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

I wish to offer comment on the Government's funding and administration of mental health services in Australia, with particular reference to:
(e) mental health workforce issues, including:
(i) the two-tiered Medicare rebate system for psychologists,
(ii) workforce qualifications and training of psychologists.

I currently hold the position of Professor in the Rehabilitation Studies Unit, Sydney Medical School-Northern, The University of Sydney, and am based in the Royal Rehabilitation Centre, Sydney campus. In this research position, I am primarily involved in studying clinical and psychophysiological aspects of traumatic injury and neurological disorder such as head injury, spinal cord injury and musculoskeletal injuries. Issues we investigate include chronic pain, depressive mood, anxiety disorder such as PTSD, and excessive fatigue states. Our group conducts internationally leading work aimed at improving the lives of people with neurological disorder. I have published over 200 refereed papers in scientific international journals, books, book chapters and refereed conference proceedings [two examples: Craig, A. & Tran, Y. (2008). *Psychological dynamics associated with spinal cord injury rehabilitation: New directions and best evidence*. New York: Nova Science Publishers. **ISBN:** 978-1-60456-996-4; Craig, A., Tran, Y., & Middleton, J. (2009). Psychological morbidity and spinal cord injury: a systematic review. *Spinal Cord*, 47, 108-114].

In my clinical position, I hold a senior clinical psychology position in a leading psychology clinic in Gosford, NSW, called the READ Clinic. In this position, I supervise a number of generalist psychologists, and have developed state of the art assessment and treatment protocol (eg. suicide guidelines; treatment for chronic pain) for the clinic which is composed of around 20 psychologists, most of whom are generalist. I also see severe cases of mental disorder such as severe depression with suicide risk, bipolar depression, schizophrenia, PTSD, and severe chronic pain and injury disorders. I see the majority of clients through BAMH or through Workcover or Lifetime Care Authority and Support. I regularly run supervision with an attendance of 10-15 psychologists on topics relevant to clinical practice. I am able to offer this supervision largely due to the additional years I have spent in studying mental health and neurological disorder when qualifying for a Clinical Psychology status.

Clinical Psychology is one of nine specialisations within the discipline of Psychology,

and one of the few that trains psychologists to be expert in treating mental health disorder. As such, it deserves a specialist rebate as Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is in the field of advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity. It has a representative proportion amongst researchers of evidence-based treatments, and many of us contribute to Federal competitive granting bodies such as the NHMRC and ARC, as well as other mental health and injury bodies such as the NSW Spinal Cord Injury Service, where I offer research collaboration and guidance for the treatment of people with SCI in NSW (eg. Craig, A., & Nicholson Perry, K. (2008). *Guide for health professionals on the psychosocial care for people with spinal cord injury*. Sydney: New South Wales State Spinal Cord Injury Service).

The two- tier system of rebates that presently exists is appropriate and financially responsible. Clinical psychologists are by definition professionally superior compared to generalist psychologists in their capability to offer treatment to people with severe mental disorder due to, at very least, the number of years they have studied to gain the clinical qualification. For instance, it took me 10 years of study and supervision to gain clinical psychology status. To reduce rebates for clinical psychologists to that of lesser trained generalist psychologists would be a negative and irresponsible step that will have dire consequences for people treated for mental disorder in Australia. In medicine, a precedent already exists for the current two tier model. GPs will refer difficult mental disorder cases to a qualified psychiatrist who is a Fellow of the Royal Australian and New Zealand College of Psychiatrists. The two tier system in psychology is therefore in the best interests of the client and will provide the best treatment outcome on average.

A general psychologist offers psychological services after four years of tertiary study plus two years of supervision. I know that I felt inadequate to offer clinical services after my four year degree, even after 2 years of supervision. These 2 years of work experience could be quite narrow. In contrast, to achieve Clinical Psychology status, a minimum of six (Masters), seven (Doctorate) or eight (PhD) years of study are required, accompanied by a further two years of supervised practice. Furthermore, a clinical psychologist requires additional evidence of professional development to maintain qualification. I suggest it would be a serious mistake for the Senate Committee to abolish a two- tier Medicare rebate system in psychology. If implemented, it would no doubt undermine the provision of services for mental health in Australia as well as the post-graduate educational system upon which the qualification of clinical psychology currently depends. I trust the Senate Committee will reach the most appropriate decision for the benefit of the Australia, the many thousands of clients who see clinical psychologists, and for the many thousands of clinical psychologists themselves who have worked hard and long to gain a professional and desirable qualification.

Regards

Dr Ashley Craig