

4 August 2011

Re: Enquiry into Commonwealth Funding and Administration of Mental Health Services

Dear Committee,

I respectfully make this submission to the committee considering the Commonwealth Funding and Administration of Mental Health Services expressing my serious concern regarding section e) part (i) of the terms of reference; mental health workforce issues, including the two- tiered Medicare rebate system for psychologists.

I am a clinical psychologist based in private practice in Sydney. I rely on bulk-billing as I have a practice which aims to provide mental health assistance to those who require it regardless of their financial circumstances.

I started working as a counsellor in the early 1990's. In the mid to late 1990's I returned to university to gain a qualification in psychology. Following my fourth year I commenced the 4 & 2 pathway. I later returned to university to complete my masters in clinical psychology and then completed post masters clinical supervision for membership of the APS clinical college. My pathway as a practitioner has provided me with several perspectives from which to view this recommendation; as a counsellor, a psychologist and a clinical psychologist. I have also provided supervision to other allied health professionals.

a. A masters qualification provides specialist knowledge, which is necessary for the appropriate diagnosis, case-formulation, treatment planning and application of evidence-based treatment of psychopathology.

Although I had an experienced and skilled clinical psychologist supervisor during my 4&2 pathway, and although I was an extremely motivated supervisee who avidly read clinical psychology textbooks, the knowledge and skills I acquired during my internship and that which I obtained during my masters studies and post masters training and supervision cannot be compared . After completing my masters and my post masters training I became aware that I was then a specialist. My approach to diagnosis and treatment was immeasurably strengthened. The specialist knowledge I attained was immeasurably increased. I believe that I am a better and a safer practitioner.

I submit that lack of specialist knowledge in the assessment and treatment of mental health concerns places clients at significant risk of harm, a clinical masters degree is the only qualification in psychology that provides comprehensive post graduate training in the area of mental health, thus, for best protection of clients clinical psychologists should continue to be recognized as the specialist providers of mental health assessment and treatment.

For example; following my masters studies I had a client who presented to assessment with a sudden onset of symptoms of depression with no triggers, no previous mental health concerns, no family psychiatric history or other predisposing factors. Due to education in neuropsychology provided during my masters studies I recognized symptoms that were indicative of possible cerebral trauma or disease and referred them directly for further examination to exclude organic causes. This is one of many examples where it has been apparent to me that whilst I was an enthusiastic intern with a clinical psychologist supervisor, the knowledge I gained during the 4&2 process could not be compared to the knowledge that I have gained through my clinical studies - which as in the case I have outlined above, is crucial in the timely assessment and identification of appropriate, evidence responses. I admit that without this knowledge I may well have assessed and treated this client for depression. Misdiagnosis and the failure to diagnoses mental health concerns represents potential harm to clients who as consequence fail to receive appropriate, targeted, evidence based treatment. I draw upon information provided by the Black Dog Institute, which has estimated that 80% of clients with Bipolar disorder go undiagnosed and thus untreated, for an average of 10 years (Black Dog Institute, 2010).

The first four years of psychology training focuses on conducting and evaluating research, including a focus on statistics. The subject matter covered is very broad. My masters studies focused specifically on practical matters specifically associated with the diagnosis, formulation, case-conceptualization and treatment of psychopathology. We were provided with intensive training in psychopharmacology, neuropsychology, issues across the lifespan (childhood disorders to disorders more prevalent in late life), developmental issues, psychological testing and much more. We were observed in clinics by our peers and supervisors; our sessions were taped and reviewed. I suggest that 4 & 2 training cannot compete with this - in my view and experience the training and education provided is certainly not equivalent.

b. A four year psychology degree provides no or minimal formal practical training in working with clients.

The first four years of psychology training are research and statistics based, building on theoretical rather than practical knowledge - providing students with the “scientist” base within the “scientist-practitioner” model. Minimal if any practical training is provided. It is not until masters that students are provided with the knowledge, skills and practice in diagnosis, formulation and the practical application of treatment and measurement of treatment success. As mentioned above, this practice is closely observed and monitored. Further, in my experience internships can be haphazard, it is only through masters programs that one can truly be assured that training standards are maintained.

c. Downgrading the recognition for postgraduate training would place Australia below the standards of other countries including Britain, Canada, the UK and USA, where a minimum of six years formal study is required for a psychologist to practice.

I submit that it is important for Australia to maintain health standards (including mental health standards) that are of international standard. It is of interest to note that in the USA one cannot call oneself a psychologist without a doctorate. It is only in Australia and New Zealand that a 4&2 pathway is recognized. This highlights the international recognition of psychological studies beyond 4 years as crucial for the treatment of mental health concerns. From my view, making equal 4&2 psychologists and clinical psychologists would be akin to making equal a G.P. and a specialist provider such as a gynaecologist. I submit that mental health should be treated as seriously as physical health concerns and thus specialization and the importance of specialization should thus be recognized.

d. Alternatives to removing specialist clinical specialist treatment from Medicare

If I may take the liberty I would like to suggest that alternative solutions may be available rather than taking the reductionist step of devaluing the specialist training received by clinical psychologists and reducing mental health standards below international standards. For example, means testing the availability of rebates e.g., rebates for only those who are low-income, or having a sliding scale of rebates.

I thank you for your time and consideration.

Name Withheld