

Community Affairs, Committee (SEN)

Clinical Psychology

I trust that you will consider my email and think about my two main points. 1. There is a desperate need for MORE funded sessions for people with severe mental illness (at least one per fortnight!). Also, the distinction between **Clinical** Psychologists (who have had 8 years of specialist training in the field of mental health psychology) and other mental health professionals must be preserved (thereby encouraging other professionals to engage in further training themselves to fill the gap in available positions by the maintenance of the **two-tiered** system).

After an initial 10 sessions, if further treatment is required, a patient can return to the GP who can then determine the need for a further 10 sessions (which is still **less than** one per fortnight for a serious condition!). And in exceptional circumstances there may be a need for a **further 10 sessions** (eg. for suicidal client, or someone with a serious or chronic condition).

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As a Clinical Psychologist, I have many clients whose likelihood of death or at least loss of enjoyment of life will increase if these changes to Medicare are carried through as written at the moment. Suicide and severe mental health issues can NOT be dealt with by only getting less than one session per month over a year. Severe conditions may require **weekly** or **fortnightly** sessions in the short term to ensure their safety and mental health. Reducing their access to clinical psychologists is obviously going to be detrimental to the well-being of people in our community.

I have clients (children, adolescents and adults) who struggle with severe conditions such as OCD, schizophrenia, trichotillomania, severe depression and anxiety, and have clients who have either attempted suicide, are at risk of suicide, or engage in serious self-harm. All of these clients require more than 10 sessions in a 12 month period (ie. less than one session per month will **NOT** keep ANYONE with a serious mental health condition alive or healthy!). Certain conditions require **MORE** sessions or **unlimited** sessions to ensure they are able to function productively in their everyday lives!

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The Government has stated that people with serious mental health disorders who need more than 10 sessions of treatment should receive services through the specialised public mental health system, private psychiatrists or the expanded Access to Allied Psychological Services (ATAPS) program.

There are concerns that people with severe depression and anxiety related disorders will not be able to get into public mental health services, be able to get timely or affordable access to a psychiatrist or into ATAPS which I understand cannot accommodate all these people.

A person who has been seeing a Clinical Psychologist for severe mental health issues has already developed a rapport and a working relationship with their clinician and it is **DETRIMENTAL** to the therapeutic process to be “forced” to move into an over-worked system. In the mental health profession, it is **VITAL** that the client be able to develop a working and trusting relationship with their mental health provider. Unlike visiting a doctor where someone may see a different GP when their usual professional is unavailable, therapy can **NOT** be successful when there is a change of clinician because the therapeutic relationship must be built again over time (ie. a **more costly** alternative!).

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### **CLINICAL PSYCHOLOGISTS**

No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, **Clinical Psychology** is the only mental health profession whose complete post-graduate training is in the area of mental health.

Furthermore, it is the only discipline whose complete training is in psychology, i.e. both undergraduate and post-graduate. In other words, the Clinical Psychologist is completely trained in a science intrinsic to mental health.

Clinical Psychologists are trained as scientist-practitioners. We are required to complete six years of university training and two further years of clinical practice under supervision, **eight years in total**, which equips practitioners with the necessary skills applicable to the main areas of health service practice: assessment, treatment, research, accountability, evaluation, education and neuropsychological evaluation.

The findings of the Human Rights and Equal Opportunity Commission of 1993 (the Burdekin Commission) with respect to Clinical Psychology were also clear cut. The Commission (pages 178-182), found that Clinical Psychologists have distinctive skills which differ from those of other types of psychologists and differ from those of other allied health professions.

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Again, please consider my concerns which have been outlined in this email. If you would like to ask further questions or discuss any of my points with me, I would look forward to having a meeting with you.