22nd July, 2011

Dear Community Affairs References Committee,

Please consider the following submission, representing Post-Graduate Clinical Psychology student perspectives, in your inquiry and report due 16 August, 2011, regarding the Government’s Funding and Administration of Mental Health Services in Australia. In particular this submission addresses the following two Terms of Reference:

e) mental health workforce issues, including:
   i) the two-tiered Medicare rebate system for psychologists, and
   ii) workforce qualifications and training of psychologists.

Please note that the term Generalist Psychology as used in this submission refers to those psychologists currently trained through the 4 year university plus 2 year job training pathway, often referred to as the 4 + 2 pathway. This submission recognises that there are indeed other post-graduate psychology specialists and supports the ongoing appeals for recognition of these specialty areas too.

However in order to address the Terms of Reference for the current inquiry this submission will be necessarily limited. There are several points raised in this submission. Specifically, the following will be addressed:

- the existing international definitions of Clinical Psychology, stating it’s distinction to other mental health professionals;
- practitioner and client benefits of the Clinical Psychology training program beyond Generalist Psychology training from the perspectives of two types of post-graduate Clinical Psychology students;
- the role of government in supporting the education of Clinical Psychologists, and;
- the benefits of maintaining a two-tiered Medicare rebate system.

The role and benefits of training in Clinical Psychology have been recognised internationally. For example, the Clinical Psychology Workforce Planning Report published by NHS Education for Scotland states “Psychological interventions can be delivered by a variety of health professionals. The role of the Clinical Psychologist therefore includes developing and evaluating interventions for delivery by others; consultancy and supervision to colleagues providing these interventions as well as delivering a direct service to patients with more complex psychological problems”. Similarly, the American Psychological Association notes that “What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served”. The British Psychological Society argues that the specialist training that Clinical Psychologists receive facilitates cross-disciplinary conceptualisation and management of individuals with mental health difficulties.

During Clinical Psychologist training it is not uncommon for the cohort to include Generalist Psychologists who have returned for specialist Clinical training. Anecdotal evidence of the benefits of this training can be found among these psychologists. Not unlike the comments made by similar students, one particular Clinical post-graduate colleague noted, “Since studying in the Clinical Program I have noticed that I am more conscious of my ethical framework, evidence-based practice, and have a renewed awareness of the importance of the therapeutic relationship. My clients are benefiting from a more collaborative approach and from my more formulation-driven treatment planning. I actually am more effective with my clients now and am finding that the length of time they spend in treatment with me has reduced as a result of my new skills” (Anonymous PhD Graduate with 11 years Generalist Psychology experience).
Other colleagues, who have chosen to study the specialist Clinical Program rather than General Psychology training, have stated a variety of reasons for this decision. One reason is the opportunity for practical experience in multiple clinical areas. More specifically, they cite the benefits to be that this practical experience can be fully based on competency development and is largely free from the constraints that paid work often includes. Another advantage often noted about the Clinical Psychology training is that it develops advanced skills in psychometric assessments with close supervision by assessment specialists from the field. Supervision and training by such specialists can sometimes be difficult to access when enrolled in Generalist Psychology training.

In Australia, the tertiary education system, in conjunction with the Australian Health Practitioner Regulation Agency (AHPRA) and Australian Psychological Accreditation Council (APAC), has recently lifted Australian standards for Clinical Psychology training to more closely align national professional standards with those found internationally. Many students have progressed through the tertiary education system with government support and some of those in rural or regional areas have also been fortunate enough to have been supported with government funded scholarships. It seems reasonable to assume that the government that has supported students through established training that is in line with international standards would continue to support these students by recognising this training once they begin practice as professionals.

A two-tiered Medicare rebate system is one means by which the government can recognise the education and training that it has indeed supported. If the government were to choose to collapse the Medicare rebate system it would effectively reduce student motivation to undertake specialist training as students would be less inclined to invest their time and money into specialist studies when there is no financial recognition of their advanced skills and knowledge upon completion. This in turn would adversely impact everyday Australians seeking help as there would be reduced numbers of Clinical Psychology graduates. There is limited accessibility and long waiting lists for many mental health professionals, including psychiatrists, and this is especially evident in rural areas. When such difficulties are present, mental health care can often be placed onto General Practitioners who are not extensively trained in this area. Clinical psychology graduates are ideally trained to help alleviate these difficulties.

Hence supporting the education and training of Clinical Psychologists, and ensuring that a two-tiered Medicare rebate system remains, would arguably be a proactive stance to establishing an efficacious mental health service for Australians. It is apparent that to do otherwise would be disadvantageous, especially to those Australians with more severe or complex mental health issues – and arguably these are our most vulnerable citizens.

Thank you for considering this submission in your inquiry.

Yours sincerely,