

27th July, 2011

I have been in and out of therapy since my early adolescence. It has not been easy, but today I'm a grown man and a proud contributor to the Australian economy, and to my society – a success all the more unlikely when it's seen against a backdrop of the stigmatic misconceptions that formed our awareness of mental health issues at the time.

Luckily for me and for people like me, changing times have brought with them real developments in our appreciation of the costs, human and financial, of underestimating a crucial community health sector. We've come to recognise the impact of our uniquely sparse geography on people living in isolated communities. We have a vastly more sophisticated grasp of the issues facing children and young people. Our pharmaceutical infrastructure has come along in leaps and bounds. Our most recent federal budget has seen a genuinely substantial (and long overdue) injection of new funding for mental health research and service provision.

It will be argued that a two-tiered certification system introduces unnecessary complexity to an already demanding field. It must be noted, however, that the distinction between general and clinical psychologists reflects a very real difference in the breadth, depth and length of their educations; their skill sets in dealing with patients at high risk of self-harm, suicide or unfocussed aggression; their training in clinical diagnosis and psychopharmacology. Specialisation is the hallmark of a maturing discipline. Generalisation for the sake of simplicity is regression.

It will be argued that a unified approach will equate to a consistent interface for the patients whose needs we must prioritise. That it will minimise the potential for

confusion among a vulnerable section of the public. That it will be easier, this way, to move from one service provider to another.

But this perception is dangerously misleading. Patients with no way of knowing that they've traded in a highly educated, skilled specialist for a relatively modestly trained generalist are exposed to needless risks, and with the stakes so high, the potential for harm far outweighs even the most alluringly embroidered benefits of a disingenuous uniformity.

Moreover, the way to bolster confidence in, and ensure consistency for people seeking treatment is not to throw an umbrella classification over mismatched service providers, but to ensure that a healthy number of highly skilled professionals are fostered in their education, and supported in their practices. Rather than make them all look the same, let's work on cultivating expertise, and on making our experts easy to find and to engage.

That such an obviously flawed proposal has been allowed to railroad senate attention smacks of the kind of systemic misunderstanding of the ramifications of mental health that made my early exposure so lamentably patchy, ineffective and costly.

Imagine if GPs were licensed to tinker with our spinal cords, or our brains, because they persuaded our policy-makers that a class of surgeons was an imposition on their right to professional equality.

Suddenly, the danger is as unambiguous as it is terrifying.

With the greatest respect,