To: The Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services.

I am writing in response to the proposed changes to the government funding of psychological services outlined in the 2011 budget. It is my understanding that the 2011 budget proposes reducing the number of sessions per calendar year from 18 to 10 sessions and introducing a single lower rate for all psychologists including clinical psychologists.

Clinical psychology is a specialisation that requires an additional two to four years of advanced postgraduate experience and training in Clinical Psychology at University level (beyond the basic accredited four year training of a generalist psychologist), specifically in applying the science of psychology to clinical problems. It therefore takes six to eight years to qualify as a registered clinical psychologist as compared to the four years of undergraduate training to become a registered generalist psychologist. In addition, what distinguishes Clinical Psychology as a practice specialty is the breadth of problems addressed and of populations served. Clinical Psychologists have specialised education and training in assessing, diagnosing, and treating the full span of psychiatric disorders, with specific training in the more complex mental health conditions including psychotic illnesses, personality disorders, eating disorders, comorbid substance abuse, and those with early trauma histories and long standing mental health problems. Recently, the Health Department reinforced the distinction between psychologists and clinical psychologists (referring to the specific skill set of a clinical psychologist) when making changes to the industrial award for psychologists working in public health. They recognised that clinical psychologists have advanced, specialised skills to deliver comprehensive, evidence-based mental health care for patients presenting with more complex presentations. Based on the proposed changes to the budget, it does not appear that this distinction between these two levels of has been recognised. I would urge the committee to give due consideration to this important distinction under the Better Access Scheme.

In addition, under the current proposal, complex patients often seen by clinical psychologists will no longer be eligible for 18 sessions of clinical psychology services in the private sector. Whilst psychological interventions by registered psychologists are suitable for consumers presenting with milder mental health conditions (where treatment is often more clear-cut and fewer sessions are needed), the proposed scheme does not allow for those consumers with more long standing and complex presentations, where more than 10 sessions per annum is often required. It is therefore recommended that 18 sessions for those consumers are reinstated under 'exceptional circumstances' in the Better Access scheme so that access to clinical psychology services can still be made available for these individuals.

Yours Sincerely,

Jeni Martin Clinical Psychologist Specialist Mental Health Unit for Older Persons Wollongong Hospital