

To whom it may concern;

Regarding the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services and the current debate regarding the two-tier Medicare payment structure for Psychologists:

Clinical Psychology is concerned with the assessment and formulation of psychological problems and the development and evaluation of interventions to relieve those problems. There is a strong evidence base for the contribution that Clinical Psychologists can make to the benefit of patients' physical and mental health and well-being over the life-span and across a wide range of MHS settings. What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served. Clinical Psychologists, in research, education, training and practice, focuses on individual differences, abnormal behaviour, and mental disorders and their prevention, and lifestyle enhancement.

Clinical Psychology is one of nine equal specialisations within Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme recognition of specialised Areas of Endorsement. Clinical Psychologists require a 'minimum' of eight years training including a further ACPAC accredited postgraduate training in the specialisation leading to an advanced body of psychological competency in that field. No specialisation should be referred to in a manner that creates the appearance of the same level of skill and knowledge as the basic APAC accredited four year training of a 'generalist psychologist' having achieved 'foundation training' only. Perhaps a more useful distinction would be between those with a postgraduate professional qualification and those without? I assume that a majority of professionals claiming the "generalist" MBS items are probably those with 4 years of formal undergraduate education, and 2 years of "on-the-job" supervision (4+2 pathway). Rather than those with 4 years of undergraduate education with a 'first-class' honours degree (1st class honours often being the first necessary requirement to enter into a clinical masters program) plus 2 years of postgraduate education in a clinical psychological field plus a further two years of specialisation training that results in the endorsement, 'clinical psychologist'. A clinical psychology qualification involves many rotations that are *all* clinical in nature. In addition, as discussed, those who have completed a clinical psychology postgraduate qualification now also need to spend 2 years as a "clinical psychology registrar", where further *clinical* experience is obtained in a *clinical* setting. This amounts to a lot of compulsory, regulated clinical experience. While someone pursuing a developmental (for example) postgraduate qualification may be able to make certain choices and pick more clinical-based rotations, units, etc this is not explicitly required, and as such, across-the-board competency in clinical areas cannot simply be assumed.

Regarding our specialisation, we wish to re-state that 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. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

I have learnt that the Australian Government imperative is to demonstrate cost savings and that this is non-negotiable. However, it is abundantly clear that the obvious significant gap in mental health service provision is for those in the community presenting within the range of the moderate to most complex and severe presentations. Those presenting with only mild presentations are unlikely to be affected by the cuts to session numbers. The treatment of the moderate to severe range is the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, more than thirty sessions per annum are sometimes required. In this way, Clinical Psychologists should be treated like Psychiatrists, who under Medicare, can both independently diagnose and treat these client cohorts within the core business of their professional practices. However, this is unlikely to be granted presently given the government imperative to cut costs.

I believe that the decision to cut session numbers for the specialist Clinical Psychologist Medicare items should be reversed immediately and also the current standing of a two-tier Medicare payment structure should remain.

Regards

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