

Dear Sir/Madam

I am a clinical psychologist with over 30 yrs experience. In this time I have worked in public mental health services at a public level (state and commonwealth) and in private practice..

I have seen proposals made by mental health policy advisers and so called reforms in mental health during this time. Virtually none of these proposal have made any significant effect on individuals experiencing mental health problems. I am not referring to those in most need (psychosis and those who are at risk of self harm or harm to others).

The increasing prevalence of mental health problems places enormous pressure on public mental health facilities to cope. Regardless of the importance of primary prevention and services for at risk groups there are huge numbers of individuals experiencing mental health problems that cannot access public services.

In my position as a clinical psychologist I am in a position to bulk bill many clients who are financially disabled. These individuals do appreciate the opportunity to address their problems and in many instances have not been able to access public mental health services at all.

The recent evaluation of the better access program did demonstrate clearly that access to psychologists made a huge difference to the mental health welfare of clients.

The better access program(psychology) has enabled these individuals to have an opportunity to live a better quality of life.

Should the specialist psychology rebate be removed I will not be able to bulk bill clients as I do need to provide the essentials for my own financial existence.

My years of experience at all levels of mental health informs my view that the changes to mental health services proposed in the last budget will probably not be available for many years.(if at all)

The NC acknowledges that Clinical Psychology is one of nine equal specialisations within Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme recognition of specialised Areas of Endorsement. All specialisations require a minimum of eight years training including a further ACPAC accredited postgraduate training in the specialisation leading to an advanced body of psychological competency in that field. No specialisation should be referred to in a manner that creates the appearance of the same level of skill and knowledge as the basic APAC accredited four year training of a generalist psychologist. As is the case with Clinical Psychology currently, each area of specialisation deserves a specialist rebate with its own item number relating to that which is the specialist domain of that area of psychology (e.g. for clinical neuropsychology - neuroanatomy, neuropsychological disorders/assessment/rehabilitation, etc; for health - clinical health psychology, and health promotion; forensic - forensic mental health, etc). Specialist items for the other specialisations of psychology may mean that clinical psychologists might not qualify for any those second tier items pertaining to other specialisations; however, we deeply respect specialisations within psychology and believe that our members would seek to undertake further training in those

fields should they wish to seek to demonstrate that they have attained those other advanced specialised competencies that are not part of clinical psychology.

Regarding our specialisation, we wish to re-state that Clinical Psychology requires a minimum of eight years' training and is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based and scientifically-informed psychopathology, assessment, diagnosis, case formulation, psychotherapy, psychopharmacology, clinical evaluation and research across the full range of severity and complexity. We are well represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

Regards

Greg Hodgson

Clinical Psychologist