

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600  
Australia

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**RE: COMMONWEALTH FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES**

Dear Committee:

I congratulate the Senate on establishing a committee to review Commonwealth funding for mental health. There are currently many false claims about psychologist competencies being advocated to both the wider community and in submissions to government, including this committee. Some clinical psychologists are claiming they “*are the ONLY psychologists given specialist postgraduate training in the assessment, diagnosis and treatment of moderate to severe mental illness.*” **This is absolutely untrue.** In fact, such claims are likely in breach of industry codes of ethics – Australian Psychological Society (APS) and Psychology Board of Australia (PsyBA) – because false and potentially slanderous claims are being made about comparative competencies.

Counselling psychologists are also trained in assessment, diagnosis, and treatment of mild, moderate, and severe mental illness. In the US and UK, clinical and counselling psychologists are equally viewed as frontline mental health clinicians. There are many similarities between clinical and counselling psychology, and at the five universities here in Australia where counselling psychology is offered, many clinical and counselling psychology students partake in some of the same units. The differences between the programmes can be ascertained by reviewing the course approval guidelines which are published online at the Australian Psychology Accreditation Council (APAC) website (Australian Psychology Accreditation Council, 2010).

There is **no difference** in the length of training of clinical and counselling psychologists – both complete a Masters (two years) plus two years supervision, or a Doctorate (three to four years) plus one year supervision. Both programmes produce highly skilled psychological practitioners. A counselling psychology course provides depth in a variety of evidence-based psychological therapies and possibly a more critical approach to mental health and ill-health as it has and will continue to change across time and culture. Counselling psychologists are trained thoroughly in attending to contextual factors which contribute to people’s health and ill-health, exploring patient strengths that are most likely to assist recovery, while always attending to a biopsychosocial view of health and illness. Through Masters and Doctoral programmes, counselling psychologists are trained extensively in evidence-based psychological therapies,

and the various components of the therapeutic relationship that, together with techniques, make psychological therapy effective (Duncan, Miller, Wampold, & Hubble, 2009; Elliott, Bohart, Watson, & Greenberg, 2011; Farber & Doolin, 2011; Hahn, 2004; Horvath, Del Re, Fluckiger, & Symonds, 2011; Kolden, Klein, Wang, & Austin, 2011; Lambert & Shimokawa, 2011; Messer & Wampold, 2002; Norcross & Lambert, 2011; Norcross & Wampold, 2011; Wampold, 2001, 2005; Wampold & Bhati, 2004; Wampold, Lichtenberg, & Waehler, 2002). Counselling psychologists are trained in various psychiatric taxonomies (DSM and ICD) and given a broad perspective of the biopsychosocial factors associated with mental health and ill-health. Furthermore, counselling psychologists are trained in various models and modalities of psychological therapy. Such models include CBT, motivational interviewing, solutions-focused approaches, emotion-focussed therapies, and psychodynamic psychotherapies. These models are regarded in Australia and internationally as evidence-based practices (Australian Psychological Society, 2010). Also, as evidence-based practice in psychology in Australia grows in its sophistication, we will see a wider range of brief psychological therapies added to lists of empirically supported treatments – such has been the case in the US. Counselling psychologists are also trained in the application of psychological therapy with individuals, couples, families, and groups. In summary, counselling psychology training produces scientist-practitioners with advanced skills in assessment, diagnosis (including differential diagnosis), and especially in case formulation (conceptualisation). Counselling psychologists are trained to integrate assessment, and diagnosis together with a rich knowledge of psychological therapies in working with their patients in a collaborative way.

There are many submissions to this committee with comments such as, ‘I have studied for 8 years for my clinical psychology endorsement,’ however, all psychologists whether endorsed or 4 + 2 complete four years of training and years of supervision. So if we strip away the common elements, we are debating about two years of training. Within those two years, there is **extensive** overlap in the training that clinical and counselling psychologists receive (at between 60-80% of the content) (Brems & Johnson, 1997). Therefore, claims to superiority of one group over the other are unwarranted. To place this information in context, I would like to describe my own training which is not unusual for a counselling psychologist. I have completed all the requirements of a doctorate degree (DPsych) and I am awaiting graduation. I am currently a registered psychologist, a Medicare provider, and I work in private practice together with other clinical, counselling and educational and developmental psychologists. I am eligible to provide Focussed Psychological Strategies and I see patients with various mental health problems and disorders including generalised and social anxiety, obsessive compulsive disorder, acute and post-traumatic stress disorders, depressive disorders, pain disorders, adjustment disorders, personality disorders, substance misuse, and various co-morbid and complex presentations. However, when I graduate and gain a counselling psychology endorsement in the coming months, I will not be eligible to provide top tier rebates<sup>1</sup> to my patients. However, my clinical psychology peers will be able to. This is most extraordinary considering I have completed a 3 year doctorate degree with a primary focus on formulation of patient problems

