

2nd August, 2011
Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House, Canberra
ACT 2600, Australia

To the Senate Committee,

RE: Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services

As a provisional psychologist undertaking doctoral study in clinical psychology, I wish to address the following terms of reference of the abovementioned Senate Inquiry:

(b) changes to the Better Access initiative

(e) mental health workforce issues, specifically (i) the two-tiered Medicare rebate system for psychologists

(b) changes to the Better Access initiative

While the Government should be congratulated for increasing overall funding for mental health, the cuts to the Better Access initiative represent a regressive step and are detrimental to the health of consumers of psychology services, in particular those with moderate to severe mental illness. It appears that in reducing the maximum number of available psychology sessions from 18 to 10, the Government has ignored the scientific evidence that demonstrates that for severe and complex disorders, clinical psychology interventions can require up to 30 treatment sessions. Just like taking only half a course of antibiotics will generally not be sufficient to treat an illness, placing such a restrictive cap on psychology treatment for people with severe and complex mental disorders will act to diminish the efficacy of the limited treatment that they are able to access, and leave those people unwell.

(e) mental health workforce issues, specifically (i) the two-tiered Medicare rebate system for psychologists

It is unfortunate that the focus of this Senate Inquiry seems to have been hijacked by seemingly misinformed parties whose priorities appear to be discrediting the qualifications and expertise of clinical psychologists, rather than advocating for the best outcomes for consumers of psychology services. Consumers of psychology services (i.e. people in the community with mental illness) deserve access to the appropriate level of care. **Thus those individuals who have severe and complex mental illness deserve to be treated by specialist clinical psychologists who are specifically trained to assess, diagnose and treat such disorders. They deserve to do so and receive a Medicare rebate that is congruent with the higher fees that such specialists charge, by virtue of their expertise, knowledge and specialist training in that field. Accordingly, the two-tiered Medicare rebate system for psychologists should remain.** To abolish it

would be to limit the ability of those people with the most severe cases of mental illness to get the treatment that they deserve, from the experts who are trained to deliver it.

There are nine areas of specialty psychology practice, recognised legally in Australia and recognised internationally too. Clinical psychology is one such specialty area of practice. Just as to become a specialist dermatologist or physician, a doctor must undergo significant specialised training in that field, so too must a clinical psychologist undergo extensive and gruelling training to earn that specialty status. Moreover, that specialist training provides clinical psychologists with expertise, skills, knowledge and experience, that non-clinical psychologists simply do not obtain. Sure, some non-clinical (“generalist”) psychologists, over the course of their careers, may undertake professional development activities and develop considerable experience that results in a skillset and level of expertise that may, in some ways, overlap with that of a trained and endorsed clinical psychologist, but that can not and does not in any way discredit the specialisation of clinical psychology. Nor can it support the notion that all generalist psychologists have the skills, knowledge and expertise equivalent to clinical psychologists. A particular medical general practitioner, for example, may, over the course of his or her career, have acquired an exceptional level of knowledge about all things skin, but that does not make him or her a specialist dermatologist.

Many who oppose the two-tiered rebate system are citing the Medicare evaluation of Better Access, and argue that it indicates no difference in treatment outcomes between clinical and non-clinical psychologists. It should be noted that the evaluation has serious methodological flaws which can not be understated. It did not identify the nature, diagnosis, or complexity of the cases of patients seen by psychologists by type of psychologist; it did not identify the nature or type of psychological intervention used; it did not factor in or out medication use; it did not factor in or out therapy adherence indicators; it did not have a valid criterion measure; it did not undertake follow-up assessments; it did not determine relapse rates by type of psychologist; it was a self-selected sample of psychologists who self-selected their clients and administered the research questions in session; and it was not subjected to peer review. A cornerstone of clinical psychology is the scientist-practitioner approach, a professional philosophy, grounded in science, that guides the work of clinical psychology, and is learned through the strenuous clinical psychology training process that combines research with evidence-based practice.

It appears that to support their efforts at discrediting clinical psychology, many generalist psychologists have been citing the Medicare Better Access evaluation without any consideration given to the serious methodological flaws briefly outlined above. However, by doing so, rather than demonstrating the equivalency of their own expertise with that of specialist endorsed clinical psychologists, they are demonstrating their lack of understanding of the scientific method, lack of understanding of research design, and lack of understanding of critical scientific scrutiny, all of which are values that underpin the scientist-practitioner model which, as already mentioned, is a key underlying philosophy of effective clinical psychology assessment, diagnosis and treatment. Moreover, it highlights a lack of concern for the people on whom the focus of this Senate Inquiry

really should be: those individuals with severe and complex mental illnesses who need access to clinical psychology, and who will be left out of pocket (or worse, untreated) if the two-tiered Medicare rebate system is abolished.

I urge you to consider the points raised above in your deliberations.

Yours faithfully,