

To Whom It May Concern:

My name is Sarah Purvey and I am a Clinical Psychologist, working for Community Mental Health and also part time in private practice, in Tasmania. I completed a Bachelor of Arts with Honours in Psychology and a Masters Degree in Clinical Psychology. I am also a member of the Australian Psychology Society and the Australian College of Clinical Psychologists.

I am writing regarding the Senate Committee inquiry into Budget changes to Better Access and other Primary Mental Health services. I have previously written to highlight my concerns around cuts to the number of sessions provided under Better Access. It has now been brought to my attention that there may be changes brought forward to the two tier system. This is particularly alarming, as it undervalues the skills and expertise developed by Clinical Psychologists and may further jeopardise the psychology treatment provided to people who seek Better Access.

Below, is relevant information from a comprehensive document, written in 1997, which assessed the value of clinical psychology. While this is an older document, the information is pertinent and implies the longstanding evidence base for Clinical Psychology as a specialist field.

Other than Psychiatry, Clinical Psychology is the only other mental health profession whose complete post-graduate training is in the area of mental health. Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in the provision of psychological therapies.

Epidemiological studies have recently quantified the prevalence of severe mental health problems in the community. An examination of the data clearly shows the large numbers of people within society struggling with hugely debilitating mental illness that requires treatment from individuals who have undergone very high levels of expert training in psychopathology and the delivery of psychotherapy in mental health settings. Clinical Psychologists have the required high levels of skills needed to provide the service

Clinical Psychologists have been involved in internationally recognised research about the mechanisms underpinning psychiatric disorders, and the practice of evidence-supported effective treatments.

As part of the workforce reform which was undertaken within the Mental Health Division of the Health Department of Western Australia, managers and senior Psychiatrists were consulted about their views of expanding the career structure of Clinical Psychologists by creating a number of senior specialist positions (McDonald, 1998). Many of the people surveyed noted that Clinical Psychologists provided a valuable service, and were very supportive of proposed changes to career opportunities for Clinical Psychologists so that experienced clinicians could be retained in the public sector.

General Practitioners are the primary source of referrals to mental health clinics. In December 1996, the Clinical Psychologist of Osborne Park clinic conducted a survey of the General Practitioners in the North Metropolitan Region. Of the 58 General

Practitioners who responded to the survey, 58% indicated a preference for Clinical Psychology services for patients referred to Osborne Clinic, and 87% considered individual therapy to be an appropriate treatment option.

Consumer groups were also consulted by McDonald (1998) as part of the workforce reform described above. The feedback from these groups was hugely supportive of the services provided by Clinical Psychologists, finding the work completed with Clinical Psychologists extremely useful.

Data from the Department of Clinical Psychology at the Austin Hospital, Melbourne, discovered savings of between \$185.00 to \$16,346.00, which translates to an average saving of \$4,161.00 across a sample of ten patients (Milgrom, Walter & Green, 1994).

The responsibilities of Clinical Psychologists have increased very considerably since the mid to late 1980's. Clinical Psychology has, during this time, become more fully established as a profession which provides highly specialised and autonomous mental health services to individuals across all developmental stages. The profession provides specialist diagnostic and complete psychobiosocial assessments, treatment services in areas as complex and diverse as psychotic illness, severe personality disorders, comorbid disorders (e.g. depression within borderline personality disorder), psychological and behavioural components of serious medical conditions, and problems specific to different age groups, including recent significant developments within the areas of children and family, youth mental health, the elderly, mental health disorders within medical conditions, quality assurance and research and evaluation.

An examination of recent prevalence data relating to mental health disorders and problems indicates that very significant percentages of Australians suffer from serious mental health problems, most of which are treatable by psychological therapies and systems interventions. The treatments of choice for serious affective disorders, significant clinical anxiety disorders, substance misuse disorders and personality disorders for example, are often (usually) psychologically-based and implemented by Clinical Psychologists. Given the high prevalence rates noted earlier for mental health conditions such as these, it is most appropriate that in planning for service delivery, provision is made for this to be undertaken primarily by Clinical Psychologists.

Clinical Psychology has also taken an increasing responsibility in the treatment of less prevalent mental disorders within the psychotic spectrum, bipolar disorder and the more intractable personality disorders. The roles and responsibilities of Clinical Psychologists have increased through the development of psychological therapies which address components of these disorders, and in specific psychological interventions targeting other mental disorders which are very often comorbid with psychotic conditions, such as depression, anxiety and substance use disorders. Along with providing treatments to these patients Clinical Psychologists have been increasingly called on by Psychiatrists, to provide additional diagnostic information, to assist with differential diagnoses of complex cases.

