

7th July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
POBox 6100
Parliament House
Canberra ACT 2600

Dear Sir/Madam

**Re. Senate Community Affairs Reference Committee inquiry into
Commonwealth Funding and Administration of Mental Health Services**

- (a) the Government's 2011-12 Budget changes relating to mental health;
- (b) changes to the Better Access Initiative, including:**
 - (i) the rationalisation of general practitioner (GP) mental health services,
 - (ii) the rationalisation of allied health treatment sessions,**
 - (iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
 - (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;**
- (c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;
- (d) services available for people with severe mental illness and the coordination of those services;**
- (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;
- (f) 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;
- (g) the delivery of a national mental health commission; and
- (h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
- (j) any other related matter.

I was saddened to read the following.

"The Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists....."

I strongly disagree with the above conclusion and wish to support my argument with the information below.

Firstly I wish to draw a parallel with the medical profession. There are many general practitioners who are very skilled and have specialised knowledge of medicine. However they would refer a patient on to a specialist if the patient's issues were beyond their level of expertise. Furthermore there are many very highly skilled nurses who could substitute for a medical practitioner in the case of an emergency. But would you have the confidence in a nurse or a general practitioner to operate on your heart or eye? Maybe not. In psychology we also have psychologists with special skills and endorsements in clinical psychology, generalist psychologists and counsellors. The demarcation lines between these professions are also very distinct.

Clinical Psychology is a general practice and health service provider specialty in professional psychology. Clinical psychologists assess, diagnose, predict, prevent, and treat psychopathology, mental disorders and other individual or group problems to improve behaviour adjustment, adaptation, personal effectiveness and satisfaction.

What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice, focuses on individual differences, abnormal behaviour, and mental disorders and their prevention, and lifestyle enhancement.

The substantive areas of basic psychology in which clinical psychologists must have both theoretical and scientific knowledge include the biological, social and cognitive/affective bases of behaviour and individual differences.

In addition, Clinical Psychology has a special focus on the areas of personality and its development and course, and psychopathology and its prevention and remediation. This emphasis includes the full span of psychopathological disorders and conditions, etiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. The understanding of ethical principles, of diversity and of cultural context are integral components of the knowledge base of all aspects of Clinical Psychology.

Psychological assessment requires knowledge of the developmental and socio cultural normative expectations for the individual(s) assessed. The assessment of attitudinal, cognitive psycho physiological, affective, and/or behavioural functions of individuals and groups is used to identify and measure unique characteristics which may require modification or amelioration to facilitate performance and social competence. Knowledge includes that of theoretical and applied principles of measurement and assessment, administration and scoring, and interpretation of results across diverse populations. Whilst all psychologists are trained in

psychometric assessment, clinical psychologists have the extensive knowledge of physiology to enable them to identify a wider range of psychopathology.

The knowledge base of intervention requires mastery of theories of psychotherapy and psychotherapeutic methods and awareness of the current literature on effectiveness and emerging interventions. In addition, Clinical Psychology is built on knowledge of principles of behavioural change, clinical decision-making, and the professional and ethical concerns surrounding clinical practice. Clinical Psychology practitioners have a knowledge-base relevant to the populations served, such as cultural awareness, and patterns of normal and deviant development across the life span.

Consultation utilizes knowledge of consultation models in clinical psychology; the theoretical and empirical bases of assessment, diagnosis and intervention; and knowledge of the roles and functions of other professionals with whom clinical psychologists interact, such as physicians, attorneys, and educators.

Research and inquiry in Clinical Psychology utilizes knowledge of methodology, including experimental, correlational and epidemiological methods; knowledge of experimental designs including single-subject, case study, group, quasi-experimental designs; qualitative and quantitative designs; and knowledge of statistics including parametric, nonparametric, and multivariate approaches.

Additional expertise that informs research and inquiry is expected in personality, psychopathology, program evaluation, process and outcome research, psychometric principles, validity and reliability of clinical techniques and procedures, sensitivity and specificity of techniques and procedures and ethics of research.

The following are the parameters.

Populations

Clinical Psychology services involve the application of psychological principles to the assessment and alleviation of human problems in individuals, families, groups, and communities. Clinical psychologists focus on services to individuals of all ages and may work with a single individual or with groups or families from a variety of ethnic, cultural and socioeconomic backgrounds who are maladjusted or suffer from mental disorders. Populations include those with medical problems and physical disabilities, as well as healthy persons who seek to prevent disorder and/or to improve their adaptation, adjustment, personal development and satisfaction.

Problems/Issues

As a general practice specialty, Clinical Psychology focuses on the understanding, assessment, prediction, prevention, and alleviation of problems related to intellectual function; emotional, biological, psychological, social and behavioural maladjustment, disability, distress, and mental disorder and, therefore of necessity, enhancement of psychological functioning and prevention of dysfunction.

Procedures

- Structured and unstructured interviews
- Measures of intelligence and achievement
- Objective and projective personality tests
- Direct observation
- Functional analysis of behaviour and behavioural rating scales
- Tests of cognitive impairment and higher cortical functioning
- Physiological measures
- Analysis of archival data
- Environmental measures
- Batteries of techniques consisting of one or more of the above

Intervention procedures from a variety of theoretical orientations include individual psychotherapy, group therapy, couples therapy, and family therapy, as well as personal enhancement interventions. Clinical psychologists also develop, administer, supervise and evaluate inpatient intervention programs, community prevention and intervention programs, and skills training programs, among others.

Consultation regarding the breadth of problems addressed is provided to other health care professionals, educational personnel, social service agencies, nursing homes, rehabilitation centres, industry, legal systems, public policy makers, and other institutions.

Supervision is provided to psychologists, psychometricians, biofeedback technicians, other persons who provide psychological services, health care professionals from other disciplines, and psychology trainees in practicum, internship and postdoctoral settings. In addition Clinical psychologists also supervise clinical research, and carry out administrative activities, teaching and clinical supervision.

Research is a core activity of Clinical Psychology, and includes

- The development and validation of assessments and interventions related to intellectual, cognitive, emotional, physiological, behavioural, interpersonal and group functioning
- Basic research in personality, psychopathology prevention, and behaviour change and enhancement

- Program evaluation
- The review, evaluation, critique and synthesis of research

Whilst some generalist psychologists possess some of the above skills and knowledge they would not possess all of them. Should they feel that their breadth of expertise is the same as that of clinical psychologists there is a fair and thorough assessment process currently in place for upgrading through Medicare and the Australian Psychological Society. If the applicant for upgrade does not meet the current criteria for eligibility for the APS College of Clinical Psychologists and therefore the higher rebate by Medicare, a special pathway with additional modules of study is recommended. Psychologists who are not meeting these standards should be encouraged to undertake further study instead of possibly being given the erroneous validation that their knowledge is equal to that of the clinical psychologists who did meet the stringent criteria.

Finally, without the financial and professional incentive we will discourage our students of psychology from forging ahead and striving for excellence,- thus preventing the further raising of the standard of our service delivery.

Eva Fera MAPs

Clinical and Clinical Health Psychologist