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January 8, 2010

Dear Dr Miller,

Thank you for the opportunity to make a written submission to the process of developing a National Mental Health Workforce Strategy and Plan (attached).

The Psychology Foundation of Australia is a grouping of research-oriented university Schools of Psychology that was created to promote high standards in the education of psychologists and a scientific basis for professional practice. Our submission focuses on psychology, but we note several implications of our proposal for coordination with other professions.

We would welcome the opportunity to discuss these issues further and contribute to solving the problems we have identified in the training and employment of the psychological workforce.

Sincerely,

Professor David Badcock

President, Psychology Foundation of Australia

OFFICE ENQUIRIES

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The Psychology Foundation of Australia

Submission to the National Mental Health Workforce Strategy and Plan

The starting point for our submission is that the goal of mental health services should be to **deliver the most effective treatments to those who need them most**.

In terms of workforce training, this goal points to the need for **evidence-based** assessment and treatment.

In terms of mental health services, this goal points to the need to maximise the **availability** of effective services to the community.

Unfortunately, the current system of training, registration and deployment of psychologists does not meet either of these requirements adequately. Too few Australians with mental health needs are able to access any services at all, and of those who do access services, too few receive effective, evidence-based treatment delivered by appropriately trained practitioners.

We spell out these problems below. We then identify changes that would enable delivery of effective psychological services, and we propose a revenue-neutral method for funding these changes.

Problems with the current system

1. Service Delivery

At present, psychological services in the clinical/health domain are delivered by practitioners who have become registered through one of two routes: either a 4-year undergraduate degree plus supervised experience, or a 4-year undergraduate degree plus a 2-year postgraduate professional degree (6 years in total). Unlike 6-year graduates, many of the 4-year psychologists have not been trained in evidence-based assessment and intervention, nor in the underlying theoretical principles that allow them to continue to upgrade their knowledge and evidence-based skills. Mental health is a field in which there are many “fad” treatments that seem plausible to patients and referring doctors but have little demonstrated value in reducing symptoms and promoting recovery. There is now a sufficient body of evidence from controlled trials to allow effective interventions to be identified. It is essential for practitioners to learn to discriminate between effective and ineffective approaches, and to deliver those techniques that have been shown through clinical trials to deliver the greatest benefits to patients with a particular presenting problem (Baker, McFall & Shoham, 2009). An important and added advantage of using evidence-based techniques is suggested by evidence showing that the introduction of evidence-based treatments in state-based treatment services reduces staff burn-out, exhaustion and turnover (Aarons, Fettes, Flores, & Sommerfeld, 2009). Accredited postgraduate training programs in Australia focus on teaching evidence-based practice, but supervised practice in the field does not.

Compounding this problem is the current system of Medicare rebates which applies not only to 6-year trained psychologists but also to 4-year trained psychologists. Thus considerable public funding is currently being used to support the delivery of therapeutic approaches that have little demonstrated effectiveness. Furthermore, private practitioners choose to locate their practices in such a way that their services are preferentially delivered to patients with higher educational levels, higher income, and less severe problems. Meanwhile, patients in socioeconomically disadvantaged areas, and patients with more severe problems such as psychoses and dual diagnoses, are under-served (Doessel, Williams & Nolan, 2008). Private practice encourages one-to-one delivery of interventions, which are less efficient than group-based interventions. It also provides little opportunity or incentive for quality assurance activities such as peer review, assessment of outcome measures, and professional development. Finally, the availability of Medicare rebates has led to an exodus of experienced psychologists from the public sector to the private sector. This has resulted in a shortage of psychologists in State-funded community services, further reducing treatment options for consumers who are unable to access private practitioners.

2. Registration standards

The problems with service delivery highlight the inadequacy of current registration standards for psychologists, which currently require only 4 years of university training. Historically, there have been two main reasons for these low standards. First, State Health departments have been dominated in their decision-making by minimising costs, and have reasoned that 4-year psychologists are cheaper to employ than 6-year psychologists (a false economy in our view). Second, no one State has been willing or able to increase its standards, given mutual recognition agreements between the States. The current move to national registration offers a genuine opportunity to upgrade registration standards based on a national rather than a state perspective (Psychology Board of Australia, 2009).

It is important to recognize that the current registration requirements for psychology are well below relevant international standards. For example, the UK requires 6 years of university training, and the US requires a minimum of 8 years. Australian psychologists with only 4 years of university training are not able to practice in the UK or the US. By contrast, 6-year trained psychologists are well regarded overseas and are generally able to achieve full licensing after gaining some additional experience or through examination. Perpetuation of the 4-year route for registration of psychologists would make it impossible for Australia to participate in arrangements for mutual recognition of professional qualifications and free trade agreements with countries such as the UK and the US.

3. Education

Psychology is both a scientific discipline and a profession. World-wide, the discipline of psychology is taught via undergraduate university programs and professional skills are taught at the postgraduate level. Undergraduate programs have a strong emphasis on theory and research due to the conceptual challenges in defining psychological phenomena and the complexities of establishing causal relationships in the field of behaviour. Postgraduate professional programs build on the knowledge and skills gained in the basic discipline. They focus on practical training in evidence-based practice, and in equipping practitioners with the skills to continue learning after graduation in response to the rapidly evolving knowledge base of psychology.

