



Committee Secretary,
Senate Standing Committees on Community Affairs,
Parliament House,
Canberra ACT, 2600

Dear Secretary,

I am greatly concerned that a loud minority of fourth year graduate psychologists have lobbied to have the difference between themselves and clinical psychologists (with a minimum of six, to seven and a half years of university studies), not recognised. I understand that the aim of generalist psychologists was to obtain greater medicare rebates. However, recognising all psychologists equally would be a huge backward step in mental health. It would be very much like not recognising the difference between GP's and medical specialists. While GP's have medical training, there is an obvious need for specialists in many medical fields. If the medicare rebate for GP's and specialists were the same then we would have a severe shortage of doctors who would be willing to spend years studying at a post-graduate level and specialising. Creating the same rebate for generalist and specifically trained clinical psychologists would lead to a significant drop in the educational standards of psychologists. There would be no incentive for the top graduates to spend an extra two to three years studying to then enter the mental health workforce with no further recognition for their specialised training. Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific model in university training enables the profession of Clinical Psychologist to bring research and empiricism to human service delivery and thus increase accountability. The scientific training of Clinical Psychologists does not make research the end in itself, but is applied to the delivery of psychological services and contributes to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works. Grouping all psychologists together removes the incentive to improve our research, training and would be detrimental to mental health care in Australia.

I have been working as a clinical psychologist for the past year, after completing a doctorate in clinical psychology, and realise the skills I obtained during my post graduate study have enabled me to assume responsibility in the treatment of the most complex and severe presentations. These skills were certainly not learnt during my undergraduate years. Clinical Psychologists provide highly specialised and autonomous mental health services to individuals across all developmental stages. We also provide specialist diagnostic and complete psychobiosocial assessments, treatment services in areas as complex and diverse as psychotic illness, severe personality disorders, comorbid disorders (e.g. depression within borderline personality disorder), psychological and behavioural components of serious medical conditions, and problems specific to different age groups, including recent significant developments within the areas of children and family, youth mental health, the elderly, mental health disorders within medical conditions, quality assurance and research and evaluation.

I urge you to not only maintain the specialist clinical psychology rebate but also extend the rebated sessions per annum based on our unique skills set with the most complex and severe of presentations

Kind regards,
Dr. Sarah Russo,
Clinical Psychologist