item number relating to that which is the specialist domain of that area of psychology. Specialist items for other
specializations of psychology may mean that clinical psychologists might not qualify for second tier items pertaining to those
specializations without demonstrating that they have attained other advanced specialized competencies that are not part of
clinical psychology".
I have had people referred to me after a few sessions with a generalist psychologist. They have made such comments as "this
is quite different- much more effective", "I trust you", and I have examined records of service where a chain of people
undertook evaluations but never treatment, leaving the client struggling, with increasing anxiety, and no symptom relief.
Conclusions:
Confirm 18 annual sessions for Specialist Clinical Psychologists with moderate to severe clients.
Maintain specialist rebate levels.

Loris Alexander
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