

Submission to the Inquiry into Commonwealth Funding and Administration of Mental Health Services, 'Generalist' Psychologist, 8 August 2011

I support the scrapping of the two-tiered system, although I believe that \$81.60 an hour of face to face psychological treatment and additional time for case formulation, treatment planning, and administration is extremely inadequate.

As a 'generalist' psychologist, I completed a four year honours degree (which included a thesis) and I worked in a full-time position where I was supervised above and beyond the two year minimum requirement for registration. The same competencies had to be achieved through this pathway to gain registration. I did not do another thesis (so what) and work in different placements, but my belief is that no-one can say they are more qualified to work with different populations through just a few weeks in each area. I also completed a number of postgraduate psychology subjects, modules outside of university, and have continued to exceed the continuing professional development requirements. I went on to work in clinical and health psychology in a full-time position in a hospital for two years, which further developed my clinical skills and knowledge. In fact, I supervised clinical masters students on placement. Yes, a 'generalist' psychologist with an Honorary Teaching Fellowship.

As a 'generalist' psychologist who provides clinical and forensic psychology services, I have what Ms Jarvis conveys as being 'specialist' skills:

- a deep and comprehensive technical understanding of psychopathology;
- the ability to assess and diagnose mental illness in the context of an individual's psycho-social history, to form hypotheses about the factors that contribute to and maintain the illness and the strengths and supports that can be harnessed to assist recovery;
- the ability to draw on a wealth of theoretical and research knowledge, so as to implement preventative and treatment strategies in an effective and responsive way, and to evaluate progress and outcome measures;
- the skill of helping clients to have an active voice in the therapeutic process and to address issues of motivational conflict, self-doubt, and relapse;
- the knowledge of when and how to liaise with other professionals for coordinated care, including access to and monitoring of psychiatric medication;
- the ability to work with people who have complex problems such as comorbidity (more than one diagnosis), multiple traumas and/or family histories of mental illness.

In fact, I have had many clients come to me as a result of ineffective treatment by 'clinical' psychologists. Two examples that come to mind include a young man with PTSD, OCD and Major Depressive Disorder (MDD). He had six sessions with a 'clinical' psychologist then suffered for a further 12 months before his doctor urged him to see me. A significant reduction in his symptoms occurred in under six sessions. The second example involves a woman in her 50s with a chronic health condition and MDD, who had attempted suicide early in the year, was hospitalised, then met with a 'clinical' psychologist who did nothing to help this woman. In fact, she too was hesitant to see another psychologist until her doctor threatened her with hospitalisation if she didn't see me. This woman was suicidal. Her symptoms improved within six sessions. For the first time in her life she feels liberated and can see a future. I am not blowing my trumpet. I would just like people to get off their high horses and look at what is really

important here. Those disadvantaged individuals in society who cannot afford to pay for treatment!

Please feel free to scrap the two-tiered system.