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Summary Feedback in Regarding  
APS Green Paper for MBS Review of Mental Health Services Items

After the Industry Advisory Group Meeting  
of 28 March 2019

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The Institute of Clinical Psychologists (ICP) has a long and distinguished history, since it was established in the 1980's. The ICP has the overarching mission of promoting the delivery of high standards of clinical psychology practice to patients who attend private practitioners. Members of the ICP are endorsed as Clinical Psychologists by the Psychology Board of Australia and all work in private practice.

The ICP compliments the APS Board of Directors for producing a green paper which not only makes comprehensive recommendations on the review of the Medicare Benefit Schedule (MBS) for mental health items, but also provides the platform for a future vision of improved delivery of psychological services to the community into the future.

The ICP supports, in principle, the broad aim of working to unite the profession of psychology, and to develop a model of psychological services to the community that is evidence based, incorporates stepped care, is cost effective, and improves community access to mental health services. The provision of evidence-based psychological service delivery to those in our community of greater need and fewer resources will reduce the load on the public sector, hospitals, and reduce waiting lists in the public sector. At present, MBS provision of just 10 psychology sessions per annum falls very short of the level of intervention required for moderately and severely mentally ill patients.

In establishing the future vision for the delivery of psychological services to the Australian community, the ICP acknowledges the importance of consultation and regular meetings with industry stakeholders in developing recommendations to government and liaison with the community more generally. Promotion of unity in the profession of psychology is the ideal and can be fostered through meaningful and timely consultation with industry stakeholders. Publication of the lengthy APS Green Paper late on Monday 25<sup>th</sup> March 2019, then hosting one two-hour meeting with industry stakeholders on 28<sup>th</sup> March 2019, and requiring final comment from industry stakeholders by 5<sup>th</sup> April is less than ideal to promote meaningful consultation for this important review of mental health items on the MBS.

The ICP is in broad support of the APS general recommendations to realign psychological service delivery with the stepped care model, and to cater more adequately for those in our community with moderate to severe mental health conditions. The ICP is in agreement with, and supportive of, many of the recommendations outlined in the Green Paper. There are remaining areas of disagreement. This is articulated below.

*Recommendation 1: Amend group therapy items*

**Agreed in full**, with the minor amendment of defining a 'group' as at least four members, even in rural or remote regions.

*Recommendation 2: Introduce a new item to conduct an independent psychological assessment*

**Agreed** with the proviso that it is conducted only by practitioners with an endorsement and the competence to undertake mental health diagnosis, and ensuring that the practitioner is not working outside of areas of competence recognized formally by the Psychology Board of Australia. Clinical psychologists are recognized and accredited as having expertise in mental health diagnosis.

*Recommendation 3: Introduce a new item to facilitate enhanced assessment and management of people with mental health problems and potential cognitive problems*

**Agreed in full**. In addition, the ICP recommends that this item be extended to incorporate adults with an acquired brain injury or an acquired neurological condition. Adults with an acquired brain injury or neurological condition are regularly seen in clinical practice for management of an adjustment disorder, emotional lability, anxiety and/or mood disorder. Provision of a neuropsychological assessment in these cases will facilitate the ability of the treating psychologist to develop more effective treatment intervention.

The ICP also notes that this item covers payment for three testing sessions to a total of 120 minutes per annum. The cost of generating a written report has not been accommodated. ICP recommends extension of the hours to incorporate scoring of test protocols and report writing.

*Recommendation 4: Introduce new items to conduct neurodevelopmental assessments to facilitate enhanced mental health treatment*

**Agreed in full**, with the added proviso as follows. The ICP recognizes the expertise of clinical neuropsychologists and educational/ developmental psychologists in conducting these assessments. However, clinical psychologists also have the requisite expertise, training and appropriate endorsement to undertake neurodevelopmental assessments. Clinical psychologists are given formal post graduate training in psychological assessment, and complete at least one supervised placement in child and adolescent mental health during their postgraduate training.

Furthermore, restriction to clinical neuropsychologists and educational/developmental psychologists will disadvantage those who live in regional and rural areas, given there are few neuropsychologists and educational/developmental psychologists working in these areas. Extending this item to include clinical psychologists is appropriate, and will reduce this relative disadvantage.

*Recommendation 5: Introduce a new item to consult with family, parents, carers and support people*  
**Agreed in full.**

*Recommendation 6: Introduce a new item to support case conferencing with other health professionals*  
**Agreed in full.**

*Recommendation 7: Amend Telehealth items*

**Agreed in full.** The ICP also suggests that greater use of Telehealth is incorporated into delivery of psychological treatment services in rural, remote and regional locations. This has the advantage of opening greater access to treatment provision by psychologists with an AoPE relevant to the treatment of people with moderate and severe mental health conditions who live in rural, remote and regional locations.

