

Senate Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

1. Proposal to change to the two-tier system of Psychologists

I write as a registered generalist Psychologist who has recently completed the specialised training for endorsement as a Clinical Psychologist. Having completed postgraduate training and recently undertaken an additional supervision period, I clearly value the specialty and its unique contribution to mental health services. As such I am extremely concerned at the potential loss of ongoing recognition of the specialisation of Clinical Psychology. Clinical Psychologists are uniquely trained to treat the most complex and severe community mental health presentations.

Clinical Psychology is one of nine equal specialisations within Psychology. We are all equal but we are not the same. Each area of specialisation truly deserves a specialist rebate for that which is the specialist domain of that area of psychology. However, Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity. We are represented in high proportion amongst the innovators of evidence-based therapies, NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions.

It is abundantly clear that there the obvious significant gap in mental health service provision is for those in the community presenting with the most complex and severe presentations. This is the unique specialised training of Clinical Psychologists and, to undertake a comprehensive treatment of these individuals, more than thirty sessions per annum are sometimes required. In this way, Clinical Psychologists should be treated as Psychiatrists are under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices.

All specialisations require a minimum of eight years training including a further ACPAC accredited postgraduate training in the specialisation leading to an advanced body of

psychological competency in that field. No specialisation should be referred to in a manner that creates the appearance of the same level of skill and knowledge as the basic APAC accredited four year training of a generalist psychologist.

2. Proposal to cut the 'Better Access to Mental Health Initiative' to 10 sessions.

I am further concerned about the Government's proposed changes to the *Better Access to Mental Health Care Initiative* ('*Better Access Initiative*') as announced in the 2011 Federal Budget. Specifically, I am outraged by the proposal that from 1 November, 2011, the yearly maximum allowance of sessions of psychological treatment available to people with a recognised mental health disorder will be reduced from 18 to 10 sessions.

Whilst new investments in mental health care are important and are to be applauded, they should not be at the detriment of existing mental health programs. For example, I understand that the Government has proposed to redirect funding from the '*Better Access Initiative*' to team-based community care (ATAPS). Access to psychological treatment should not involve multiple disciplines (i.e., psychiatry registrar, social worker, occupational therapist, mental health nurse) when under the existing '*Better Access Initiative*' clients have already been able to access and achieve effective gains from psychological treatment without the utilisation of team-based care.

Therefore, I am deeply concerned as to how much those treatment gains will be adversely impacted if the funding for the '*Better Access Initiative*' is effectively halved (18 sessions to 10 sessions per annum) as it implies that the same treatment outcomes can be achieved with half the amount of sessions. The proposed cuts to the '*Better Access Initiative*' reflects the Federal Government's lack of understanding of the specific and varied needs of Australians with mental health disorders.

It is unrealistic to expect individuals in a vulnerable psychological state to immediately establish a rapport with a mental health professional even within the current 12-18 sessions – let alone achieve treatment gains within 10 sessions. This places added pressure to recover quickly of face

the threat of being referred to a community team or psychiatrist and therefore having to start again with new practitioners.

I urge you to reject these proposals immediately and instead maintain the current amount of treatment sessions available with a Clinical Psychologist under the *Better Access to Mental Health Care Initiative* to be 12, with an additional 6 sessions for 'exceptional circumstances'.

I trust that my feedback will be given due consideration.