I write regarding (e) mental health workforce issues, with particular reference to (i) the two-tiered Medicare rebate system and (ii) workforce qualifications and training of psychologists.

Please note that I am writing as a clinical psychologist who is involved in training generalist psychologists.

Clinical psychologists are professionals with specialized training in the assessment and treatment of mental health disorders. The international requirement for psychologists who treat people with mental illnesses is typically a minimum of a master’s degree or, in some countries, a doctoral level qualification. This high level of training is necessary for the complex task of treating mental illnesses using evidence-based psychotherapeutic techniques, in order to provide appropriate and skilled treatment with minimal risk of harms arising to the vulnerable population of people with serious mental health disorders.

The four-year program in general psychology typically provides some information about psychological assessment, psychopathology, and ethics (with some programs also offering a unit on counselling skills) but these core topics are provided at a very introductory level, and are certainly not sufficient to allow graduates to provide competent treatment of mental illnesses. Other units in the programs have little direct relevance to clinical or psychotherapeutic skills. This is in contrast to other ‘allied health’ professions, which typically offer highly applied training programs at the undergraduate level which enable to practitioners to enter the workforce after their degree with a reasonable level of competence. This is not true for psychologists, who graduate from a 4-year degree with a general, broad understanding of human behaviour. Further specialised training is required to be able to learn clinical skills in diagnosis, developing a formulation about the presenting issues that incorporates key factors that are then targeted in an individualised treatment program, and evaluating and modifying therapy as required.

While some psychologists have attained registration through an apprenticeship model (two years supervised practice), this model is inadequate for clinical psychology, and risks producing new generations of practitioners with questionable competence in delivering evidence-based treatment. By continuing this outmoded model, psychology in Australia has failed to keep pace with best practices for its mental health workforce or with other professions, such as medicine. This has major implications for Australians who require effective treatment for their mental health disorders.

While there is a substantial need for psychological treatment in Australia, with large numbers of individuals presenting with moderate or severe mental health disorders, many of whom have failed to respond well to medications, we should not respond to this need reflexively, but with due consideration of the appropriate skills required. General psychologists may be able to offer some helpful support to people with serious mental health problems; however, only clinical psychologists possess the skills set required to provide competent treatment for this population. It is important that this be recognised in the Medicare rebate system.

I thank you for your consideration.