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<sup>1</sup> MBS Items 80000, 80005, 80010 and 80015 – Individual Psychological Therapy services provided by a clinical psychologist

and disorders, and psychological therapy to ameliorate such issues. Furthermore, I have completed various units including, but not limited to:

- Many primarily focussed on psychopathology, evidence-based psychological therapies, and clinical interventions.
- Two units wholly dedicated to assessment including: (i) one taught by a clinical psychologist and completed alongside clinical psychology students; and, (ii) an advanced assessment unit focussed on psychiatric taxonomies, psychopathology, multi-axial diagnosis, biopsychosocial determinants of mental illness, and psychopharmacology; this unit was taught by a renowned Melbourne psychiatrist.
- One full day training in psychopharmacology taught by a clinical psychologist.
- A supervision processes unit with a large component on case formulation and multi-axial diagnosis (lead by a clinical psychologist).
- Five internships totalling 1784 hours (223 days and greater than 632 face-to-face patient hours). Internships were completed in various settings including: private practice; university counselling; with long term jobseekers (many with a dual diagnosis or complex co-morbid presentations); and, finally in a public setting with severe and borderline personality disorder patients.
- I have been supervised by two counselling psychologists (> 108.25 supervision hours) and four clinical psychologists (> 96.5 supervision hours).
- I completed an extensive doctoral research project which focussed on the experience of shame for Australian gay men and psychological therapy. Considerations of mental health were a major component of the research project.

Despite this training, if I wish to provide higher tier rebates under Better Access I would need to meet the requirements of membership of the College of Clinical Psychologists. As a counselling psychologist, I believe I should qualify for top tier rebates under Better Access (and any other publicly funded programme), without needing to apply to the college of a specialty in which I didn't train, and I don't professionally identify with.

The comprehensive training of counselling psychologists in Australia as well as the similarities between clinical and counselling psychology training means there must not be a distinction between these areas of endorsement under public mental health funding arrangements in Australia. As noted, no such distinction exists in the US or UK. This distinction in Australia is a grave injustice and potentially a breach of the Trade Practices Act (1974) and relevant state based fair trading legislation. Both specialty areas are trained to work with mild, moderate, and severe mental disorders. **Some** (not all) clinical psychologists complete placements in hospitals or in-patient settings, and this is often used to bolster their argument about superior skills. However, one must question what efficacy a hospital placement provides in terms of primary community mental health treatment in programmes like Better Access and ATAPS. Counselling psychologists complete internships in community mental health settings which prepare them for work with these patients. Many community settings give extensive

exposure to severe and enduring mental health disorders. Such settings include Department of Veterans' Affairs, Divisions of General Practice, Migrant Centres, outpatient clinics in private hospitals, and university counselling centres.

***Two-tiered rebate recommendations.*** The eligibility criteria for top tier psychologist rebates need to be overhauled. First, all postgraduate trained psychologists who receive extensive training in assessment, psychopathology, diagnosis, and evidence-based psychological therapies should be deemed eligible for top tier rebates under Better Access. As such, the advanced skills of counselling psychologists should be recognised and counselling psychologists need to be included in the top tier. Second, I urge the government to develop a fair and just system for psychologists to demonstrate competency to provide top tier rebates. Eligibility is about competency – not the name of one's degree. If a 4 + 2 trained psychologist has developed advanced competencies in assessment, diagnosis, and evidence-based psychological therapies through years of practice, professional development, and appropriate supervision, they should not be excluded from higher rebates because they do not have a postgraduate degree in a particular endorsed area of practice.

