A submission to the senate enquiry into Commonwealth Funding and Administration of Mental Health Services:

As a psychologist with a 4 year academic qualification and a two year supervised period I tender this opinion regarding two issues. (1) the difference between a clinical psychologists efficacy and a generalist psychologists efficacy and (2) the treatment sessions required to assist a person to with severe mental illness. I speak to this after 8 years as a practitioner with experience in the not for profit, government, private and corporate sectors.

Whilst some parts of the psychological community would have you believe that the most severe and complex cases can only be helped through clinically trained practitioners, I believe it is important to be aware of the facts.

In my own practise I currently treat with success many complex psychological presentations, often with co-morbid symptoms. The success of the treatment of these cases is clear. This has included working with many cases of child sexual abuse and associated post trauma and depressive symptoms, survivors of rape and assault, victims of natural disaster and traumatic events such as car accidents. I have worked with numerous patients with eating disorders as well as patients suffering from bi-polar, schizophrenia and personality disorder.

These skills were learned through a program that was developed and run to prepare practitioners through supervision and on going professional development. This was a program that was initially developed to acknowledge the value of different pathways in becoming a skilled and effective practitioner.

Recent research that was commissioned to investigate the benefit of the governments Mental Health care initiative (and as such investigate the possible differences between practitioners) in the Better Access evaluation report found that:

- Most of the services provided to people in high levels of distress (ie, moderate to severe), received services provided by ‘generalist’ psychologists- not ‘clinical’ psychologists.
- Most service consumers (with high and very high levels of need) benefited from treatment provided by ‘generalist’ psychologists.
- Clients of ‘generalist’ psychologists showed higher levels of improvement on these measures than clients of ‘clinical’ psychologists.

The 2011 Medicare data clearly shows that cases treated by ‘generalist’ psychologists were as severe as the cases treated by ‘clinical’ psychologists. Consumers attributed changes in their mental health to the care that they received -the vast majority (about 75%), said they would attribute changes wholly or partially to the provider. I believe that there is further evidence to support this as outlined in Dr Jorms additional information he has provided to this senate enquiry. (See section under additional information received to the senate inquiry)
To me this comes as no surprise. The fact is that all Psychologists have to have gone through rigorous training that until recent time was seen as equally effective in the treatment of mental health issues.

My undergraduate and post graduate training covered the relevant topics including assessment, use of psychometrics, clinical diagnosis and treatment planning. My supervision period which has continued well past the two years required has included training in the specific techniques required to effectively assist people with mental health conditions. The suggestion that my training has allowed me to treat mild presentations with relaxation techniques and basic CBT is simply untrue.

As I right this I have just completed a session with a patient who was sexually abused for 18 years at the hands of her uncle. I am now preparing to treat my next patient who has suffered from anorexia and anxiety for the past 12 years. My following patient has experienced depression, alcoholism for the past 6 years. In each of these cases all of the patients have made marked and measured improvements in their functioning and decreases in their clinical symptoms. These are hardly mild or moderate cases.

The people of Australia need more access to the Medicare system. Whom they should access should be determined by fact rather than opinion. The facts show that generalist psychologists and clinical psychologists are equivalent in their efficacy. As such rather than decreasing the availability of sessions for the general public the level of sessions should be increased for those who are suffering more severe symptoms. The proposed reduction of sessions will only adverse those most at need. The research is clear in that it shows that the duration of treatment is longer for those who have more severe and complex presentations.

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