

	It therefore takes at least 8 years to qualify as a registered Clinical Psychologist	It takes 6 years to be a registered Psychologist.
Continuing Professional Development Requirements	30 hours per year, of which 15 hours must be within the <i>specialist area</i>	30 hours per year

As it can be seen from the above table, the major difference between the two groups is the Masters Degree in Clinical Psychology, which qualifies for a specialized area of psychology. Other areas of specialized psychology that requires a Masters degree include: Counselling, Educational, Forensic, Health, Occupational and Sports and Exercise. All specializations have the same formal requirements (i.e. 8 years of training), but we are not the same. **General Psychologists are those who have not undertaken any area of formal specialization.** This is similar to Medical Training, for example, a Psychiatrist is a specialist compared to a Registered Medical Practitioner.

To be more specific, all Psychologists provide psychological techniques such as establishing, maintaining, and supporting relationships; use of techniques such as relaxation, counseling and stress management. These are commonly referred to as Focused Psychological Strategies under the current Medicare system.

Clinical Psychologists however, undertake activities which require specialist psychological assessment and intervention in Psychiatric Disorders, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on multiple theoretical bases, to devise an individually tailored strategy for complex presenting problems. The flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories. The knowledge and the skills basis for these are provided in the Clinical Master of Psychology program.

Clinical Psychology is the only Psychology specialization in the area of Psychiatric Disorders. Our training prepares us to be autonomous mental health providers. The profession provides specialist diagnostic and complete psychobiosocial assessments, treatment services in areas as complex and diverse as psychotic illnesses, severe personality disorders, co morbid disorders (e.g., depression with borderline personality disorder), psychological and behavioral components of serious medical conditions. Furthermore, Clinical Psychology also addresses 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.

Please note that Generalist Psychologists *are not required* to have formal educational training in any of the above.

We now wish to address some of the Terms of Reference of the Senate Committee Inquiry.

Changes to the Better Access Initiative, including;

- i) **The rationalization of allied health treatment sessions.**

It has been our experience that Better Access to Mental Health under Medicare has allowed many people to access psychological treatment who previously could not. However, cutting back of treatment sessions from potential 18 to maximum of 10 will be to the detriment of many

individuals' mental health. In particular, given that Clinical Psychologists see those clients with more complex, and severe presentations the cut back will have a bigger negative impact on their client group.

For example;

- A standard Psychological treatment for individuals diagnosed with Bipolar Disorder requires at least 21 weekly to fortnightly sessions (Miklowitz, D. J, 2001).
- Intensive psychological treatment for individuals diagnosed with Obsessive-Compulsive Disorder requires at least 15 treatment sessions lasting two hours each (i.e., 30 hours of treatment time) (Foa, E, B, & Martin, E.F, 2001).
- Standard Psychological treatment for Posttraumatic Stress Disorder necessitates at least 12 weekly to fortnightly sessions (Resick, P. A, & Calhoun, K, S, 2001)

Please note that the above treatment suggestions are for those individuals with single diagnosis. Individuals with dual diagnoses, chronic and complicated medical conditions, and complex social issues obviously require further treatment sessions. Thus, 10 sessions proposed are inadequate to treat psychiatric conditions. Research and our clinical experience indicate that most psychiatric conditions require approximately 30 sessions. Hence we suggest that Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core of their professional practices.

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 Benefits Schedule;

Having up to ten sessions for some clients with mild to moderate mental illness may be sufficient. However, clinical experience indicates that clients' circumstances and diagnoses can change with distressing life events. Thus, when this occurs, 10 sessions is inadequate, and under the proposed changes there is no safety net or allowance to extend these sessions.

i) The two-tiered Medicare rebate system for psychologists;

We believe that the two-tiered Medicare rebate system recognizes the specialty of Clinical Psychology in Psychiatric Disorders in Mental Health, and is appropriate. As outlined above, it is recognition of extra formal qualifications, advanced skills and ongoing specialized professional development of Clinical Psychologists.

The Medicare Better Access evaluation conducted earlier this year suggested that 74% of people received 1-6 sessions, 21% received 7-12 sessions, and 5% received 13 -18 sessions. This research also showed that there were negligible differences between Clinical and Generalist Psychologists. We strongly disagree with this research based on many significant methodological issues that diminish the credibility of the study. In addition, our own clinical experience is in contradictory to this. We are both bulk-billing Clinical Psychologists. In the case of Aliye Akarsu-Atakan, the majority of her clients (in excess of 70%) attended more than 10 sessions.

The Better Access Evaluation study did not meet fundamental standards of research design:

- It did not identify the nature, diagnosis or complexity of clients seen by Clinical Psychologists versus Generalist Psychologists;
- It did not identify the nature or type of psychological intervention actually provided;
- It did not factor in or out medication used 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.

What is needed is a well designed prospective study aimed clearly at answering specific questions in accordance with principles of psychological research.

**f) The adequacy of mental health funding and services for disadvantaged groups, including:
i) culturally and linguistically diverse communities;**

As bilingual, Turkish-English speaking, Clinical Psychologists, a large proportion of our client group is from the Australian-Turkish community. Some of these clients access our services specifically due to either language barrier, and or cultural reasons. Among this group also is a diverse range of presentations and various degrees of severity in their mental illness. Under the proposed changes, this group will be significantly disadvantaged. Anyone requiring more than 10 sessions of psychological treatment may not be able to do so.

The Government has proposed that people with serious mental health disorders who need more than 10 sessions of treatment have the following three options:

1. Services through the specialized public mental health system:

We propose that for the Turkish-Australian community, due to language and cultural differences, specialized public mental health system is inappropriate.

2. Treatment from Private psychiatrists,

To our knowledge, there is only ONE Turkish-English speaking psychiatrist in Private Practice, and he is not accepting new referrals.

3. Access to Allied Psychological Services (ATAPS) program.

ATAPS is totally inappropriate because Turkish-Australian clients come from across Victoria to seek the services of a bilingual Clinical Psychologist, and ATAPS is region based.

A further problem with accessing ATAPS is that clients who require more than 10 sessions may have to change their GP's to specific region ATAPS connected GP. This can be very daunting and inappropriate for a client to seek the referral of two different GP's to get a referral to continue to see the same psychologist, that is, if the psychologist is in the same GP division.

Thus, the three options that the Government has proposed in extending sessions beyond the 10, will pose a significant hindrance for certain disadvantaged groups.

Our recommendations to the Senate Community Affairs Reference Committee inquiry are as follows: We are strongly requesting:

- The resumption and even extension of rebated sessions per annum for Clinical Psychologists
- The recognition of Clinical Psychology as a specialization of psychology in psychiatric disorders with unique skills set to treat the most complex and severe of presentations and hence to maintain the two-tiered system.

Should you require any further information or clarification, we would be happy to respond. We would like to thank-you for taking the time to consider our input.

This submission has been prepared by:

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