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To the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Service,

Re: Elimination of Clinical Psychology Rebate

I am a Clinical Psychologist in Private Practice and have owned and operated a private business since 2007. I have largely offered a Bulk-Billing service to the community to enable consumers with financial hardship and complex mental health issues to access the private sector. At present, I am shocked and appalled by the Senate Community Affairs Reference Committee's statement that there is no need for a two-tiered psychology rebate and that Clinical Psychologists should be offered a rebate on par with Registered Psychologists. I cannot understand why the Committee has come to this conclusion given the disparities between Registered and Clinical Psychologists.

First, this initiative blatantly undermines the extra 2 years of clinical training Clinical Psychologists undergo in order to attain their Clinical Masters Degree. In this Post-Graduate course, we must perform 1000 hrs of 1:1 assessment and therapy with clients under the supervision of a Clinical Psychologist in order to ready us for independent clinical practice. Registered psychologists do not undergo this pivotal training.

Second, Clinical Psychologists during their Masters degree undergo extensive learning in psychometric testing and its application to clinical assessment and diagnosis. We understand statistical phenomena like test-retest reliability, regression to the mean, practice effects and validity and how this affects outcomes on standardized measures. This knowledge is integral to understanding outcomes on psychometric tests, accurate interpretation of scores for diagnostic purposes and most importantly, how these statistical phenomena operate when we develop new psychometric measures. To my understanding, Registered Psychologists do not undergo such training in these more advanced nuances of statistics and assessment and therefore cannot necessarily interpret test data with the accuracy that Clinical Psychologists can.

Third, during our Clinical Masters we undergo course work in Psychological Disorders, understanding the DSM-IV and ICD-10, differential diagnosis, dual diagnosis and complex case conceptualization and how it pertains to providing treatment when there are complex co-morbidities. Again, Registered Psychologists do not undergo this type of coursework in their undergraduate training, rendering them less proficient with managing complex presentations.

Fourth, the post-graduate coursework and clinical training we undertake provides a high level understanding of the various treatment modalities as well as their efficacy and suitability for client populations. We are not only taught basic behavior modification principles but develop a sound understanding of early attachment dynamics, neurological development, personality and neurochemistry and therefore we can develop a holistic and multi-dimensional

conceptualization of the client's presenting problems and make astute choices about psychological intervention. Again, this deeper level of understanding and insight, commensurate with our training, is what separates us from Registered Psychologists.

Fifth, I am wondering whether the Senate Committee has even fathomed the impact on private Clinical Psychologists who may have to relinquish their businesses, client base and even to some extent, their homes if these funding cuts go through. I am so bereft by the sheer lack of consideration to the practitioners who have undergone over 6 years of training plus ongoing Professional Development and who devote their lives to exceptional and ethical clinical practice. Why are Clinical Psychologists going to lose out when we have spent most of our lives training at the highest level and have sacrificed our time and resources to attain our specialist qualifications? By that logic, shouldn't the government also pull funding for psychiatrists and only provide rebates to GP's with mental health training? It seems the senate committee does not want to distinguish between different mental health professionals so why not eliminate all higher echelon practitioners??

Sixth, in any other profession where practitioners have undertaken extra training, they are rewarded appropriately. Enrolled nurses who become Registered receive higher payment. General Practitioners who become Specialists receive higher payment. Teachers who become Seniors receive higher payment. Why should psychologists be clustered under the same label and payment structure?

Finally, I am wondering whether the Senate Committee might contemplate for a moment, the impact of losing 30%-50% of your wage. What will the implications be to your partner, children and overall livelihood? When we pay insurance, APS fees, APHRA fees, continuing professional development fees, Clinical College Membership, reception costs, rent, strata fees and maintenance costs, our overall income (especially when one offers a bulk-billing or a low fee service to consumers) is just sufficient. Therefore this is not about greed or superiority, it is about Clinical Psychologists attaining the recognition they deserve given our training, specialist skills, determination and discipline.

I implore you to reconsider this cut to Clinical Psychology services. This will definitely represent a loss to the community and an enormous portion of Clinical Psychologists.

Regards,

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Clinical Psychologists / Practice Manager