

## **Submission to the Select Committee into Mental Health and Suicide Prevention**

**Dear Committee Members,**

I am a registered psychologist with over thirty years experience providing counselling and early intervention services for children, adolescents and adults. I have one Masters degree in psychology already and am completing a second, a Master of Educational and Developmental Psychology. At the end of this second Masters degree, I will still be considered a registered psychologist despite twice spending 4 years of intense study on top of the original 4 years to qualify as a psychologist. This second masters degree includes 1000 hours of supervised clinical practice, designed to provide early intervention with children, adolescents and their families and schools etc and still I will be called a registered psychologist and only eligible for the lowest tier rebate for my services. I do this study to specialise in educational and developmental psychology, not to make money, but to provide a vital service for our society to address the burgeoning mental health crisis. However, because of the two tier system, I fear I will be the last generation of psychologists who will be specifically trained in this area.

Because clinical psychology is rebated at a higher level and has become a requirement to sign off particular assessments, it has become the more financially rewarding psychology endorsement. Fewer students are applying for the other endorsement areas as they are seen less financially rewarding and therefore universities are likely to axe the few remaining pathways to other endorsement areas in psychology. Already, there are only three universities that provide postgraduate qualifications in Educational and Developmental Psychology in the whole of Australia. The two tier rebate system is putting these programs under enormous pressure.

Why is it important to maintain Ed Dev psychology endorsement? Because most clinical psychology masters program have only one or two subjects that specialise in working with children and adolescents ... hardly touching the sides of the complex developmental processes at work and the specialised assessment and intervention approaches to carefully and respectfully engage young people and their parents and educators in a therapeutic process. This under promoted specialisation is critical for improved mental health outcomes in our society. I've copied here details of what educational and developmental psychology is from the Australian Psychological Society's College of Educational and Developmental Psychologists of which I am a member (Source: [https://groups.psychology.org.au/cedp/about\\_us/](https://groups.psychology.org.au/cedp/about_us/)). **I ask you to consider how the contributions listed here can contribute to the aims and objectives of your select committee enquiry.**

### **What is Educational and Developmental Psychology?**

Educational and Developmental Psychology is concerned with wellbeing across the lifespan, in particular, the development and learning of people throughout their lives.

To this end, Educational and Developmental Psychologists work in a wide range of research and practice settings and may have one of many different titles, such as school psychologist, guidance officer, disability services officer, child and adolescent counsellor, and geropsychologist. Within these settings, Educational and Developmental Psychologists may work with individuals, couples, groups, organisations, or systems. In educational settings, Educational and Developmental Psychologists are centrally placed to identify and assist people with mental health and other psychological issues including learning difficulties. Wherever possible, early identification and intervention is essential for the treatment of mental health disorders.

### **Skills of Educational and Developmental Psychologists**

Educational and Developmental Psychologists have knowledge and skills for evidence based practice in the following areas:

- Assessing developmental, learning and behavioural difficulties throughout the lifespan
- Diagnosing disabilities and disorders, such as Autism Spectrum Disorders
- Differential diagnosis
- Identifying and using evidence-based interventions
- Counselling
- Consulting with individuals and groups
- Designing training programs
- Evaluating programs and interventions
- Designing and implementing professional development programs
- Case management and liaising with other specialists
- Writing reports for multiple audiences (e.g., parents, teachers, and other professionals)
- Psychological consultancy and professional learning

### **Areas of Expertise - Across the Lifespan**

#### **Early childhood**

Parents or professionals (e.g., GPs, Paediatricians, Child Health Nurses, and Child Care Centre staff) may refer a child to an Educational and Developmental Psychologist for the following reasons:

- Concerns about a child's cognitive, behavioural, or emotional development
- Assessment of a developmental delay
- Assessment of specific disabilities (e.g., Intellectual Disability and Autism Spectrum Disorders)
- Assistance with feeding, sleeping or behaviour problems
- Infant mental health problems (e.g., anxiety and disordered attachment)
- Managing a child's difficult temperament
- Assistance with attachment issues, or with 'goodness of fit' between parent and child
- Parenting issues

