August 3, 2011

Committee Secretary Senate Standing Committees
On Community Affairs
PO Box 6100 Parliament House
Canberra ACT, 2600
Australia

Dear Sir or Madam,

SUBJECT: Proposed Changes to the "Better Access Initiative"

I am a Clinical Psychologist with a Masters Degree and a Doctoral Degree. I have been practicing since 1994 and I have worked as an academic, as a supervisor of postgraduate students undertaking their clinical training in psychology, and as a clinician in private practice. I have been operating a full-time private practice since 2000. I am writing to express my concerns regarding the proposed changes to the Better Access initiative.

My first concern is with the reduction of psychological sessions from the current system of twelve-plus-six to five-plus-five. I believe that this will be a great detriment to people affected by mental illness.

The Better Access initiative has enabled all Australians afflicted with mental health issues to access psychological services. If not for the Better Access initiative a large majority of people would not be able to access expedient and affordable psychological services with a psychologist of their choice. I work with a range of client populations, from those who self refer to those who are referred by psychiatrists and general practitioners for resistant and long-standing clinical issues. Most of my clients present with mood disorders, anxiety, and symptoms as a result of traumatic experiences, many report suicidal ideation and many are from disadvantaged sectors of the community. Most of my clients are seen within the same week of making phone contact. The majority of my clients have demonstrated improvement over the course of their treatment. Those clients who first presented with long-standing and severe mental health issues have typically received more than twelve sessions of treatment within a calendar year. The majority of these clients have voluntarily concluded their treatment as a result of improvement within a twelve-month period.

The proposed reduction to the number of sessions available to clients through the Better Access initiative would affect the overall efficacy of treatment for these client groups. To terminate treatment after five or ten sessions and prematurely withdraw support would affect the overall integrity of the treatment provided. The long-term consequence would be the perpetuation of the psychological condition for the client, and the client re-presenting for treatment in the future.

My second concern is for the potential eradication of the two-tiered model of practice under the Better Access initiative. The current two-tiered model recognises the specialist contribution that Clinical Psychology offers to the treatment of individuals with a range of mental health issues. Psychologists within each of the nine specialisations of psychology offer a unique set of skills and should be acknowledged

for their own merits. The two-tiered model acknowledges the specialist training and service provision of Clinical Psychologists. It also signifies Australian Psychologists as equivalent to their counterparts in the United States and Great Britain where Clinical Psychology is recognised as a specialist discipline, and where similar models of training, practice, treatment, and evaluation are employed.

Unlike the training received by Generalist Psychologists, Clinical psychologists receive specialist training at a Doctorate and or Masters level in Clinical Psychology. Clinical Psychology courses are specialised in evidence based practice and theory specific to the full range of psychopathological conditions. Training is focused on the areas of assessment, diagnosis, case formulation, empirically validated interventions, and evaluation of treatment-outcome. In addition a specialist-knowledge of personality development is acquired through such training, which is imperative to understanding and treatment of the more severe presentations that Clinical Psychologists attract. Following this specialist training a further two years of supervised experience in the field must be undertaken where there is a specific focus on the application of these specialist skills to client groups that exhibit a range of conditions and various severities. Once a psychologist becomes a member of the Clinical College, ongoing professional development and supervision within specialist clinical areas is mandatory in order to maintain Clinical College membership. This is unlike any other psychological college and separates Clinical Psychologists from Generalist Psychologists.

In summary the specialist training, ongoing professional development, and international recognition of Clinical Psychology as a speciality supports the distinction of Clinical Psychologists from Generalist Psychologists. This equips Clinical Psychologists to work with mild to more severe presentations. All considered, the practice of Clinical psychology is more akin to that of Psychiatry than it is to Generalist psychology.

Finally, I am aware of the general findings from the evaluation of the Better Access initiative and I am concerned about the accuracy of the outcomes. I am of the understanding that the studies undertaken did not have rigorous design and methodology. Valid findings can only be derived from well-designed prospective studies that consider a range of treatment variables such as treatment fidelity, number of sessions undertaken, and long-term follow-up. Psychologist and client variables need to be considered such as the diagnosis and severity of the condition, and treatment with a Generalist Psychologist as opposed to a Clinical Psychologist, as well as years of experience. These studies need to be undertaken in collaboration with Generalist Psychologists and Clinical Psychologists. These studies would provide a more reliable and accurate assessment of the Better Access initiative, and would clarify the specialist contribution of Clinical Psychology to the treatment of a range of client presentations. Until such a study is undertaken the aforementioned proposed changes to the Better Access initiative are premature, unfounded, and unwarranted.

Yours sincerely,

Dr. Peggy Kardaras
B.B.Sc., Grad.Dip.App.Ch.Psych., MAppSc.(Psych)., PhD., M.A.P.S