*Recommendation 8: Introduce the stepped care delivery of individual psychological treatment services*

This is the aspect of the Green Paper of most concern to the ICP. We are in agreement with the general propositions that delivery of psychological treatment services be moved to a stepped care model; differentiation of services for mild, moderate and severe mental health presentations; and increasing the number of rebatable sessions for people with moderate to severe mental health conditions (whilst leaving rebatable sessions for mild conditions at 10 per annum).

The ICP recognizes the need for triaging of patients with different mental health conditions, and is aware of the proposal to triage patients into mild, moderate and severe mental health conditions, with referrals to practitioners of different levels of training.

In principle, there is merit in the proposal to divert patients with mild mental health conditions to Registered Psychologists and appropriately trained allied mental health practitioners. The ICP also sees merit in patients with moderate to severe mental health conditions being referred to Clinical Psychologists and Psychiatrists. We have concerns about Registered Psychologists, and psychologists with endorsement in an area other than clinical psychology, providing psychological treatment to patients who have moderate to severe mental health conditions, as these two groups do not have the dedicated accredited training in mental health.

For the three tier system to operate effectively, safely and in the public interest, the triaging process needs to be rigorous with appropriately qualified practitioners to oversee the process. The ICP proposes that Clinical Psychologists, Psychiatrists, Paediatricians and Geriatricians be appointed to manage the triage process to guard against misdiagnosis of the severity and complexity of the presenting mental health condition. General Practitioners

do not have the requisite level of training in mental health to reliably assess the severity of a patient's mental health condition. The APS suggestion that General Practitioners be upskilled to assess severity of a mental health condition is unlikely to provide the level of sophistication in mental health diagnosis that is required for this complex assessment. This type of assessment, to be undertaken safely, should be undertaken by practitioners specifically trained in mental health diagnosis. Psychiatrists and Clinical Psychologists are the only two groups with appropriate levels of training and expertise to assess the severity of a mental health condition.

In addition, the ICP recommends that practitioners treating patients with mild conditions be supervised by a Clinical Psychologist/ Psychiatrist/ Paediatrician/ Geriatrician to ensure that the presenting condition is not developing into a more serious condition.

**The ICP does not support:** i) practice certificates for registered psychologists; ii) different rebates based upon the classification of a patient's mental health condition as mild, moderate or severe; iii) registered psychologists working with patients with moderate to severe mental health conditions.

The safety of the community is paramount. The Psychology Board of Australia would not recognize practice certificates, and yet the Board provides oversight of the regulation of psychological practice, with the basic principle of protecting the public. Given the level of accredited training of a registered psychologist, and evidence of better treatment outcomes for practitioners who are clinically trained via formal accredited training programs relative to those with fewer years of formal training (e.g. Stein and Lambert, 1995; Layard & Clarke, 2014) it is our considered position that these three tenants cannot provide conditions for safe psychological practice of vulnerable members of our community.

### **Rural, Regional and Remote Practice Certificates**

The ICP does not support this proposal. However, we recognize the need to resolve the problem of access to psychological treatment in rural, remote and regional areas, given fewer practitioners with an AoPE relevant to mental health are available in these areas. The APS proposes the development of practice certificates for generalist psychologists in these areas (designated as RRR+). While in principle upskilling of psychologists in these areas is laudable, the mechanisms proposed are in our view inadequate. What equates to a minimum of a week of training, even when prior experience, is inadequate for delivering safe interventions to people with severe mental health conditions.

The ICP recommends a combination of the following:

- i) extension of Telehealth services into these areas for people with severe mental health conditions and provision of psychological treatment by clinical psychologists and counselling psychologists delivered via Telehealth

- ii) where condition (i) above is not available, ensuring generalist psychologists working in these areas are under close supervision of a clinical psychologist;
- iii) development of grants for generalist psychologists in these areas to support formal higher level training via accredited clinical training programs delivered by a combination of external studies, clinical supervision via Telehealth and telephone, and formal examination. It is only through this mechanism of appropriate and accredited postgraduate training that any psychologist will be in a position to treat the most vulnerable in our community- those with severe mental health conditions.

#### References

- Layard, R & Clarke, D (2014). *Thrive: the power of evidence-based psychological therapies*. London: Penguin.
- Stein, D., & Lambert, M. (1995) Graduate training in psychotherapy: Are therapy outcomes enhanced? *Jnl of Consulting and Clinical Psychology*, 63, 182-196.