

25 July 2011

Dear Denise

Thank you for agreeing to forward the following comments on to the Senate Community Affairs Reference Committee Enquiry into Commonwealth Funding and Administration of Mental Health Services.

Firstly my concerns with the Government's position on psychological services are not specifically directed to funding for psychological services via Medicare. My concerns relate to credentialising of psychologists driven by the perception some psychologists have an "advantage" over other psychologists because of their recent introduction to the profession via a masters qualification.

Secondly, I am also concerned that there are individuals within the psychology profession who continue to express the view that some psychologists are "trained to intervene in the most complex of scenarios" and therefore these psychologists focus enormous effort in their attempt to "lift the specialist clinical psychology" rebate, rather than focusing on how service delivery may improve the quality of life for individuals and groups within the community.

The credentialising of "clinical" psychologists fails to recognise the contribution many psychologists have made to the community at different levels over many years. Many psychologists practicing in excess of twenty years have been extensively involved in the following:

- provision of clinical services
- research and development in psychological practice
- evaluation and training through supervision and mentoring.

In the recent Queen's Birthday Honours list I was appointed as a Member of the Order of Australia (AM) for services to community health through the provision of psychological intervention and support programs and support to personnel in the emergency services, this which I have been told by many is "historic". The APS however, following a submission for clinical status in October 2010, assessed my submission as warranting an Individual Bridging Plan (IBP). The IBP was extensive, involving the completion of study units at a university recognised by the APS, in addition to formulating case studies and assignments focusing on working with children, which has not been an area in my practice for the past fifteen years.

To date I have yet to decide on whether to proceed with the IBP for many reasons, however a significant reason is the fact that I consider the APS's "Medicare Assessment Team" have in my opinion failed to recognise the extensive experience and contribution I have provided (like many colleagues within the IPPP) to the community.

Further, I am aware colleagues with less experience within the APS were previously granted an IBP with less intensive study. I am aware of several colleagues with less experience who were simply provided an IBP requiring the completion of two case studies. The process in my opinion, based on the comments and discussion with colleagues nationally, raises questions regarding consistency and the APS's ability to identify suitably experienced practitioners who would qualify as competent in clinical service delivery.

Since obtaining registration as a psychologist with the South Australian Psychological Board in February 1990, I have been a Member of the Australian Psychological Society since August 1990 and a Member of the APS College of Organisational Psychologists since December 1995.

My career began working predominantly in clinical and organisational psychology under supervision by a former Director within the APS based in Adelaide. In 1996 I commenced independent practice, establishing a practice in Adelaide with several colleagues and during this time I completed a PhD which was awarded in 2006 entitled *"Evaluating a Comprehensive Employee Assistance Program with the South Australian Ambulance Service"*. In summary, my research focused on developing an evaluation model for early intervention in mental health through an Employee Assistance Program within pre-hospital care. The research project and its methodological framework was developed with combined qualitative and quantitative research methods. The multi-method approach incorporated clinical and structured interviewing, in addition to questionnaire and psychometric evaluation utilising psychometric instruments in clinical practice, in addition to client satisfaction questionnaires.

The comprehensiveness of evaluation provided sufficient evidence to justify an early intervention model incorporating psychological first aid principles and a further supported service delivery adopting a multi-component EAP approach by psychologists. Further, organisational data revealed a significant reduction in psychological stress claims following the implementation of the multi-component psychological service delivery program which I designed.

In addition to my research, I have been involved in private practice working with both individuals and organisations delivering psychological services within a medical health care facility based in the northern suburbs. I have also been accredited to deliver psychological treatment services to inpatients in mental health care facilities including the Adelaide Clinic and the Fullarton Private Hospital. I have been accredited with limited visiting rights to the Calvary College Grove Private Hospital where I have worked within multi-disciplinary inpatient pain management programs with medical specialists. My work has also involved working with non-English speaking patients, including the aging Italian population. These individuals and their family presenting with mental health issues influenced by cultural factors, are in my opinion disadvantaged financially by the fact that they are unable to access the higher rebate which is available through those psychologists clinically endorsed by the APS.

