Brigid Goldberg
Clinical and Educational Psychologist
ABN 79 102 525 233

The senate community affairs committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Re: Better Access funding cuts and Proposed loss of two-tiered Medicare rebate system

My academic studies and internships were initially in the field of Educational Psychology and then with further study and another internship, I acquired the dual registration of being both an Educational and Clinical Psychologist.
I feel that I am in a position to comment on the training and expectations of the differing categories of psychologist.

In order to be registered as a Clinical Psychologist in Australia, my South African studies, internship placement and supervision were rigorously overviewed by the Association of Clinical Psychologists before acceptance into the clinical category.
In becoming a Clinical Psychologist, a significant proportion of my studies and internship was in a 'mental institution' for the most serious of mental disorders. This was a requirement for gaining a clinical accreditation.

The ability to understand and be part of a multidisciplinary team interacting with a range of professionals and then becoming primary treatment provider was unique to the clinical psychologist category.
The in-depth and unique clinical expectations in order to deal with the severity of symptoms demanded many differing theoretic approaches so as to tailor a unique program for the individual patient.
The breadth of knowledge expected was of a highly complex nature.
The additional years of study as well as the knowledge and responsibility in deciding appropriate treatment programs, is the unique specialty of a clinical psychologist and as such they require to be diffentiated from the generalist psychologist who has not undertaken this degree of academic study and does not (or should not) be involved in the treatment of patients with deep seated psychological and psychiatric (in some cases) symptoms.

At present, many of my patients are referred by GPs and psychiatrists due to my professional skills and ability to collaborate with them in treatment plans.
The current 12 sessions, with the additional 6 sessions in some cases, are needed in order to assist these patients in receiving the type of therapeutic intervention to keep them as functional as possible in their regular lives.

The amount of sessions should not be decreased, as the feedback is positive for maintaining and even increasing functionality in their everyday lives.

The comparison can be made between the skills of General Practioners with those of the skills of Psychiatrists who have specialized in a specific area of disorders and are thus accredited and afforded the financial gain for this knowledge and speciality.

I would urge you consider that:

- The category of Clinical Psychologist be differentiated and accorded its unique status.
- The number of sessions presently covered by Medicare rebate should at least be maintained or extended in order for effective treatment of clinical patients to be implemented and executed