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Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
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Canberra ACT 2600
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To The Senator

**Re: Senate Community Affairs Reference Committee inquiry into Commonwealth
Funding and Administration of Mental Health Services**

As a Clinical psychologist and concerned Australian citizen, I am writing to express my objection about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') as announced in the 2011 Federal Budget. Specifically, I am outraged by the proposal that from 1 November, 2011, the yearly maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder will be reduced from 18 to **10** sessions.

I am deeply concerned as to how much those treatment gains will be adversely impacted if the funding for the '*Better Access Initiative*' is effectively halved (18 sessions to 10 sessions per annum) as it implies that the same treatment outcomes can be achieved with half the amount of sessions. The proposed cuts to the '*Better Access Initiative*' reflects the Federal Government's lack of understanding of the specific and varied needs of Australians with mental health disorders. Taking a hard line on mental health consumers is not the answer. It is unrealistic to expect individuals in a vulnerable psychological state to immediately establish a rapport with a mental health professional even within the current 12-18 sessions – let alone achieve treatment gains within 10 sessions.

As a clinical psychologist, the potential loss of the two tier system and cuts to session numbers would be a significant and detrimental situation for the future of clinical psychology and the clients requiring our services in this country. The clients who are referred to me generally require a minimum of 12 sessions in order to adequately assess and treat their conditions. I strongly object to the proposed cuts because Clinical Psychology has a vital and unique role to play in the health care system as it is clearly differentiated from other types of psychology in the following ways.

Clinical Psychology is a general practice and health service provider specialty in professional psychology. Clinical psychologists assess, diagnose, predict, prevent, and treat psychopathology, mental disorders and other individual or group problems to improve behavior adjustment, adaptation, personal effectiveness and satisfaction.

What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice, focuses on individual differences, abnormal behavior, and mental disorders and their prevention, and lifestyle enhancement.

Clinical psychology involves advanced scientific and theoretical knowledge. Preparation for entry into the specialty begins at the doctoral level and serves as a basis for advanced postdoctoral training in Clinical Psychology or in one or another of the advanced specialties that build on its knowledge and application bases. The substantive areas of basic psychology in which clinical psychologists must have both theoretical and scientific knowledge include the biological, social and cognitive/affective bases of behavior and individual differences.

In addition, Clinical Psychology has a special focus on the areas of personality and its development and course, and psychopathology and its prevention and remediation. This emphasis includes the full span of psychopathological disorders and conditions, etiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. Understanding of ethical principles, of diversity and of cultural context are integral components of the knowledge base of all aspects of Clinical Psychology. Psychological assessment requires knowledge of the developmental and sociocultural normative expectations for the individual(s) assessed. The assessment of attitudinal, cognitive psychophysiological, affective, and/or behavioral functions of individuals and groups is used to identify and measure unique characteristics which may require modification or amelioration to facilitate performance and social competence. Knowledge includes that of theoretical and applied principles of measurement and assessment, administration and scoring, and interpretation of results across diverse populations.

The knowledge base of intervention requires mastery of theories of psychotherapy and psychotherapeutic methods and awareness of current literature on effectiveness and emerging interventions. In addition, Clinical Psychology is built on knowledge of principles of behavioral change, clinical decision-making, and the professional and ethical concerns surrounding clinical practice. Clinical Psychology practitioners have a knowledge base relevant to the populations served, such as cultural awareness, and patterns of normal and deviant development across the life span.

Consultation utilizes knowledge of consultation models in clinical psychology; the theoretical and empirical bases of assessment, diagnosis and intervention; and knowledge of the roles and functions of other professionals with whom clinical psychologists interact, such as physicians, attorneys, and educators. Supervision requires knowledge of the theoretical, clinical and empirical bases set forth in the rich and extensive literature on clinical supervision as a professional activity.

Research and inquiry in Clinical Psychology utilizes knowledge of methodology, including experimental, correlational and epidemiological methods; knowledge of experimental designs including single-subject, case study, group, quasi-experimental designs; qualitative and quantitative designs; and knowledge of statistics including parametric, nonparametric, and multivariate approaches.

Additional expertise that informs research and inquiry is expected in personality, psychopathology, program evaluation, process and outcome research, psychometric principles, validity and reliability of clinical techniques and procedures, sensitivity and specificity of techniques and procedures and ethics of research.

The following parameters - populations; problems/issues, assessment procedures, intervention procedures, consultation, supervision, and research define professional practice in clinical psychology:

Clinical Psychology services involve the application of psychological principles to the assessment and alleviation of human problems in individuals, families, groups, and communities. Clinical psychologists focus on services to individuals of all ages and may work with a single individual or with groups or families from a variety of ethnic, cultural and socioeconomic backgrounds who are maladjusted or suffer from mental disorders. Populations include those with medical problems and physical disabilities, as well as healthy persons who seek to prevent disorder and/or to improve their adaptation, adjustment, personal development and satisfaction.

As a general practice specialty, Clinical Psychology focuses on the understanding, assessment, prediction, prevention, and alleviation of problems related to intellectual function; emotional, biological, psychological, social and behavioral maladjustment, disability, distress, and mental disorder and, therefore of necessity, enhancement of psychological functioning and prevention of dysfunction.

Assessment procedures include: structured and unstructured interviews, measures of intelligence and achievement, objective and projective personality tests, direct observation, functional analysis of behavior and behavioral rating scales, tests of cognitive impairment and higher cortical functioning, physiological measures, analysis of archival data, milieu measures, and batteries of techniques consisting of one or more of the above.

Intervention procedures from a variety of theoretical orientations include individual psychotherapy, group therapy, couples therapy, and family therapy, as well as personal enhancement interventions. Clinical psychologists also develop, administer, supervise and evaluate inpatient intervention programs, community prevention and intervention programs, and skills training programs, among others.

Consultation regarding the breadth of problems addressed is provided to other health care professionals, educational personnel, social service agencies, nursing homes, rehabilitation centers, industry, legal systems, public policy makers, and other institutions.

Supervision is provided to psychological technicians, psychometricians, biofeedback technicians, other persons who provide psychological services, health care professionals from other disciplines, and psychology trainees in practicum, internship and postdoctoral settings. Clinical psychologists also supervise clinical research, and carry out administrative activities, teaching and clinical supervision.

Research is a core activity of Clinical Psychology, and includes the development and validation of assessments and interventions related to intellectual, cognitive,

emotional, physiological, behavioral, interpersonal and group functioning. It also involves basic research in personality, psychopathology prevention, and behavior change and enhancement, program evaluation, and the review, evaluation, critique and synthesis of research.

Senator I urge you to reject these proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances'. I trust that my feedback will be given due consideration.

Yours sincerely,

Sophia Farrington
Clinical Psychologist.