Submission to Committee for Commonwealth Funding and Administration of Mental Health Services.

I am a generally registered psychologist in the process of completing my Registrar year towards being endorsed as a clinical psychologist. I have completed extensive studies to get this far including an undergraduate degree, graduate diploma in Psychology, Post Graduate Diploma in Psychology, Masters in Clinical Psychology and am currently completing an extra years supervision and further clinically specific professional development. Being a mature age student to the field of psychology. I have devoted over 12 years in formal study, and have worked in mental health for the past 7 years. Given the specific nature of my study within clinical psychology which has involved extensive clinical placements and training specifically within assessment and intervention of mental disorders. I think it is a ludicrous proposition to equate my training with someone who has simply completed a fours year undergraduate course with no clinical psychology specialization and has completed a 2 year internship. The nature of a generalist and non-clinical psychologists training does not include any specific training with mental disorders – precisely the kind that is required for us to address the burgeoning mental health crisis in this country. True, generalist psychologists are trained in providing counselling interventions – but so are social workers and Occupational Therapists. Equating the domain of clinical psychology with general psychology is a bit like equating a General Medical Practitioner with a specialist neurosurgeon. GPs have their place and so do specialists – they are two different domains.

Clinical psychologists are trained to intervene in the most complex of scenarios something that this Government has publicly committed to addressing. Cutting the 'specialist clinical psychology' medicare rebate is not the way to achieve this! I am arguing in favour of maintaining the specialist clinical psychology medicare rebate as well as an extension of rebated sessions per annum based on the unique skills set with the most complex and severe of presentations that Clinical Psychology brings to addressing mental health. Eliminating the specialist clinical psychology medicare rebate based on political lobbying by a minority of generalist psychologists would be doing the vulnerable mental health consumers a huge disservice. My views could not be better expressed than by Anthony Chihchello's (APS Chair of Clinical Psychologists) words as below.

Clinical Psychology is an internationally industry-recognised specialisation of Psychology in its body of knowledge and practice of assessment, diagnosis, evidence-based and scientifically-informed psychological treatments of the full spectrum of mental health disorders across the total lifespan and across the widest range of complexity and severity. There is a clear and recognised differentiation between the services provided by generalist and clinical psychologists internationally (e.g. in the UK, refer to the Health Professions Council). Removing Specialist Registration for Clinical Psychologists would make it much more difficult for consumers, GPs and other professionals to clearly identify from whom they should seek professional clinical psychology service provision. It would also be more difficult to prevent others from misrepresenting themselves as providing the same services as a Clinical Psychologist.

In 2001 the Full Bench of the Industrial Relations Commission of Western Australia determined that there was a higher "Work Value" of the "Calling" of Clinical Psychology over that of general, or non-specialist Clinical, Psychology.

No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry. Clinical Psychology is the only mental health profession whose complete post- graduate training is in the area of mental health. Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychologist to bring research and empiricism to human service delivery and thus increase accountability. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works. Clinical Psychologists have a minimum of six years full time university training with two additional years of mandatory professional supervision. Many students are completing either a Doctorate of Psychology with an additional formal year of training at the university, or a PhD in Clinical Psychology and thus adding a further two years to their formal university training.

As a result of their training, Clinical Psychologists have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base. This very high level of specialist competence of Clinical Psychologists is acknowledged by all private insurance companies who recognise Clinical Psychologists as providers of mental health services. Post-graduate university level training programmes for Clinical Psychology must be accredited by the Australian Psychological Society. This requirement insures uniform standards of excellence in Clinical Psychology training throughout Australia.

The definition of a Clinical Psychologist is articulated in Commonwealth Medicare Legislation and incorporates the internationally recognised standard of specialised post-graduate professional training in Clinical Psychology (a minimum of seven years' training in total) and the requirement for demonstrated ongoing specialised Professional Development to maintain Specialist Clinical Psychology accreditation. The Specialist Medicare Rebate is set at 150 percent of the generalist/non-clinical Psychology Rebate, which reflects the recognised differentiation between Clinical Psychology and other Psychology in the field of Mental Health.

In sum, the main sources in current Australian legislative and professional accreditation processes that provide a strong argument for the clear delineation of a Clinical Psychologist in the public interest within National Registration and Accreditation are:

- industry-wide accepted accreditation and specialist professional postgraduate (at Clinical Masters/Doctorate minimum entry level) training standards for Clinical Psychology in Australia, as opposed to a minimum four year degree for general (non-specialist) Psychology,
- 2001 Industrial Relations Commission (Full Bench) determination of 'Work

- Value' for Clinical Psychology as distinct and higher than general (nonspecialist) Psychology, and

 ❖ 2006 Commonwealth Medicare legislation which clearly defined Clinical
- Psychologist and Specialist Clinical Psychology Medicare Rebates

Thank you for your due consideration.