In addition to private practice, working predominantly with mental health patients, I have extensive work experience with SA Ambulance Service. Presently I am the Co-ordinator: Psychological Services and Clinical Director Employee Assistance, a position I have held since 1992 with SA Ambulance Service. I have also worked extensively with St John Ambulance Service and am presently the Clinical Director for the organisation's Employee Assistance Program. Further, I have also worked with Road Trauma Support in Adelaide and provided early intervention (clinical psychology services) to individuals affected by road trauma.

Throughout my career I have also been a visiting lecturer delivering lectures to the Bachelor of Health Science (Paramedical Studies) students studying at Flinders University, and rural Ambulance Officers undertaking Certificate IV training in Ambulance Studies. My work with Bachelor of Health Science students and Rural Certificate IV Ambulance Officer students, in addition to Intensive Care Paramedic students undertaking postgraduate studies in pre-hospital care; has essentially involved clinical evaluation and intervention, in addition to coaching and assisting students with study skills.

My work with SA Ambulance Service has also involved delivering lectures and workshops including workshops listed below:

- Managing Personal Stressors in the Workplace
- Psychological First Aid in Pre-Hospital Care
- Supporting Staff and Debriefing following Traumatic Incidences
- Defusing and Debriefing – Practice and Controversies
- Managing Conflict and Problem Solving Skills
- Managing Change.

My work in clinical organisational psychology has also included working in a consultant capacity within the workers compensation industry and presently I am the Medical Advisor, Psychological Injury Claims, with a major workers compensation insurance agent in South Australia. My work as a Medical Advisor commenced in 2004 and has essentially involved conducting audits of individual claim files and liaising with both general and clinical psychologists delivering services funded through the workers compensation system. The objective has been to establish treatment programs with session objectives and timeframes in accordance with recognised evidence based practice, in addition to the WorkCover guidelines. My role has involved direct liaison with colleagues and possibly additional health providers, eg psychiatrists or general practitioners, to establish guidelines for future intervention and to clarify the expected outcome by reviewing the initial diagnosis, differential diagnoses, intervention provided and treatment required to achieve an expected outcome. My work has involved working collaboratively with colleagues, drawing upon evidence based intervention adopting a supportive goal orientated approach, with respect for the psychologist's experience and skills in service delivery.

Finally, throughout my practice, I have maintained commitment to ongoing supervision and development, working with colleagues within my practice and beyond. I have been extensively involved in supervision with a view to developing my skills and the skills of my colleagues. This has included the following:

- observation and service delivery including reading documentation (file notes and research articles presented during supervision sessions)
- discussion regarding case formulation, clinical diagnosis and differential diagnosis utilising DSM-IV diagnostic criteria and planning interventions adopting an evidence based approach
- refining diagnostic interviewing skills and delivery of these skills with selected clients and selected settings
- working collaboratively in the design and presentation of workshops and lectures
- joint learning and self assessment utilising case review format, studying psychometric instruments or products used in practice, eg psychometric tests regarding cognitive functioning, personality testing and intervention programs,

eg treating traumatic stress – conducting imaginal exposure and PTSD (Creamer et al, 2004).

Supervision sessions have also involved observing my work with patients or clients in:

- assessment and case formulation
- counselling skills and psychotherapy
- extensive discussion and research regarding classification of mental disorders utilising DSM-IV diagnostic criteria
- extensive research and discussion regarding pharmacology and psychotropic medication
- psycho-education and homework preparation required in behaviour based intervention, eg imaginal exposure, invivo exposure, Imagery Rescripting and Reprocessing Therapy (IRRT) and Dialectic Behavioural Therapy (DBT)
- medico-legal report writing including ethical professional standards in clinical practice.

In pursuit of obtaining clinical recognition in psychological practice, I also received written endorsement by the Australian Psychological SA Chair (Clinical College) Mr Richard Osborne, and various other clinical psychologists, psychiatrists and general practitioners, yet despite this recognition and the recent recognition by being appointed a Member of the Order of Australia for services in psychological practice, the APS consider that I, like several of our colleagues in a similar position, are less than qualified to deliver clinical psychological services.

In my opinion I believe this is an area requiring immediate attention and the provision of a “grandfathering” clause allowing suitably experienced practitioners such as myself, recognition as a clinical psychologist.

Again thank you for your assistance regarding processing my comments.

With kind regards

Yours sincerely

DR JOSEPH MAGLIARO AM PhD
Psychologist