

Information provided to Senator Penny Wright (Federal Greens Mental Health Senator) and Minister Mark Butler's (Federal Labour Mental Health Minister) Policy Advisor at separate meetings in Adelaide November 2011

The Australian College of Specialist Psychologists (ACSP) is a newly formed national College which is open to membership from specialist trained Psychologists only (with post graduate qualifications and supervision requirements) from all nine specialist areas in psychology. Psychology specialists are currently called "endorsed psychologists" under the National Registration scheme and are registered with the Psychology Board of Australia. The ACSP was formed in August last year due to the concern within the profession that specialist trained psychologists were not being represented in a way that was supportive of their extensive post graduate training and expertise. Whilst the ACSP respects the significant work undertaken by the APS on behalf of the psychology profession, it is important to note that they are an association with voluntary membership, with the majority of membership being from undergraduate trained psychologists in Australia. There are approximately 7154 registered endorsed specialists in Psychology in Australia, compared with approximately 24,052 registered generalists (undergraduate trained psychologists). In the last few years there have been a number of significant differences in opinion between the APS executive and practising specialist psychologists on a number of professional matters and this was one of the reasons why the ACSP was formed. Given that the ACSP only has membership open for endorsed specialists in Australia who meet international training standards for professional practice, it aims to represent a voice uniquely for these specialists, adding to and sometimes differing from, the voice of the APS. There are nine specialist areas in psychology, not all involved in treating mental health, but all contributing significantly to the health and wellbeing of individuals, families and community organisations. The nine specialist areas are: Child and Developmental Psychology, Clinical Psychology, Clinical Neuropsychology Psychology, Community Psychology, Counselling Psychology, Forensic Psychology, Health Psychology, Organisational Psychology and Sport Psychology.

The ACSP would like to highlight some of its main concerns in current political debate in the mental health area.

- Minister Butler has made significant cuts to Medicare support for psychological therapy in the Better Access scheme. This was not based on any research evidence regarding the appropriate length of treatment needed for positive outcomes and to prevent relapse.
- Individuals and families will suffer when their treatment is cut short and they have not fully recovered. It is highly concerning that policy makers should decide clinical treatment protocols and length of treatment. This is unprecedented in any area of health, even in Psychiatry.
- The Senate Inquiry report will be released on Friday 28th of October 2011 and the cuts to psychological therapy support start on the 1st of November 2011. This process reflects a complete disregard to the cost, time and energy which has gone into the

Senate inquiry of not only the Senate committee, but also the over 1000 people who wrote submissions into this inquiry and attended hearings. Minister Butler has not heard the plea by the AMA, ACSP and other associations to delay the cuts for 12 months so that the Senate report can be examined and discussed.

- The problematic and inappropriate grading of symptoms within a mental health diagnostic category into “mild, moderate and severe”, especially when it leads to decisions about what level of training or what length of therapy is required for good outcomes. **All** mental health problems, if they have reached diagnostic criteria and require professional treatment are complex, and have a history of psychological and relationship factors attached to them. If a patient seeing a specialist psychologist has comparatively less *distress or disability* resulting from their diagnosed disorder, when compared with another diagnosed patient, it would be anticipated that the former person will require fewer sessions and recover more quickly than the latter. Level of distress or disturbance however should not be used as a rationalisation for determining the levels of expertise or training in the practitioner or the number of sessions required. Length of treatment needs to remain in the hands of the treating clinician, as it is for all areas of medicine, including psychiatry.
- The barrier of distance to medical and psychological services for people in rural and remote areas is very real and difficult to resolve. The choice is either to bring the services into these areas in a variety of ways, or to facilitate people from these areas to come to the services. For the former option, the ACSP supports online face to face psychotherapy services as a possibility for reducing the distance barrier. However online diagnosis and therapy packages which do not involve an actual therapist are less ideal and can lead to inaccurate and often damaging psychological diagnoses and labelling to occur, increasing stigma and concern. Psychometric assessments are only used as one tool in diagnostic assessment, the clinical interview and clinical interpretation is extremely important. In addition, the release of psychological tests to online services, if this would occur, significantly compromises the reliability and validity of these tests and negatively impacts the future clinical use of these tools. as they do not allow the flexibility and individualised care that is very often needed. It also does not recognise the significant role the therapeutic relationship adds to positive therapy outcomes. Online therapy which does not involved face-to-face contact with a therapist also does not take into consideration the significant role the therapeutic relationship has on therapy outcome. There is considerable research to show that it is this relationship which greatly enhances successful recovery, and the skills and tools used in therapy are secondary (otherwise self help books would also be all that was needed).

There are many more issues which could be highlighted but the ACSP has made a submission to the Senate inquiry and our more comprehensive views can be found there.

We sincerely hope there will be further meetings and discussions between the ACSP and policy makers on all issues influencing the mental health and well-being of people in the Australian community.

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