

## **Submission to: Senate Enquiry into the Funding of Mental Health**

I am a registered psychologist working in private practice with families and children, while completing my PhD. There are a number of issues I wish to comment on.

1. For 10 years I was employed in the ACT Education Department as a school counsellor and a senior counsellor. School psychologists are in a unique position to provide front line care to students and families. This is highly specialized work; most mental illnesses present for the first time in childhood and adolescence and early diagnosis and competent care is important for minimizing future problems. It is essential that this work is done by qualified professionals. Education Departments would not consider employing untrained teachers to teach in schools, yet they are employing unqualified chaplains to work as psychologists. I believe this is dangerous. These people do not belong to recognized professional bodies with codes of ethics, registration boards that regulate their behaviour, and they have no formal qualifications in mental health, counselling approaches, risk management or even developmental psychology. But the most frightening aspect of their work is the lack of compulsory supervision of their practice.
2. One reason given for the resorting to placing unqualified chaplains in schools is the lack of qualified Educational and Developmental psychologists. There is a great need to provide more training programs, and to find innovative ways to up-skill young psychologists while they are in supervised employment. When I became a school psychologist my pay dropped from my teacher salary to my school counsellor salary as I could no longer access a “special educational” allowance, despite continuing to work with this population. This was after years of study to complete a masters degree, and years of self funded supervision. There must be adequate remuneration for the employment of Educational and Developmental psychologists in schools to entice people to undertake this additional training. As I have said childhood and adolescence are the times when most mental illnesses first emerge, they are also the times when we have the most chance of effectively intervening.

3. I also find the two tiered system of funding for psychologists to be divisive and unjustified. I hold multiple degrees and have continued to study over my entire lifetime. I chose to do my PhD as a research degree in an area of intense interest to myself, in autism. I am at this point in my life interested in developing specialist skills not more generalist training. I have worked in the field of autism for 10 years, completed a Masters program in autism, and trained in the “gold standard” diagnostic procedures, the ADOS and the ADI-R. I am highly regarded by my peers for my work in this field, I was asked to address the College of Clinical Psychologists in the ACT on autism, and I have presented papers on my research in this field at national and international autism conferences. Yet I am not a “clinical” psychologist because I have not done a generalist clinical masters course. I find this bizarre that in order to specialize, I am not regarded as a specialist. I am a member of the College of Educational and Developmental Psychologists, which does not confer differential funding status, as is the case for any other college membership, despite all the members of these colleges having specialist training in their areas of expertise. I believe this devise funding arrangement has not helped the profession to become more “professional”.
4. With the extra funding coming into Mental Health services it makes no sense to cut back on the number of sessions a client can access under the Medicare Benefits Schedule. This system is already monitored by GPs, and allows people to access appropriate behavioural strategies to manage symptoms in conjunction with their GP’s regime of care. Many cognitive behavioural programs need adequate time allowances for learning skills and receiving feedback and support to embed new behaviours. This is especially true for some of the group programs like the Dialectic Behaviour therapy programs, the children’s anxiety programs, These cuts are counterproductive.
5. Psychologists, like doctors, need to continue to learn throughout their professional lives, as new treatments and understandings about mental health emerge. The statutory requirements for ongoing “Continuing Professional Development, CPD” recognizes this. There needs to be more training provided for psychologists to upgrade their qualifications, as many have been unable to access this training, as courses have quickly filled. There also needs

to be alternate pathways, bridging courses, into this training for people whose original degrees have become outdated.

I believe psychologists have an important role to play in the patchwork of services to people with mental health problems. I also believe that Educational and Developmental psychologists need to have a higher profile in the mix of services offered to children, adolescents and their families.

Shirley Ferguson

PhD(Candidate)MEd(Counselling)MEd(Autism)BA(Psych)BAppSc(OT)DipEd(Prim) MAPS Educational & Developmental Psychologist

29/7/11