Australian universities excel in both teaching and research in psychology, punching well above their weight internationally. The principal difficulty they face in meeting the demand for well-trained psychologists is in the level of funding they receive for postgraduate professional programs. In 2003, the previous Federal government revised the funding model for postgraduate HECS places, resulting in almost a **60% decrease** in funding levels for psychology programs. The new model wrongly applies an undergraduate funding rate to postgraduate professional programs that necessarily entail small group and one-on-one professional training and supervision, as well as unique costs such as running training clinics. Despite strenuous lobbying by the Australian Psychological Society, only a small increase in the funding rate has been achieved. All Psychology Schools are now running their postgraduate professional programs at a substantial loss, and in many cases they have discontinued programs, substantially reducing career choices for psychologists. To make matters worse, the exodus of psychologists from the public sector to private practice has led to a crisis in supervision. Private practitioners are generally not in a position to offer supervised placements to psychology interns, leading to an overall shortfall in the availability of external professional placements which form a critical component of postgraduate training programs. It is essential for training the future workforce of psychologists that the public sector retains a critical mass of well-trained psychologists to provide leadership and supervised practical training.

Our proposed solution

We suggest a coordinated plan to address the problems we have identified, which involves changes in both Health and Education but does not require a net increase in funding.

1. Service delivery

We propose that the Commonwealth simultaneously reduce Medicare funding for private practice and increase funding for salaried psychologist positions in community settings. Specifically, we suggest that Medicare rebates for 4-year trained psychologists be phased out. It would be important for this process to be

implemented over a period of several years, to allow these practitioners to adapt their practice, find alternative positions or undertake additional training. It would also be appropriate to provide support for such training during the transition period. The savings in Medicare funding could be used in part to support the introduction of new salaried positions, either by funding through State Health departments or by direct Commonwealth funding of community-based services. In our view, an ideal arrangement would be one in which psychological services are provided in areas of greatest need, co-located with other relevant health professionals, and with a sufficient critical mass of psychologists to allow peer review, outcome evaluation and provision of supervised experience for psychology interns. This arrangement would also facilitate group-based delivery of treatment and participation in quality assurance activities and clinical trials to improve standards of practice.

2. Registration standards

We propose that the 4-year route to registration be phased out, such that the minimum level of training becomes 6 years. This change would bring registration in line with the programs currently offered by Australian universities, with the requirements for membership of the Australian Psychological Society, and with relevant international standards (e.g., UK, US, Canada, NZ). More importantly, it would ensure that practitioners were appropriately trained and capable of delivering evidence-based interventions. This change would need to be introduced with sufficient notice for students currently undergoing training. There would also need to be a sunset clause to allow currently registered psychologists to continue to practice. However, as noted above, we consider that additional training should be made available for these practitioners.

3. Education

It is critical for the survival of professional training programs in psychology that adequate funding of the costs of delivering these programs be restored. We suggest that some of the savings from winding back Medicare payments be used for this purpose. The level of funding should be determined by an independent assessment of the costs of postgraduate training programs in psychology, and should also be informed by international data where available.

There is little agreement regarding the future number of psychologists that will need to be trained in Australia each year. We suggest that workforce needs should be determined on the basis of empirical evidence such as that provided by the most recent National Survey of Mental Health and Wellbeing (Australian Bureau of Statistics, 2008). This dataset is likely to give a much more objective picture of need than for example statistics on Medicare rebates which are inflated by the inclusion of patients with mild levels of disturbance. Second, training needs should be derived from a coherent model of service delivery that includes all relevant professional groups and a target balance of public and private services.

Other stakeholders

All of the major stakeholders involved in the registration and training of psychologists, including the Australian Psychological Society (APS), the Australian Psychology Accreditation Council (APAC), and the Psychology Board of Australia (PBA), are in agreement that the current 4-year route to registration is unacceptable. It is extremely difficult to ensure adequate quality, breadth and depth of professional training through supervised experience alone, and this route falls well short of international standards. All of the above organisations also endorse the 6-year route as a preferred minimum standard. Now that registration of psychologists will become a Commonwealth responsibility, we hope that a longer-range view will be taken that recognises the greater capacity of properly-trained psychologists to deliver effective interventions to a larger number of clients in a more efficient manner.

In relation to the current Medicare arrangements for psychologists, there has been considerable criticism from the profession of Psychiatry, especially concerning rebates for services delivered by 4-year trained psychologists (e.g., Cresswell, 2009). We note that our proposal would not only deal with their concerns, but would provide a basis for a serious dialogue concerning coordination of medical and psychological services in mental health. By contrast, the Australian Psychological Society has so far presented the merits of the current two-tier Medicare system. In our view, this is a short-sighted position that perpetuates the

current low levels of evidence-based practice and is inconsistent with the APS's own standards for membership. On most other issues, we are in agreement with the APS position and we have a very good working relationship with them. However, because of our differences regarding the Medicare issue, and because of our greater emphasis on maintaining the scientific basis of both undergraduate and postgraduate programs in psychology, we seek to have an independent voice. We consider that our proposal will not only improve standards of evidence-based practice, but it will benefit students, consumers and ultimately the well-being and mental health of Australians.

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