

**Submission to Senate Inquiry regarding the
Government's funding and administration of mental health services in Australia**

1. My submission is with regard to the following terms of reference
(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.*

Background:

2. *Relevant experience:* I am a registered psychologist who completed a Master of Psychology (Clinical and Health) at the University of Adelaide in 1999. I have worked in a range of regional and remote areas in a variety of roles, including as a Psychology Officer with the Australian Army (1999-2003), as a Psychologist in public mental health in Wodonga Regional Mental Health (2003-2005), and as a manager of Veterans and Veteran's Families Counselling Service in Tasmania (2005-2007). I am expecting to commence work in Armidale, NSW in September 2011 establishing a regional neuropsychology Aged Care dementia service.
3. I moved to Melbourne in 2008 and enrolled in a Master of Psychology (Clinical Neuropsychology) at La Trobe University in Melbourne. I am hoping to complete the degree by February 2012. I have worked part-time for Defence and held contract psychology positions while completing my degree.
4. I am a Member of the Australian Psychological Society and an Associate member of the College of Clinical Psychologists. I plan to apply for Associate membership of the College of Clinical Neuropsychologists in 2011.
5. My experience (as outlined above) has raised a number of issues relevant to the Mental Health Inquiry terms of reference regarding mental health workforce planning.

Response to terms of reference:

6. *The requirements specified by the College of Clinical Psychologists for membership do not provide adequate flexibility for the existing workforce. Psychologists working in regional or remote areas, psychologists who are part-time, and psychologists who have less money are much less likely to be able to succeed in Clinical College membership.*
7. There is limited availability of Clinical Psychologists in regional areas for the purpose of supervision towards Clinical College membership as specified by the Australian Psychological Society. Psychologists working in regional or remote areas are much less likely to be able to succeed in Clinical College membership and therefore qualify for the higher tier of Medicare rebate, which may be regarded as discriminatory.
8. From 1999-2007 I worked in a range of regional areas and despite my ambition to become a Clinical College member, I was unable to access supervision by a person who fulfilled criteria set by the Australian Psychological Society to be an "approved supervisor" for the purpose of gaining Clinical College membership. However, I did receive supervision from a peer group of Masters qualified psychologists treating similar client issues, from Masters qualified psychologists who did not meet APS "Clinical College supervisor" criteria, from two psychiatrists, and from two mental health nurses (one of whom was a specialist in treating personality disorders).

9. The difficulty with obtaining supervision was that either
- (a) The "Clinical" Psychologists were unable to provide the expertise I required (e.g. in Wodonga, I needed supervision in working with severe personality disorders and psychotic illnesses; in Tasmania I needed supervision in working with chronic PTSD), or
 - (b) The "Clinical" Psychologist had not met the APS Clinical College requirement that they be members of the College for 2 years before providing supervision, or
 - (c) The APS Clinical College requirement for face-to-face supervision was not supported by my workplace as supervision would require extensive travel.
10. *The current education, supervision, and specialisation requirements mandated by the APS and the Psychology Board of Australia (PBA) discourage psychologists from changing specialisation or acquiring new specialisations. This limits the flexibility of the psychology workforce. Psychologists working in regional or remote areas, psychologists who are part-time, and psychologists who have less money are much less likely to be able to succeed in changing or acquiring additional specialisations.*
11. The particular issues identified by my experience include:
- (a) There is currently no recognition of prior experience or learning;
 - (b) There is currently no recognition of the overlap of the core skills of psychologists between specialisations;
 - (c) There are no bridging courses or programs available to assist psychologists to develop additional specialisations or change specialisations; and
 - (d) The standards required by the Psychology Board of Australia and the standards required by individual Colleges of the Australian Psychological Society are not consistent.
12. I am interested in working with consumers with comorbid disorders, (that is, consumers who have more than one diagnosis) particularly involving brain impairment and psychiatric disorders. After discussing my interest in Neuropsychology with a number of psychologists over 10 years, it became apparent that the only feasible way for me to specialise in this area (i.e. to add Neuropsychology to Clinical Psychology) was to return to University and complete another Master of Psychology.
13. Due to the lack of recognition of prior learning, I have been required to complete a full second Master of Psychology degree. This included repeating the core subjects Cognitive Behaviour Therapy (CBT) and Psychopathology, areas in which I had practiced for 10 years. I was unable to count completion of these subjects (both of which are assessed at University standard) towards the requirement for Professional Development for Clinical College membership, despite these being core competencies for Clinical College membership.
14. Due to the lack of recognition of overlap by the College of Clinical Psychologists and the College of Clinical Neuropsychologists, I am required to complete supervision for each specialisation independently of

each other. That is, I required 40 hours of supervision with a psychologist who has been a member of the Clinical College for 2 years, and also, 40 hours supervision with a psychologist who has been a member of the College of Clinical Neuropsychologists for 2 years. If I had been enrolled in my Master of Neuropsychology from 2011, I would be required to complete 80 hours supervision in Neuropsychology.