The process of diagnosis, assessment and formulation is essential for the effective management of complex mental health disorders. Clinical Psychologists are especially trained and skilled in the use of specialist psychological and

neuropsychological tests that can only be validly interpreted by psychologists and no other mental health profession. These specialist tests are being continually revised. Take for example only one test of many, the Wechsler Adult Intelligence Scale (WAIS), which has been revised again in 1997. This test is most appropriate for many applications and a core test in Neuropsychology. Clinical Psychologists have the specialist skills to adapt their knowledge of the previous application of the WAIS to the newly published test.

Clinical Psychologists are the only mental health profession that has the depth of psychometric and empirical training, and consequently, the responsibility to reliably and validly apply and interpret tests essential to effective and ethical mental health practice. An examination of the mental health literature in the last decade will find a plethora of tests and inventories that have been exponentially developed. Clinical Psychologists as a result of their training have the specialist expertise to evaluate and determine whether these new assessment tools may be correctly and ethically applied to mental health problems and whether one can trust the outcome of studies using these instruments.

Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. The training of allied health professions is geared towards general medical, general health or general community problems, with a short elective in mental health. No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.

Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychologist to bring research and empiricism to human service delivery and thus increase accountability. The formal scientific training of Clinical Psychologists does not make research the end in itself, but is applied to the delivery of psychological services and to contribute to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works.

Clinical Psychologists have a minimum of six years full time university training with two additional years of mandatory professional supervision under the auspices of The Psychologists Board of Western Australia (the State registration authority). Within the last few years more and more students are completing either a Doctorate of Psychology with an additional formal year of training at the university, or a PhD in Clinical Psychology and thus adding a further two years to their formal university training.

Post-graduate university level training programmes for Clinical Psychology must be accredited by the Australian Psychological Society. This requirement insures uniform standards of excellence in Clinical Psychology training throughout Australia.

Clinical Psychologists are senior staff in the health system with a high degree of professionalism and expertise in the mental health area. Clinical Psychologists have specialist psychological training relevant to the treatment of mental health patients and are able to take a senior role in organisational activities. Clinical Psychologists are key service providers in mental health service delivery. Independent inquiries such as the Human Rights and Equal Opportunity Commission (1993) in Australia and the N.H.S. review in Britain (1989), have found that mental health care systems need to make greater use of the distinctive skills and services of Clinical Psychology. In Britain the mental health system has already begun to implement the wider use of Clinical Psychologists and this is reflected in major restructuring of their classifications and remuneration.

Finally, in 2006 the Commonwealth passed Medicare Legislation that enables Clinical Psychologists and other non-Clinical Psychologists to provision Medicare-rebated mental health service provision.

Significantly, the definition of a Clinical Psychologist is articulated in this Commonwealth Medicare Legislation and incorporates the internationally recognised standard of specialised post-graduate professional training in Clinical Psychology (a minimum of seven years' training in total) and the requirement for demonstrated ongoing specialised Professional Development to maintain Specialist Clinical Psychology accreditation. The Specialist Medicare Rebate is set at 150 percent of the generalist/non-clinical Psychology Rebate, which reflects the recognised differentiation between Clinical Psychology and other Psychology in the field of Mental Health.

In conclusion, there are at least four precedents in current Australian legislative and professional accreditation processes that provide a very strong argument for the clear delineation of a Clinical Psychologist in the public interest within National Registration and Accreditation. They include:

- Industry-wide accepted accreditation and specialist professional postgraduate (at Clinical Masters/Doctorate minimum entry level) training standards for Clinical Psychology in Australia, as opposed to a minimum four year degree for general (non-specialist) Psychology,
- Current Specialist Registration for Clinical Psychology within Western Australia under the auspices of The Psychologists Board of Western Australia (the State registration authority),
- 2001 Industrial Relations Commission (Full Bench) determination of 'Work Value' for Clinical Psychology as distinct and higher than general(nonspecialist) Psychology, and
- 2006 Commonwealth Medicare legislation which defined a Clinical Psychologist and Specialist Clinical Psychology Medicare Rebates

Thank you for your time and for allowing invitations for submission regarding the review.

Yours sincerely

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