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

Dear Committee Members

I am a clinical psychologist working in private practice. I do not object to the reduction in the number of treatment sessions clients can receive given that there is a referral base for complicated cases. I do however believe that any downgrading of the specialist category for clinical psychologists is ill advised. I draw your attention to the following points:

- Specialists are recognised in other fields of health, mental or otherwise;
- We need to be continuously upgrading our level of expertise and ability to treat psychological disorders and specialist recognition is a practical and real way of providing incentives.
- Our standards need to be at least respectful with regard to international benchmarks (the Committee is no doubt aware that many countries do not consider the basic four + 2 course sufficient for registration as a psychologist);
- The course in Clinical Psychology provides both qualitatively and quantitatively a much higher standard of education and training than any two-year supervision course can achieve. (I completed my four-year degree in 1990 and only completed my clinical maters degree in about 2007. Until I had completed that degree I did not know what I did not know. Having completed a full-time two year course which cost me $50,000, plus two years of income, I believe my ability to diagnose and treat psychological problems has increased ten fold.)
- I am hopeful that in time the basic requirement to diagnose and treat clients with mental health problems will be a clinical masters degree. If Better Access removed the distinction between psychologists and clinical psychologists then this trend towards raising our minimum standards could be significantly retarded.

There is another way of saving a considerable amount of money that is probably not in your terms of reference but is worth noting. The requirement that clients have to be referred by GP's and then have to return to the GP for a consultation after six sessions is an unnecessarily expense. Clinical Psychologists could much better assess clients according to both the 'better access' criteria and the complexity of the problem and then refer out as appropriate with referrals to general psychologists for the less complex cases. I do not imagine it is within your scope to recommend such a substantial change in structure but it may be worth considering that if the number of sessions is reduced, that you also recommend removing the requirements that clients have to go back to the GP for more sessions after they have received six sessions. I suspect that if a psychologist recommends a further six sessions that the GP always, or almost always concurs. It becomes an expensive and unnecessary hoop that clients have to jump through.

Regards
Anne Sacco.