

Senate Committee
APH

Dear Senate Committee,

Re: Increased public access to Neuropsychological services and specialist endorsement of Neuropsychologists by the Psychology Board of Australia.

As the student representative of the Western Australian Branch of the College of Clinical Neuropsychologists, I am writing to you on behalf of all students currently enrolled in a post-graduate Clinical Neuropsychology program at the University of Western Australia. I feel that the issues discussed and opinions presented in this letter herewith should be considered as the voice of all students undertaking training in these courses.

Neuropsychology is the study of the structure and function of the brain in relation to specific psychological processes and the associated observed behaviours. While still a niche profession, neuropsychology is developing and now becoming an integral field in the mental health profession and Clinical Neuropsychologists are now considered valued members of multidisciplinary medical and mental health teams. Neuropsychology relies heavily on a specific understanding of the neuroanatomical and neurological components underlying a range of significant diseases/disorders such as Alzheimer's disease, Parkinson's disease, Attention Deficit & Hyperactivity Disorder and Schizophrenia. Additionally, many Neuropsychologists are involved in the assessment, diagnosis, treatment and rehabilitation of patients who have sustained head trauma or stroke. For long, most of the diseases/disorders listed above passed undiagnosed or were deemed 'untreatable' by many in the medical profession. Once research into these Neuropsychological disorders had developed, the unique and specific role that Neuropsychologists play became increasingly valuable in the support and treatment for those suffering from these disorders.

Having personally worked with Alzheimer's patients in a Neuropsychology Research Assistant role, I have firsthand experience of the impact that this disease has not only on the quality of life of the affected individual, but on their caregiver, other family members and on the government resources used to provide assistance to those families affected by this devastating disease. In order to develop and provide better treatments or perhaps even find a cure, the development of appropriate strategies in identifying the early stages of the cognitive decline observed will allow for more appropriate treatment approaches to be developed. This is thought to further develop current treatments that help to delay the onset of the disorder, while also ensuring that correct diagnosis is made each time. Despite Alzheimer's patients generally producing consistent neuropsychological profiles, the various sub-types of dementia means that it is the responsibility of a skilled clinician to correctly differentiate between these sub-types. As a result of this, differential diagnosis becomes crucial in providing the correct diagnosis, which could prove to be the most important piece of information for both the patient themselves and their families. Not only does this clarify to often confused family members, what is happening to their loved one, it also provides direction in terms of what steps can next be taken towards managing the disease and its outcomes, whilst also providing families with guidance and a sense of

hope. This is an example of the valuable role that Neuropsychologists play in patient-centred preventative health care.

Undertaking training to become a Clinical Neuropsychologist is by no means an easy feat. Students are required to complete a three year undergraduate degree, with an additional fourth year honours qualification. Following this, those who have obtained suitably high results in their undergraduate degrees can apply for a postgraduate coursework degree (i.e minimum two year degree). Following an interview stage, those accepted into the course are required to contribute to the field of Neuropsychology by undertaking a research project (thesis). Additionally, with a focus on neuroanatomy, neuropsychological disorders, as well as the assessment and rehabilitation of these, students are provided with extensive and valuable knowledge and experience that develops their expertise in managing a range of complex and varying patient presentations. Specific clinical experience is obtained through supervised placements in a range of fields and clinical populations, such as substance abuse, psychiatric inpatient/outpatient, geriatric, paediatric and acute neurology. The program offered at UWA, involves additional training in Clinical Psychology allowing for dual badge specialisation. This course is considered unique in comparison to that of many other specialities, particularly due to an emphasis on the development of skills in Clinical Psychology which informs the practice of Clinical Neuropsychology and improves the nature and delivery of this service.

For the reasons stated above, we are all in support of specialist endorsement by the PSYBA, particularly with regards to Clinical Neuropsychology. Without specialist endorsement, any registered psychologist could claim to offer Neuropsychological assessments without the PSYBA protecting the specialist title of a Clinical Neuropsychologist. While, with due respect, registered or generalist psychologists are experienced and knowledgeable, they are unable to deliver the same level of service to patients. Specifically, the risks to the public are rather significant; misdiagnosis, missed diagnoses or misinterpretation of assessment results can have dramatic consequences to the lives of the patient and their families. Misuse of psychological tests to infer brain dysfunction has occurred in the past and the consequences are significant: this may impact on the patient and their families and additionally devalue the reputation of Neuropsychology as a profession.

All registered Neuropsychologists have their own areas of unique training and expertise, which need to be recognised under specialised endorsement. It is essential that this is not overturned simply by the large numbers of generalist psychologists, who are not “unendorsed” but who are simply not “endorsed”.

