

Submission to Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services

by Dianne Veitch, Psychologist

I am a psychologist with a Masters degree in Counselling Psychology from Curtin University in Perth, WA, awarded in 2002. I have worked in community justice, community health services, employee assistance programs and am currently in part-time private practice in central Adelaide.

This submission concerns two items under the terms of reference of the Inquiry:

1. The two tiered system of psychologists
2. The proposal to reduce the number of therapy sessions available to clients under the Better Access scheme.

1. The two tiered system of Psychologist referrals

I am deeply concerned by the current two-tiered system of access to psychological treatment under the Better Access to Mental Health Scheme. Under the present system, promoted by the Australian Psychological Society, psychologists with the formal title of “Clinical Psychologist,” are said to be better qualified and more skilled practitioners than other psychologists and tend to see clients who present with more complex psychological disorders.

Under this logic, they appear to be arguing that a recent graduate from a “Clinical Psychology” course is somehow a better and more effective practitioner than a generalist graduate from another course of 10 or 20 years’ experience. This is simply absurd. **It would be worth asking the advocates of the two-tiered system if this is indeed what they believe, and how they can support such a notion.**

Any psychologist who does “talk therapy” is engaging in clinical psychology.

What evidence is there, measured by client outcomes, that “Clinical Psychologists” perform better than other psychologists? This would be the only real test of whether “Clinical Psychologists” are actually better therapists than other psychologists. There is evidence from research that outcomes from counselling regarded as helpful by clients is based on a range of factors, of which the greatest is the quality of the relationship between therapist and client. This factor should exist regardless of the training orientation of the psychologist.

It is of great concern to me that some “Clinical Psychologists” have taken to asserting that generalist psychologists lack suitable skills in assessment of client concerns and in dealing with more complex issues presented by clients. This is absolute nonsense. I undertook training in psychological assessment at both 4th and 5th year level, the latter in the

same class, at the same time, with the same lecturer, as the Clinical Psychology Masters program, so I fail to see how my training could be considered inferior. I undertook three professional placements totalling 120 days, with professional supervision, during my Masters program. I undertook a year of training specifically in how to work with individuals, couples, families and groups. Psychologists with 4+2 training learn “on the job,” with experience and supervision. Different pathways, with outcomes different in some details, but inferior to “Clinical Psychologists”? I urge you not to simply accept the view that “Clinical Psychologists” have superior training and qualifications merely because certain members of this group say so. **They strongly promote evidence-based therapy; let them produce evidence for their assertions.**

Please reject the current two-tiered system and put everyone on the same basis.

2. Proposed reduction in the number of therapy sessions available to clients under the Better Access scheme

I am very concerned about the impact on clients of a reduced number of sessions available.

Not all clients require the maximum number of sessions, and indeed, some are able to move on after around 4-6 sessions or even fewer. **However, clients with more severe and complex issues such as trauma or childhood sexual abuse are very likely to take much longer than that to achieve useful outcomes,** and to cut back their current entitlement provides a disincentive to continue treatment by making it too expensive for the clients who need it the most. How can it be “better access” when it is prohibitively expensive?

If the reason for proposing to reduce the number of sessions available is to save funds, I believe this is a **false economy**. Someone who is functioning poorly in everyday life due to mental health issues is likely to cost the public purse more by using other services, such as medical or other community services. By providing appropriate mental health support aimed at helping individuals develop improved coping, relationships and problem-solving abilities could save far more than the cost of a few counselling sessions. Furthermore, when one individual in a family group is coping better, the other members of that family group are also less likely to be using community services to be able to cope.

Please at least retain the current level of psychotherapy entitlements.

Dianne Veitch