

<b>Organisation name</b>
Australian Clinical Psychologists
<b>Is your submission confidential?</b>
No
<b>Submission type</b>
Have Your Say
<b>Are there unwarranted regulatory impediments to competition in any sector in Australia that should be removed or altered?</b>
<p>Mental health is currently largely dominated by the medical speciality of Psychiatry and Medical Practitioners in general. The profession of Clinical Psychology is currently unable to enter into many roles and functions for which clinicians are trained and experienced. Some examples include:</p> <ul style="list-style-type: none"><li>- Provision of psychological therapy; currently a Clinical Psychologist can only provide up to 10 sessions of treatment in a calendar year, whereas a Psychiatrist can provide many more sessions and at a much greater cost to the community. This results in a heavily distorted marketplace for Clinical Psychologists that is against the public interest.</li><li>- Certifying people unfit for work based on a psychological condition; while a General Practitioner is able to do so, a Clinical Psychologist cannot, despite Clinical Psychologists being much better trained regarding mental illness than a General Practitioner.</li><li>- Assessment of permanent impairment. In NSW only Psychiatrists can serve as Assessors under the Motor Accidents Authority guidelines for the assessment of psychiatric and psychological disorders, and similarly for Workers Compensation. Yet Clinical Psychologists are appropriately trained and experienced to conduct this form of assessment. Indeed, the treatment of choice for Posttraumatic Stress Disorder (cognitive-behaviour therapy) is generally provided by Clinical Psychologists, not Psychiatrists, meaning that Clinical Psychologists are in a better position to assess appropriateness of treatment and to make treatment recommendations.</li></ul>
<b>Would there be a public benefit in encouraging greater competition and choice in sectors with substantial government participation (including education, health and disability care and support)?</b>
<p>Mental health options are currently quite limited, with Psychiatry receiving the bulk of funding. In the case of psychological therapy, which is offered by some psychiatrists as well as psychologists, current legislation only supports Medicare funding for up to 10 sessions of treatment by a Clinical Psychologist in a calendar year, whereas funding for psychiatric treatment has no such limit. The cost to Medicare for psychological treatment is much lower than psychiatric consultations. There are copious data demonstrating the efficacy of Clinical Psychology, particularly cognitive-behavioural therapy, for a range of psychological and psychiatric conditions including depression and anxiety. Unfortunately Psychiatrists tend not to be trained to provide cognitive-behavioural therapy, tending to rely on medications. For many conditions this means that patients are unable to continue with treatment approaches that have scientific, empirical support and must switch to psychiatric treatment that tends to use less effective treatment methods and at a greater cost.</p> <p>By providing equal access to Medicare rebates for clinicians - Clinical Psychologists and Psychiatrists - who have the university training, clinical supervision and experience, the public will benefit and the cost to government will be reduced.</p> <p>Allowing Clinical Psychologists the ability to admit patients to psychiatric wards would broaden the field and encourage interventions in hospitals that are not heavily reliant on medication. Clinical Psychologists have the training and experience to assess patients, including the assessment of suicide risk.</p>