

Senate Committee Submission

Statement of intent

It is my intension to submit to the Senate Committee a response to a reference made recently, in the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services, that:

"The Senate Community Affairs Committee has concluded that there are no grounds for the two-tiered Medicare rebate system for psychologists and recommends the single lower rate for all psychologists including clinical psychologists....."

It is my specific intension to provide my personal response, as well as my response as a Specialised Mental Health professional.

Personal response

As a clinical psychologist, I take umbrage to the above statement from the Committee. For me to earn my qualification - as a clinical psychologist - I needed to first qualify as a psychologist and then to undertake postgraduate specialization as a clinical psychologist (this took over 4 years, in addition, in total). In addition, I have had to work to maintain this specialist qualification, I have needed to earn Specialist PD (Professional development) points – in addition to the Generalist points that have to be earned by psychologists; I have had to meet registration requirements each year; and I have had to maintain College and Professional Body Memberships.

My specialisation meant that I needed to qualify for, and then meet all demands of, a Masters degree plus complete over 200 additional hours of clinical placement (unpaid and supervised work in a treatment facility). I find it personally, and professionally, insulting that having spent many hours and a lot of money to attain this degree, and then pay all the additional costs of maintaining that qualification (such as: annual payment for membership of the Clinical College; the cost of having to earn additional *Specialist* PD points for Continuing Professional Development and Education) your Committee may make my base degree an equivalent. In fact it was only last year that I was able to pay off my university financial loans in full, after 19 years of working in the industry. I understand that my financial burden is not your concern, however it is a central argument here when your Committee threatens to make all that cost (and all that effort and time of specializing) redundant.

Perhaps the equivalency should actually be extended to clinical psychologists being called Doctor of Clinical psychology, as in the UK, Europe, Canada and the USA? In Australia this currently requires a Doctorate (of Clinical Psychology) to be completed. The degree that I completed in the 1990's would earn me the title of Doctor of Clinical Psychology had I completed it in any of these countries, rather than in Australia. The reason Australian Masters of Clinical Psychology are not called Doctor is because we do not make lobbying the Government a main professional concern – our main concern are our clients. Our professional body has focussed on skills and knowledge development rather than political machinations.

Psychologists can easily attain Clinical Psychology Equivalence.

There is a long-standing method which equates psychologist to clinical psychologist and that is the completion and attainment of a Masters of Clinical Psychology. This requires that two years of full time tertiary study are undertaken and that all of the requirements to be a Member of the Clinical College are fully met. This postgraduate degree provides the necessary specialization from psychologist to clinical psychologist.

Psychologists are not clinical psychologists just because they work in a clinic. Many clinical psychologists are expert in psychiatric medications, and yet would not refer to themselves as psychiatrists, simply because they have some knowledge and some working familiarity of psychiatric medications. Just as a clinical psychologist is able to complete a Medical degree, specializing in psychiatry, and thereby become a Psychiatrist; a psychologist is also able to complete a Masters of Clinical Psychology and become a clinical psychologist.

The decision by the Senate is based in part on the Better Outcomes Survey, which makes economic rationalism its main concern. The allocation of budgets and the meeting of psychological needs may be measured on different indicators. It is a mistake to assume that limited outcome data, that is typically based on a very generalised and brief assessment protocol (the DASS) that only measures three indicators (Depression, Stress and Anxiety) of psychological impairment, is any indicator of the equivalency of Practitioner qualifications. A psychologist and a clinical psychologist have not done the same work simply because they have maintained similar changes in the outcome measure. A psychologist and a clinical psychologist may use the same outcome measures, but they may not be measuring all aspects of intervention or the level of specialisation in providing that.

There is a Constitutional reference to restricting specializations that has been part of the argument to equate psychologists with clinical psychologists. I do believe that this is one of the impetuses for

change directed to your Committee. Clinical psychologists are specialists, the two year full-time teaching component of the clinical psychology Masters Degree is advanced clinical training in a range of psychological disorders. The two year placement (Supervised application of advanced skills) is further specialization. Clinical psychologists are specialised mental health professionals, who are taught diagnostic and treatment protocols in a much supervised and carefully monitored way. Psychologists who may have earned experience, on the job, do not necessarily equate to formally trained, supervised and specialised practitioners.

Psychologists have become a very active lobby group and one reason for this is the motivation towards increased income. This is in itself an unethical basis for psychological progress, however should an individual psychologist prefer a specialist pay scale then that individual should specialize (that is: they should complete the required tertiary education). Payment set at a specialised rate should not be determined by the strength of the lobbying of a small interest group, but of the actual objective assessment of specialised qualifications, maintenance of specialised memberships and registrations and the degree of ongoing Professional development and Clinical Supervision.

Skill level

Attaining the specialized qualification and training of clinical psychologist means that a certain skill level has been achieved and professional criteria met. These skills are acknowledged as advanced within the tertiary education process and within the relevant professional bodies. The particular skills that are taught, and practised under strict supervision, are assessment protocols and treatment interventions. Specifically, assessment is ongoing and uses formal protocols (that is, strictly administered, marked and utilized questionnaires etc.) and less formal processes (for example observation, clinical interview and differential diagnoses) that are based in rigorously research and a solid theoretical background.

In 1989, the Management Advisory Service to the NHS differentiated the health care professions according to skill levels. Skills in this sense referred to knowledge, attitudes and values, as well as discrete activities in performing tasks. The group defined three levels of skills as follows:

Level 1 - "Basic" Psychology - activities such as establishing, maintaining and supporting relationships; use of simple techniques (relaxation, counselling, stress management)

Level 2 - undertaking circumscribed psychological activities (e.g. behavioural modification). These activities may be described by protocol

Level 3 - Activities which require specialist psychological intervention, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on a multiple theoretical base, to devise an individually tailored strategy for a complex presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories.

The Management Advisory Service to the NHS suggested that almost all health care professionals use level 1 and 2 skills and some have well developed specialist training in level 2 activities. The group went on to argue that clinical psychologists are the only professionals who operated at all three levels and:

"it is the skills required for level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists..."

Management Advisory Service to the NHS

This is consistent with other reviews which suggest that what is unique about clinical psychologists is his or her ability to use theories and concepts from the discipline of psychology in a creative way to generate solutions to problems within the clinical setting.

As a personal reflection, I'd like to comment that I supervise psychologists and clinical psychologist and have done for nearly 10 years. In addition, across my 20 year work history as a clinical psychologist I have provided advanced training in mental health to a range of professionals. It is with this direct experience and comparisons of different levels of training, qualification and supervision that I can resolutely state that psychologist are not equivalent to clinical psychologists.

It has been my direct experience that psychologists do not have the advanced assessment, diagnostic and treatment skills that are the hallmark of clinical psychology specialist training. The case planning of psychologists, in my experience, is not grounded in protocols but is a product of the individual psychologists' personality and habitual way of interacting; that is: a product of their own interpersonal style and their clinical, or working, habits. This means that the clinical strategies utilized by most psychologists are not always empirically (that is: shown by rigorous research) proven and are typically a product of work routine and habit rather than the application of formal protocols. Grounding in rigorous research and theory is what distinguishes the advanced training and strict supervision of the clinical psychologist from the general approach of the psychologist.

Yours faithfully,

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Clinical Psychologist – NEW PERSPECTIVE PSYCHOLOGY