

4/8/2011

To the Senate committee investigating **Commonwealth Funding and Administration of Mental Health Services,**

The introduction of Medicare rebate for psychology services for the Australian public was a significant step forward in the recognition of mental health within the health sector. Like medical disorders, mental health difficulties can range in severity with variation in the impact on daily functioning, family engagement, social engagement and work productivity. The two tier Medicare rebate was introduced to address this variation in severity with clinical psychologists (who have completed additional specialised training in acute mental health) allocated a higher rebate to recognise their specialised training of moderate to severe psychopathology.

Removing the two-tiered Medicare system would be a disincentive to aspiring psychologists to complete postgraduate qualifications and will negatively impact professional standards. Many countries currently view clinical psychology as an area of specialisation, and the importance of post-graduate training for psychologists. In the United Kingdom, a registered psychologist is required to complete a professional doctoral level qualification involving three to five years of postgraduate study and training (<http://www.clinicalpsychology.org.uk/> ; http://www.isdscotland.org/wf_psychology/clinicalpsychologywfp.pdf). In the United States, four to six years post-graduate training is typically required. Most psychologists in the United States hold a PhD, with Masters and professional doctorate level training in psychology associated only with the title of a Licensed Professional Counsellor (<http://www.apa.org/ed/graduate/specialize/clinical.aspx>). Australia is one of very few countries in the world that allows for psychologists to be trained through the 4+2 pathway. This has been a topic of much debate over recent years within the psychology profession and our professional bodies have been attempting to close this pathway of registration. While Australia has a work force shortage of clinical psychologists this does not mean that standards should be kept substantially below that of other first world nations.

It is also important to note that the first 4 years of tertiary psychology (3 years undergraduate plus honours) does not include any supervised professional practice in clinical psychology. It is designed to give a broad background to the diverse field of psychology and research design. It does not prepare students in any way for professional practice. It is through postgraduate clinical training programs that aspiring psychologists begin to learn their trade. The fact that the 4+2 pathway is still an option for registration disregards international trends and standards for the psychology profession.

The notion that some 4+2 psychologists are suggesting that there is no difference between their level of training and those with postgraduate clinical training is akin to saying that a medical specialist (e.g. cardiologist) should not be recognised for their additional training and knowledge in comparison to a G.P. Additionally, it would be outrageous if they also stated they were as qualified as the specialist cardiologist. This is what some members of the 4+2 community are arguing. In short, it makes little sense. A clinical psychologist has completed additional specialised study and training which should be recognised. This training includes a broad range

of coursework subjects in the assessment, diagnosis and evidence based treatment of psychopathology particularly in the areas of moderate to severe mental health. Research and practicum (externships) components are also required to be completed. The two tiered Medicare rebate system reflects this additional evidence based training. Removing this structure would only serve to encourage aspiring psychologists to neglect additional post graduate qualifications and begin working in the field without completing international standards of psychological training.

The notion that areas of specialisation are irrelevant for the psychology profession, which some members of the 4+2 community are arguing, is akin to saying that all G.P's can specialise in all areas of medicine just because they have completed the minimum standard of training. It would be laughable if G.P's were arguing there is no need for a special neurology or gastroenterology profession. This clearly does not make sense. Psychology is a very broad field of study and it would be impossible for any one psychologist to be a leading authority in all areas of practice. One distinction I would like to highlight is the area of specialisation of neuropsychology. Neuropsychologists specialise in the assessment of memory, language, attention, nonverbal reasoning, perception, higher order/executive abilities and overall intellectual functioning of people with neuropathology. Some 4 +2 psychologists argue they would be as qualified to complete neuropsychological assessments as a psychologist who has completed additional training and study in the area of neuroscience, neurobiology, neuropsychological disorders, neuromedical disorders (e.g. stroke, traumatic brain injury, Alzheimer's disease, vascular dementia, frontotemporal dementia, Huntington's disease, Epilepsy, HIV etc.) and rehabilitation. Basic training in psychology (4+2) does not provide the depth and breadth of knowledge that is provided through a postgraduate training program.

In respect to neuropsychology, this is a service that is not currently allocated a Medicare rebate. With the increasing rise of neurodegenerative processes due to the ageing population, an increase in the rise of referrals will occur from G.P's, psychiatrists, neurologists, and geriatricians. Neuropsychological assessments need to be affordable so that the service is not accessible only to those of higher economic status. Access to health services should not be based on level of income, particularly when those of lower socioeconomic status are at increased risk of developing these neurodegenerative processes.

The additional level of training that occurs to become a specialist clinical psychologist and/ or neuropsychologist, should be reflected in the Medicare rebate system. It would be unfair to expect psychologists to engage in professional education to improve their clinical skills in a specialist area and only be eligible for substandard Medicare rate. Mental health is such an important part of the Australian health care system and it is through specialist training and rebate for such specialists that the Australian community can gain access to international standards of best practice.