15. The competencies which must be addressed by the two colleges for membership do not overlap at all; however, as a psychologist who has trained in both areas, it is evident that there is a great deal of overlap in the skills required to work as a clinical psychologist or as a clinical neuropsychologist when one is working face-to-face with clients. As a standard for comparison, in the UK it is a requirement to complete Clinical Psychology before going on to specialise in Neuropsychology.

16. The Psychology Board of Australia has advised that I will have a 25% reduction in supervision required if I pursue two areas of endorsement. However, the APS has advised me that I will not meet the standard for College membership if I do this. Ideally, the two standards would be the same. There is no justification for two agencies providing contrary standards in a national scheme.

17. *The current education, supervision, and specialisation requirements mandated by the APS and the Psychology Board of Australia (PBA) for specialisation unnecessarily restrict the employment choices and flexibility of psychologists. Psychologists working in regional or remote areas and psychologists who are part-time are disadvantaged by these requirements.*

18. In addition to the requirements outlined from paragraphs 10-16, I am also required to work at least 0.5 full time equivalent (FTE) in a Clinical Psychology role as well as 0.5 FTE in a Neuropsychology role in order to continue to pursue supervision for both specialisations. The requirement to work 0.5 full time equivalent in each specialisation is arbitrary and based on a range of assumptions that cannot be rebutted, that is, there is no right of appeal for an exception. For example, I would prefer to work 0.8 FTE and count 0.4 towards my specialisations but I am unable to argue my case to do this under the current requirements.

19. *NSW and SA differ in their interpretation of the Psychology Board of Australia requirement that a psychologist have completed their degree before commencing employment. Differing interpretations of a National requirement suggest there may be problems with the way Psychology Board policies and procedures are carried out across the country.*

20. I was informed by the Chair of the SA Branch of the Clinical College of Neuropsychologists that I was unsuccessful in applying for two jobs in SA Health because I was not yet qualified. I was advised not to apply for any further jobs as a Clinical Neuropsychologist until I completed my Master of Psychology (Clinical Neuropsychology) as I would not be successful and should not even be interviewed. I have since been offered employment by NSW Health as a Psychologist working as a neuropsychologist, to be conferred title of Clinical Neuropsychologist on completion of my degree. This inconsistency between states raises significant equity issues.

21. *The Psychology Board of Australia is advocating for a Doctorate of Psychology to be the minimum standard for psychology training. There is no evidence that this minimum standard contributes anything of value to the profession of psychology in terms of client outcomes. The cost of imposing this standard is significant.*

22. This position by the PBA reflects a view of psychology that is fundamentally flawed. Within the context of evidence based treatment approaches (e.g. CBT), the quality of the client-therapist relationship accounts for the largest proportion of variance in outcomes achieved in studies which use this measure, not

the therapist's years of practice, level of training, or number of techniques used. The value of the additional training one year training for client outcomes is questionable.

23. The value of a Doctorate of Psychology is unclear. I declined to apply for a Doctorate of Psychology "upgrade" at La Trobe University as it would have involved committing to: payment of \$18, 000, another full-time year at University, completion of a full time internship, and completion of a larger research thesis. I do not see how this experience would add value to my work with clients. The elevation of this as "the gold standard" appears to benefit the revenue earning potential of Universities, and has no clear value in terms of outcomes for clients. The elevation of a Doctorate requirement disadvantages psychologists working in regional or remote areas, psychologists who are part-time, and psychologists who cannot commit to additional full-time University training for an \$18 000 payment.

24. *The process of assessing eligibility for membership of an APS College, and particularly Clinical College membership, would benefit from independent review and audit.*

25. The following is an extract from an email, from the Clinical College, lobbying me to make a submission to the Senate Inquiry:

"Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity"

26. The College of Clinical Psychologists is using training standards and requirements introduced in 2010, and omitting to acknowledge that approximately 5 of the first 6 years training is common to all Masters qualified psychologists, and that the last 2 years for a Masters qualified psychologist comprises eighty hours of supervision plus a professional development program. The difference between Clinical Psychologists and other psychologists with relevant education, work experience, and supervision is not so great. Psychologists with relevant education who are willing to undertake appropriate work experience and supervision should not be ineligible for Clinical College membership.

27. *The value of the two-tier Medicare rebate system is that it recognises and rewards professional development and specialisation. It is inequitable to fail to provide this opportunity to all psychologists with relevant training, development and experience. The current requirements are restrictive and will lead to a profession dominated by wealthy, urban psychologists who can commit to 8 years of training. The outcome of this approach will be a less diverse profession. Instead of raising the standard for psychology, the requirements elevate a narrow and inflexible set of standards that a few psychologists can achieve at the expense of other psychologists who may have equivalent skills, training and experience.*

Submission by:

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