To whom it may concern,

As a member of the APS College of Clinical Psychologists, I wish to make a submission to the inquiry regarding the 2011 Budget changes to the Better Access and other Primary Mental Health services. I believe this matter directly speaks to the work of a Clinical Psychologist and to the most complex and severe community mental health presentations for which they are uniquely trained to treat. It is abundantly clear that there are obvious significant gaps in mental health service provision, which is even more obvious in community settings where complex and severe presentations are treated, thereby taking the pressure from the public sector. This is the unique specialised training of the Clinical Psychologist and, to undertake a comprehensive treatment of these individuals, sometimes more than thirty sessions per annum are 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.

I also wish to make comment on the inclusion of the two-tier system within the Terms of Reference on the two tier system and the cuts to rebated session numbers for psychological services. I acknowledge that 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 (e.g. neuropsychology, health, forensic, family and relationship counselling, community, exercise and sport, education and developmental, and organisational). However, please remain cognisant that 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 well 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, and as such should be treated accordingly.

I am a clinical psychologist and neuropsychologist with over 25 years experience in delivering high quality psychological and psychometric assessment, treatment and supervision across Education, Health and Disability sectors. I have specialist expertise in the assessment and treatment of child, adolescent, adult and geriatric mental health and neuro-behavioural disorders in the community, hospital and forensic settings. Moreover, I have worked in state wide programs to deliver neuropsychological, psychological and disability services in remote, rural and indigenous communities. I have extensive clinical skills and knowledge in the assessment and treatment of mood disorders (eg depression, anxiety, adjustment issues), pain management, and cognitive rehabilitation (eg memory, planning, problem solving). In addition, I have significant expertise in the assessment of capacity and complex case management. However, under the present Medicare scheme individuals seeking such specialist neuropsychology services are excluded and rely on an already overburdened Public Health System. As such, individuals seeking such services are marginalized and provision needs to be made to include access to neuropsychological assessment and treatment under the Medicare scheme.

Thank you for consideration of this submission.

Dr Simone Baker
Clinical Psychologist and Clinical Neuropsychologist