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## **PSYCHOLOGIST**

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Committee Secretary  
Senate Standing Committees on Community Affairs

Dear Secretary

I am a registered Psychologist in private practice and I would like to comment on matters regarding the Government's funding and administration of mental health services in Australia, as outlined below.

### **Training of psychologists**

I am aware there are very few places available in Universities for Psychologists with an undergraduate degree to pursue a career in Clinical Psychology. Consequently there are many Psychologists with an interest and motivation to treat more complex cases but are thwarted by a limited education to enable them to better serve these people.

To my knowledge, student applications for Psychology Masters are in their hundreds at each University offering this postgraduate degree and I know that Universities offer sometimes merely 15 to 20 places per year. This is an abysmal lack of concentration on funds for Universities to be able to allocate the staff, supervision and placements for students desperately keen to operate as Clinical Psychologists and also to closer match the qualifications of our overseas Psychologist counterparts.

Psychologists aim to assist in the healing of psychological conditions disrupting people's day-to-day normal functioning. Some Psychologists would love the opportunity not to feel overwhelmed or inadequate by more severe psychological trauma, and thus keep their client within their care. If more University places were available for Psychologists to further their skills as Clinical Psychologists, the benefit would rest with the client's improved psychological health, limit the risk of losing them through re-referrals and ultimately contribute significantly to society's improved mental health.

### **The two-tiered Medicare rebate system**

In my opinion this is appropriate bearing in mind the disparity between educational attainments for Psychologists and Clinical Psychologists and their justifiable status as specialists. I think it is an oversight of some Psychologists to offer services for which they are not competent. The same may be said of some Clinical Psychologists who may lack the diversity of experience in therapeutic interventions and programs that have specifically been attained by Psychologists.

We all need to be professional in our ongoing assessment of our clients' needs and, when appropriate, refer people to other clinicians. To do this we must research the appropriateness of the practitioner, bearing in mind multiple factors, of which postgraduate training is one, but not isolated to a Masters or Doctorate pathway. There are a number of excellent courses available to specifically cover therapeutic interventions of which Psychologists can become skilled and thus offer invaluable treatment. On the other hand, there is no doubt that Clinical Psychologists' rigorous education in psychopharmacology and clinical diagnoses makes them specialists in the severe end of the mental health spectrum.

**The number of sessions offered under the Better Access initiative.**

It takes valuable time for someone to build rapport and confidence in a Psychologist and it would be a major oversight to reduce the number of sessions from 12 (or 18 in exceptional circumstances) to 10 per year. This could contribute to an increased risk of mental health hospital admissions and overload mental health teams trying to cope with distressed people living with unresolved psychological trauma.

Ten sessions in one year is less than one per month. It is outrageous to expect Psychologists to provide expertise in mental health in this timeframe and without the capacity for some people to complete sessions practiced with learnt coping strategies and thus increase their risk of relapse. Also, and very importantly, ten sessions would often only touch the surface of someone's presenting issue and thus the space is not available to reveal and explore the true nature of their distress.

Longitudinal studies that investigate the effectiveness of therapies beyond treatment help give empirical evidence of the long term benefit of the number of sessions, type of therapy received, from whom and other contributing factors.

**QUESTIONS:**

- What is the Government doing to ensure adequate care of the severely mentally ill bearing in mind the limited number of Clinical Psychologists? How will they cope with the increasing demand for mental health services?
- How can the current University places for postgraduate Psychology degrees cope with the demand to raise the status and standard of the profession?
- How will reducing the number of sessions for subsidised care provide adequate treatment for the mentally ill?