- Sibling rivalry within the family
- Assessment of school readiness
- Assistance with treatment planning and early-intervention programs

## **School years**

Parents, teachers or other professionals (or children themselves) may seek assistance for the following reasons:

- Problems with the transition to school, or from one phase of education to another
- Separation anxiety or school avoidance
- Psychoeducational assessment
- Assessment, diagnosis and treatment of learning difficulties and disorders (e.g., Dyslexia)
- Poor peer-relationships
- Behaviour problems and disorders (e.g., Attention Deficit Hyperactivity Disorder)
- Specialist behaviour management planning
- Low self esteem
- Well-being issues
- Mental health problems (e.g., mood disorders)
- Assessment of giftedness
- Family relationship issues
- Physical or sexual abuse
- Assistance with treatment planning and specialist support
- Whole school consultancy or intervention (e.g., social-emotional learning programs and critical incident intervention)

## **Adolescence**

Adolescents, their parents, or others concerned with their welfare may seek help to deal with:

- Conflict between the adolescent and parents
- Friendship issues
- Peer pressure
- Behaviour problems
- Sexuality issues
- Disability issues
- Identity issues and the transition to adulthood
- Mental health problems
- Drug and alcohol problems
- Career guidance
- Adjustment and transition issues
- School to work transition
- Whole school community issues

## **Adulthood**

Individuals, their partners or employers may seek assistance with:

- Relationship problems
- Divorce/separation
- Parenting and child-rearing
- Adoption issues
- Mid-life concerns
- Career restructuring
- Work stress
- Education and training in the workplace

### **Later adulthood**

Elderly people or their adult children may seek information or assistance with:

- Healthy ageing
- Coping with decline in functioning
- Dependency
- Adjustment and transition issues
- Issues of loss or grief

My belief is that the current preferential treatment of clinical psychology is partly due to a simple confusion of the term 'clinical' where the general public believe that it means a psychologist who is eligible to work in a clinical setting. When in fact the vast majority of psychologists work in clinical settings and provide counselling to support mental health. I ask that the committee address the misunderstanding of the different contributions of psychologists for the benefit of our society. I specifically ask the committee to consider:

- Reviewing the evidence that clinical psychologists are able to provide better outcomes than any other registered psychologist (there is no evidence base by the way)
- Implementing a one-tier Medicare rebate for the clients of all registered psychologists in Australia
- Raising the Medicare rebate to \$150 per session to allow for greater access, to facilitate more bulk billing, and to enable appropriate treatment rather than an inadequate psychological health care response
- Ceasing discrimination of psychologists without clinical endorsement in areas including but not limited to employment opportunities, scope of practice and funding
- Including Medicare rebated assessments funded at a sufficient level
- Prioritising key prevention and early intervention settings such as schools and workplaces
- Permanent universal telehealth
- Implementing the Productivity Commission recommendation for up to 40 MBS rebated sessions per annum
- Simplifying the process of accessing a psychologist. This includes simplifying referrals, reviews, letters back to referrers, and upgrading the MBS to reduce

the burden on psychologists. Psychologists should also not be held financially accountable for referral errors by medical practitioners

- Broadening MBS rebatable sessions to psychologists to incorporate **vital** prevention and early intervention strategies in addition to responding to mental illness as well as couples counselling and family therapy
- Re-instating self-referral processes integral for client's sense of autonomy, important for psychological recovery, to increase access to psychological services. In this model, the psychologist is once again, as had been in earlier times, relied upon to liaise and communicate with the client's treating medical practitioner/s as appropriate and as per the privacy and informed consent legislations
- Funding a dedicated preventative/early intervention psychology workforce
- Expanding the evidence-based approaches able to be used by psychologists to allow the clinician to use any technique that has adequate Level I, Level II or in some specific conditions Level III evidence. Psychologists are trained in evaluating the evidence base for the use of therapeutic techniques and need to have the freedom to choose the best approach for each client independently rather than have restrictions on their treatment

