

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

11/7/11

Dear Sir/ Madam

I wish to express in the strongest possible terms my objection to the possible reduction of payments for Clinical Psychologists under the Better Outcomes in Mental Health Care initiative.

Clinical Psychologists provide excellent value for money given the complex nature of the services they provide. They are not only highly trained, but specialise in the treatment of the most complex mental health cases. These cases are often shunned by other services due to capacity within services or by service choice. It is naïve to assume that people with mild and moderate mental ill health will be managed outside the public health system and that complex cases will present to public facilities. The nature of mental ill health; the social, financial and practical implications, as well as the stigma associated with it, guarantees that many people will NOT present to formal health services. Clinical Psychologists working in the Better Outcomes offer a professional, flexible, consumer driven service for these individuals.

It is important for your committee to truly understand that not all psychologists are the same in qualifications or approach. Clinical Psychologists are trained to specialise in clinical care. Unlike any other health professional Clinical Psychologists routinely synthesise multiple therapeutic approaches to meet the needs of their clients rather than expecting clients to “fit” an approach dictated by limited training. It is my experience under the Better Outcomes approach that Clinical Psychologists deal with the most complex of cases that present to General Practitioners. I have personally been advised by the GP’s who refer to me that I am sent patients “they don’t know what to do with” and therefore for whom, beyond medication, they have NO therapeutic approach.

Clinical Psychologists in Australia have routinely been undervalued. I’m sure you are aware of the Work Vale case for Clinical Psychology in WA (2001) which established just this. I personally have international experience. Working as a Senior Psychologist in the Irish Health Sector, with ten years experience I earned approximately 100,000 euros per year. I earn nowhere near this working in Australia. Additionally, in Ireland my skills and approach were actively sought and valued within the mental health system. Conversely, non-Clinical Psychologists were restricted in their areas of operation as their skills are not judged to be as well developed as their clinically trained colleagues.

So I would put to you, that a cut in the scheduled fee for Clinical Psychologist working within the Better Outcomes model would be tantamount to condemning some of the most needy in our society to a second class service. A cut in fees paid will result in the need for increasing the gaps being charged by Clinical Psychologist to make ends meet, further excluding the most vulnerable (Please don't make the assumption that eight hours of appointments booked by a privately practicing psychologist equates to eight clients seen. The "did not attend" figure in psychology is high, such is the nature of the clientele, thus placing a greater financial burden on privately practicing psychologists than salaried psychologists). Further, such an approach will drive Clinical Psychologists out of the Better Outcomes model resulting in an acceptance of a generic approach to care.

The Better Outcomes model has been reviewed and proven to be a highly successful approach to enhancing accessibility and positive outcomes for people in the community with mental distress. Now is NOT the time to strip it of its most valuable asset by undervaluing the clinicians who provide the loins share of the expertise.

I hope you will consider the importance of Clinical Psychologists in your deliberations. It is clearly not substantiated by the evidence that other psychologists have the same professional, and especially, clinical skills. A quality health care system requires highly trained and experienced clinicians and cannot be run on a "one size fits all" approach. To do so will potentially dilute the system, creating an unnecessary reduction in quality of service provision.

Yours sincerely

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