

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

22 July 2011

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

Dear Sir/ Madam,

This submission concerns two particular terms of reference to be addressed in the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services, namely the two-tiered Medicare rebate system for psychologists (e.i) and the adequacy of mental health funding and services for disadvantaged groups, including: people with disabilities (f.3).

I am an Educational and Developmental Psychologist working in the public sector with people with intellectual disabilities and children with global developmental delays. Simultaneously I am completing my second Masters Degree in Clinical Psychology, and was appalled to receive the email written by the Chair of the National College of Clinical Psychologists on your Committee Enquiry. I would like to challenge the position put forward that Clinical Psychologists are 'the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity.' Having completed a Master of Psychology (Educational and Developmental) degree I can testify that these skills are not limited to the Clinical field alone, they were all certainly part of my previous degree and make up the basis of my work as an Educational and Developmental Psychologist.

I believe that the two-tiered Medicare rebate system has disadvantaged non-clinical psychologists with speciality training (those who have completed a highly similar two-year research, course-work, and clinical skill training postgraduate program as for Clinical Psychology students). Employment options have been limited in the private sector since this system was brought in, as businesses have rightly assessed that members of the public will seek to see professionals for whom you can access the greatest rebate. I know of private workplaces that now offer two-tiered pay grades for their speciality psychologists based on this division. I see this as greatly unfair, particularly when those work environments specialise in offering services in which the non-

Clinical psychologists have specialty skills (eg. working with children and adolescents, working with learning disorders, working with young people with developmental disabilities and their families – from the perspective on an Educational and Developmental Psychologist).

In this way I feel as though the two-tiered system discriminates between psychologists with speciality training (two year Master program) unjustly. Justifying the argument for the two-tiered system by noting that Clinical Psychologists 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’ is not appropriate; there are significantly greater numbers of Clinical Psychologists than other psychologists in speciality areas. This is supported by the significantly greater number of members in the Clinical Psychology College in the Australian Psychological Society than in other speciality colleges. I certainly agree that there is a significant difference in clinical skills between psychologists with and without postgraduate training, but that discrimination made between these speciality areas is not appropriate.

I also feel as though the two-tiered system as it stands unfairly discriminates against persons with a disability (f.iii). I know that my postgraduate training spent considerable time on working with a person with a developmental disability, much more so than the current Clinical Psychology program that I am currently undertaking where very little has been mentioned regarding the skills needed to work clinically with such members of the community. I consistently note the lack of private services appropriate to support my clients and their families in my current work; the psychologists in the community (Clinical and with no speciality) appear to have very little training or interest in learning how to support people with Mental Health concerns and a developmental disability.

I certainly believe that the two-tiered system between psychologists with specialty training disadvantages members of the community with disabilities from accessing appropriate mental health services, as psychologists with speciality skill in treating these clients are increasingly shut out from private work. An excellent case in point is the access to speciality-trained psychologists able to provide services under the ‘Helping Children with Autism’ and ‘Better Start for Children with a Disability’ packages. Parents are far more likely to access services from psychologists from whom they can get the greater rebate (Clinical Psychologists) to maximise the funding they are given by the government to provide early intervention for their children, regardless of whether the Clinical Psychologist is the best trained clinician to provide that service.

Please feel free to contact me if you have any questions about my submission,

Sincerely,

Educational & Developmental Psychologist