

**Alex Knopman**  
Clinical Neuropsychologist

3 August 2011

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

Dear Sir or Madam,

Re: Senate Inquiry – Commonwealth Funding and Administration of Mental Health Services
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I have worked as a Clinical Neuropsychologist at Westmead Hospital for over seven years. I see a wide range of hospital patients, including neurology, neurosurgery, psychiatry, rehabilitation, geriatric and general medical patients. I have AHPRA endorsement as a Clinical Neuropsychologist and have been a full member of the Australian Psychological Society College of Clinical Neuropsychologists (APS CCN) since 2005. I have a Bachelor of Psychology (Hons.) and a Masters of Clinical Neuropsychology. I am a strong supporter of increased patient access to psychological services in Australia but patients deserve appropriate treatment – not any just any old treatment.

I would like to make three points in reference to the upcoming inquiry:

1. **Maintenance of the two-tiered system is imperative.** Specialist endorsement is necessary! Psychologists with a postgraduate degree (i.e., six years or more of tertiary study), including Clinical Psychologists and Clinical Neuropsychologists have specialist skills that are not in any way equivalent to those possessed by Psychologists with 4 years of university training plus 2 years of supervision (“4 + 2”). At the very least, the suggestion that we are equivalent is deeply insulting. More importantly, we possess specialist knowledge and specialist skills that enable us to assess and treat patients far more effectively. The suggestion that our specialist skills are equivalent to lesser trained Psychologists is akin to suggesting that a General Practitioner can do the job of a specialist doctor, such as a Neurologist. We all have our own areas of unique training and

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expertise which need to be recognised under specialist endorsement, not overturned by the large numbers of generalist psychologists.

2. **Clinical Neuropsychology is a specialist field.** Clinical Neuropsychologists undergo a minimum of two years postgraduate coursework with a focus on neuroanatomy, neuropsychological disorders (i.e., cognitive/behavioural difficulties due to neurological, medical or developmental disorders), assessment of cognition, and rehabilitation. We are specialists in how cognition, mood and behaviour can be affected by various problems with the brain. No other type of psychologist has this training. Neuropsychological disorders are not the same as general mental health disorders. Clinical Neuropsychologists are unique. For example, I receive referrals from geriatricians and neurologists asking me to assist with differential diagnosis of dementia. No other type of psychologist can do this. I am also regularly asked to calculate the potential cognitive, mood and behavioural deficits that might result from specific types of neurosurgery. No other type of psychologist can do this. It is absurd to think that “4 +2” psychologists could perform my role. The implications of an untrained Psychologist missing a diagnosis or making a misdiagnosis are very serious.
  
3. **Medicare items for Clinical Neuropsychology.** There are no Medicare rebates at all for neuropsychological assessment and treatment services, despite an avalanche of letters of support written to Health Minister Roxon in 2007, and again to PM Rudd in 2010. Access to Allied Psychological Services program does not cover the psychological needs of people with neuropsychological disorders – that is, treatment that is informed by the results of a neuropsychological assessment. People with neuropsychological disorders often have disabilities that are life-long and sometimes progressive, with major ramifications to their psychosocial adjustment, education, careers, and families. Their needs are not being met by the focus on only providing psychological assistance to people with mental health disorders. Additionally, there are currently not nearly enough services in the community available to support people with neuropsychological disorders, especially those with noncompensable conditions, or aged under 65.

Thank you for your consideration. I would be happy to provide any further information so please do not hesitate to contact me.

Yours sincerely,

*(electronically signed)*

**Alex Knopman**

Clinical Neuropsychologist

*B.Psych (Hons.) and Masters of Clinical Neuropsychology*