

To whom it may concern,

As a member of the APS and a Clinical Psychologist, 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.

Kind regards,  
Sarah Pollock

Reply to

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