### **Better Access Session Allowance Proposed Changes**

I would also like to address the proposal to cut the session allowance for Better Access patients. A reduction from a maximum of 18 to only 10 sessions constitutes a reduction of 44%. Such a reduction is a very concerning step for a successful community mental health programme. Australian and international research has shown that 15 to 20 sessions of treatment is required for high prevalence psychological disorders in order to achieve clinically significant outcomes for the majority of patients (Australian Psychological Society, 2010; Harnett, O'Donovan, & Lambert, 2010). The current session allowance of 12, with an extra 6 sessions in exceptional circumstances, in most cases enables psychologists to achieve clinically significant outcomes with their patients. The proposed reduction in sessions is likely to result in the failure of many treatments; such a change would ignore the research evidence, and as such would not be evidence-based. The government has argued that most Better Access patients do not use in excess of 10 sessions, however, for the 13% of patients who do utilise more than 10 sessions, these are extremely important sessions for alleviating severe symptoms and avoiding hospitalisation.

***Better Access session allowance recommendations.*** The government's proposal to reduce the maximum session allowance from 18 to 10 is not evidence-based and will likely cause a spike in costs in other areas. There is evidence for the success of the system in its current form and peer-reviewed research shows that patients require 15 to 20 sessions to achieve clinically significant outcomes. I urge the government to maintain the Better Access session allowance at 18 sessions in exceptional circumstances.

### **Workforce Qualifications and Training of Psychologists**

The qualifications and training of counselling psychologists in Australia is not being adequately recognised and counselling psychologists are being discriminated against in a way that constitutes restrictive trade practices. Across Australia, mental health positions in most departments of health are offered to social workers, occupational therapists, registered

psychiatric nurses, and clinical psychologists only. Counselling psychologists are shut out of applying for these roles even though their training makes them suitable and worthy candidates. When counselling psychologists enquire about candidacy for such roles they are advised that even if they have appropriate skills they are they cannot apply unless they are a 'clinical psychologist.' This constitutes a ridiculous distinction based on the name of one's qualification with nothing to do with merit or competence. In this instance, candidates from social work and occupational therapy with a Bachelors degree are deemed worthy candidates, but counselling psychologists – trained to Masters or Doctoral level in psychological therapies for various mental health disorders – are not considered suitable. I suspect if this policy of exclusion were to be challenged in a court of law or tribunal (such as the Victorian Civil and Administrative Tribunal (VCAT)) it is likely to be found a breach of equal employment opportunity. Furthermore, such discrimination diminishes the available workforce.

***Workforce qualifications and training of psychologists recommendations.*** First, I suggest that psychology jobs in Australia should be filled on merit based on individual candidate competencies. It is disgraceful that currently thousands of psychologists are discriminated against and excluded from health department jobs across the country simply because they have not completed a clinical psychology degree. Second, I assume the committee are adequately aware of significant division among psychologists in Australia. I believe the PsyBA and the APS need to be brought together in a spirit of goodwill to resolve ongoing issues and turf wars surrounding training, qualifications, and psychologist competencies. It is unclear whether the current college and endorsement system is suitable, and whether it should remain. We need effective planning and stakeholder consultation in order to resolve these issues. Currently, most areas of specialist training in psychology are under-represented to government and the public, and clinical psychology is portrayed as if it were equivalent to psychiatry; this claim has been promoted in many submissions to this committee. The result being the skills of other endorsed psychologists are poorly understood and markedly undervalued. Also, some claims to competency being made by certain factional groups in clinical psychology are questionable. For example, it appears that some clinical psychologists are changing and pushing out the scope and breadth of descriptions of their competency and knowledge. This appears to be a ploy to align with psychiatry and medicine, and argue for superiority compared with their peers and possibly gain exclusive access to certain services such as prescribing rights. Specialist areas in psychology cannot and must not be likened to those in medicine. The analogy that others have drawn between psychologists and medical practitioners (specifically GPs and medical specialists) is false. The competencies of generalist and endorsed psychologists must be effectively and truthfully documented by the APS and PsyBA. These need to reflect core competencies of graduates, not exhaustive lists of all things covered in courses.

I sincerely appreciate the committee reviewing this submission and would be happy to provide further detail if required.

Yours Sincerely,  
Adam Becker BSc (Hons) AMAPS  
Doctor of Psychology (Counselling Psychology) Candidate

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