

Dr Sallee McLaren  
Clinical Psychologist  
27<sup>th</sup> July 2011

**RE: Government proposal to cut the 'Better Access to Mental Health Initiative'**

As an Australian citizen, I am writing to express my objection about the Government's 2011-12 Budget changes relating to *'Better Access to Mental Health Initiative'*; in particular the rationalisation of allied health treatment sessions from 18 to 10 and impending changes to the two tier system in reference to Clinical Psychology as a *'Specialist Item'*

Clinical Psychology is one of nine equal specialisations within Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme in recognition of specialised Areas of Endorsement.

All specialisations require a minimum of eight years training including a further ACPAC accredited postgraduate training in the specialisation leading to an advanced body of psychological competency in that field. No specialisation should be referred to in a manner that creates the appearance of the same level of skill and knowledge as the basic APAC accredited four year training of a generalist psychologist. As is the case with Clinical Psychology currently, each area of specialisation deserves a specialist rebate with its own item number relating to that which is the specialist domain of that area of psychology.

Members have advised us that DoHA has had to follow a government imperative to demonstrate cost savings and that this is non-negotiable. Meanwhile psychiatrists have applied political pressure to have an increased emphasis placed on acute youth services addressing psychosis, bipolar and suicidal ideation, which, although important, represent less than 5% of mental health issues. On the other hand, psychologists do most of the hard work in *preventing* significant mental deterioration and helping to keep people on track so that they do not end up psychotic or suicidal or bipolar. Psychologists are experts in behavioural change and can implement effective, long-lasting, and empirically validated changes, without having to resort to expensive pharmaceutical treatments (which generally have low efficacy levels on a par with placebo treatments). Numerous studies demonstrate that pharmaceutical treatments can often make people worse and can keep them in the revolving psychiatric door syndrome for years or decades (note the correlation between increases in mental illness rates and increases in pharmaceutical-treatment interventions). Once people end up in the acute psychiatric system they frequently stop functioning due to heavy medications, quit jobs, go on welfare and end up a significant drain on the financial and social system. Psychologists and Clinical Psychologists in particular are the best means of preventing this type of scenario.

Senator/ Minister I urge you to reject these proposals immediately and instead maintain the current amount of sessions available with a Clinical Psychologist under the *'Better Access to Mental Health Care Initiative'* to be 12, with an additional 6 session for *'exceptional circumstances'*; and the recognition that clinical psychology is a specialisation that should qualify as a second tier *'specialist Item'*.

I trust that my feedback will be given due consideration.

Yours Sincerely,

Dr Sallee McLaren