

Susan Cavarra

1st August 2011

Re: Senate Inquiry in to the Funding for Better Access to Mental Health Services

Dear Sir/Madam

I would like to lodge my disappointment regarding the current two-tier system of funding between Clinical Psychologists and all other psychologists. I believe that this system is both unfair and uninformed.

I am a practicing Counselling Psychologists who has had extensive (6 years) advanced academic training in mental health disorders and psychopathology. The Masters of Counselling that I undertook had a strong focus on case formulation, diagnosis of mental health disorders and appropriate interventions. This training has been supported by ongoing private supervision (2 years) and extensive clinical professional development. This training is also the same training that students in the Clinical Psychology stream experience.

For the past ten years I have worked in both the private and public mental health sectors working with individuals experiencing the full spectrum of mental health disorders applying evidence based interventions such as Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Psychotherapy, Mindfulness, Acceptance and Commitment Therapy and Emotion Focused Therapy. I previously worked for five years with the Mental Illness Fellowship and for the past three years within the Psychiatric Unit of a private hospital (Pinelodge Clinic). For the past 12-months I have been the Manager of the Psychiatric Therapy Programs at Pinelodge Clinic. For the past three years I have also run a small private practice and the vast majority of my patients have moderate to severe mental health issues.

Many of my colleagues are Clinical Psychologists and we regularly hold case studies regarding our patients and I know for a fact that we do exactly the same work. We do the same case formulation, diagnostic and interventions and it is extremely disappointing that these clinicians are rebated \$50 more for EXACTLY the same work.

I would also like to express my dismay at the possibility that 18 sessions will be reduced to 10. Before any intervention can be approached with a client time is spent building trust and rapport, this often takes 2-5 sessions. This also includes time for the development of a detailed case formulation. Many people with moderate to severe mental health issues require stabilisation and containment before interventions can be identified. After stabilisation has been attained, and a collaborative approach developed, interventions are thus identified and strategies/skills learned. Sufficient time however needs to be allowed for the purpose of practicing these strategies/skills, feedback sessions, adjustments made, and further practice. This process can often take at least a further 10 sessions, if not more. I feel that it is extremely optimistic, if not naïve, to believe that a person with a moderate to severe mental health issues can be helped in only 10 sessions.

As a Counselling Psychologist, I thank you for the opportunity to put my views to this Senate Inquiry and hope that I have provided you with enough information to realise that the training and work experience that Counselling and Clinical Psychologists do is the same and that you rectify the injustice of the current two-tier system and remunerate us equally.

Yours faithfully

Susan Cavarra
Counselling Psychologist