With reference to specific sections of the inquiry’s terms of reference, please find the points made below:

The impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program

The adequacy of mental health funding and services for disadvantaged groups, including:

- (i) Culturally and linguistically diverse communities,
- (ii) Indigenous communities, and

(iii) People with disabilities

The Access to Allied Psychological Services program does not cover the psychological needs of people with Neuropsychological disorders. Specifically, Neuropsychological assessment and treatment can inform the treatment undertaken by a Clinical Psychologist for the same patient. Additionally, Neuropsychological disorders (e.g., cognitive/behavioural difficulties due to neurological, medical or developmental disorders) are not considered the same as mental health disorders by the mental health funding scheme, however neuropsychological disorders have significant mental health ramifications, such as the experience of adjustment issues, anxiety, depression, postictal psychosis and so forth. People with Neuropsychological disorders often have disabilities that are life-long, and sometimes progressive, with major ramifications to their psychosocial adjustment, education, careers, and families. Their needs are not being met by the focus on only providing psychological assistance to people with mental health disorders.

Additionally, there are not enough services in the community available to support people with neuropsychological disorders, especially those with non-compensable conditions, or those aged under 65. People with acquired brain disorders, for example, often struggle to access community services and those requiring supported and residential care find that the options available are limited and lacking.

Neuropsychological assessment and interventions are intended to improve the understanding of people's problems, while also helping to improve their adaptation to their problems and even to improve the care provided by others through further education and the development of individualized strategies. This is significant in addressing the often huge burden of care on families.

The current small nature of the Neuropsychology workforce means that linguistically diverse communities, indigenous communities, and rural and remote Australians may not be able to access such health services. Without enough neuropsychologists, a significant portion of the general public will be missing out on important health services. The focus of providing psychological services to people with mental health conditions discriminates against those people suffering from neuropsychological conditions. Neuropsychology clients have a specific need for therapeutic psychological interventions, but are currently severely underserved.

The World Health Organization have disclosed that neurological disorders and disease account for the largest proportion of medical disability in the developed world, yet Australians with these conditions have been neglected by the Mental health funding initiatives of recent years.

(e) mental health workforce issues, including:

- (i) the two-tiered Medicare rebate system for psychologists,**
- (ii) workforce qualifications and training of psychologists, and**
- (iii) workforce shortages;**

Currently, there are no Medicare rebates available for neuropsychological assessment and treatment services, despite the overwhelming number of letters of support written to Health Minister Roxon in 2007, and again to Former Prime Minister Rudd in 2010.

Specifically, people with neuropsychological disorders are unable to access Medicare rebates, unless they have a mental health disorder diagnosis; however treatment in such cases is often best informed by the outcomes of a neuropsychological assessment.

At this stage, there are not enough Neuropsychologists in Australia to meet the current need for services, or the future projected need that estimates 1400 new cases of dementia each week. Only 384 Neuropsychologists were endorsed by the PSYBA in May 2011. Additionally, and most importantly, training for Neuropsychologists cannot be overlooked. Having completed an undergraduate degree in Psychology in no way provided me with the appropriate skills or training to understand or even attempt to adequately assess or treat patients with Neuropsychological disorders. I would not be able to provide psychological input in any well-informed manner. Training for Psychologists in general needs to meet international standards, which in the US and England is a doctoral degree. At UWA a doctoral degree or a Masters/Phd are the only training options available for students wishing to train as a Clinical Neuropsychologist. Currently, there are only six postgraduate training programs offered in Australia (UWA, Melbourne University, Monash University, University of Queensland, Macquarie University and LaTrobe University), which is eight less than that provided even a few years ago. The Victoria University Neuropsychology course closed due to budgetary pressures on the School of Psychology and lack of support from the faculty.

Universities require funding support to offer neuropsychology postgraduate training institutions, and Neuropsychology students should be provided the same fee reductions as Clinical Psychology students. Additionally, students undertaking a three year doctoral course are often unable to undertake paid work, even of a part-time nature due to the heavy course load and the commitments involved. Centrelink does not cover students enrolled in doctorate courses, while those enrolled in a masters degree have been able to receive Centrelink student benefits. We believe this is unfair, particularly since we are sacrificing three years of potential income in order to gain further qualification, to become better skilled members of the community and to provide evidence-based, best-practice to those requiring such services in the field of mental health.

It is also difficult for universities to find enough clinical placements, of the right type, for their postgraduate Psychology and Neuropsychology students. Clinical placements should also be provided financial assistance to allow public health agencies to train Neuropsychology students, as there is significant need for students to be exposed to a variety of cases, clinical contexts and the multidisciplinary teams providing services in the public sector, particularly in hospitals and rehabilitation centres. Establishing funding for clinical educator positions in existing Neuropsychology departments may be important in ensuring that there are enough clinical placements for Neuropsychology students.

We would also like to bring to your attention the important discrepancy between wages in the public health sector. The recognition of the training and experience of postgraduate trained Psychologists should involve an increase in wages. In Britain, under the NHS, and in Western Australia, psychologists are paid less than physicians, but more than other allied health workers, because their work value and professional

expertise are recognised. In the rest of Australia, psychologists in the public sector are often paid the same as undergraduate-trained allied health workers. We believe wages should be in line with the level of training and expertise of postgraduate trained clinicians in Australia.

Thank you for the consideration of the points addressed in this letter. We as the student body hope that you will consider the importance of providing better access to Neuropsychological services as well as how crucial maintaining specialist title registration is for all postgraduate trained clinicians and for the wider community.

Yours sincerely,

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