

I respectfully submit the following in response to the Inquiry into Commonwealth funding and administration of mental health services.

In particular my background, training and experience allows me to make comment on the terms of reference b(iii), b(iv), and e(i), (ii) and (iii).

I have worked as a psychologist for over thirty years becoming first registered in 1980. I undertook an undergraduate degree in psychology after having worked within the Victorian public service for a number of years. On completion of an honours degree (4 years) I applied for work within the then Mental Health Branch of the Victorian Government. I obtained a position as a Psychology Officer Grade 1 within a rural hospital (Mayday Hills Hospital Beechworth Victoria). I believe that I was one of the very last graduates to be accepted into the mental health branch with a four year degree and further believe I was accepted as I was prepared to accept working in a rural area in a large psychiatric hospital that had never before had a psychologist appointed to the staff. In preparation for my appointment I undertook some supervision at a Melbourne Psychiatric hospital before commencing at Mayday Hills. On commencing the job I was acutely aware of how ill prepared I was to undertake the role within a large and complex organisation dealing with the most vulnerable patients who were experiencing the impact of severe mental illness. In order to improve my knowledge and skills I undertook regular (initially fortnightly) supervision in Melbourne, as there were no clinical psychologists in the area, some 3 hours away. During the ten years that I worked at Beechworth I committed to develop my skills through training professional development and from working with experienced Psychiatrists at Beechworth. My on job training was extremely valuable, however, I was aware of my limited formal training so decide to return to Melbourne and complete a Masters degree in clinical psychology.

After successfully completing that degree I worked within a metropolitan community health service becoming the Area Senior Psychologist before moving to roles now as a lecturer within a Clinical Psychology training program and working in private practice.

I have worked within the public mental health system, within the private system now training new clinical psychologists and feel able to comment on the two tiered Medicare system and the impact of changes in the number of sessions.

I believe the formal training at Masters and/or Doctoral level is required to ensure optimal assessment, treatment and provision of services to clients of psychologist whether they are public or private. Although my experience was incredible valuable the formal training the scientist/practitioner model in assessment, formulation, treatment provided a depth, theoretical background in a broad range of areas that cannot be covered via a 4 plus 2 experience. The distinction made by having two tiers is important in recognising the greater level of formal training that is required and I believe is essential to work with the complexity of presentations that clinical psychologists deal with to improve the lives of people who are struggling with the debilitating impact of mental illness. Although some skills are shared with "generalist psychologists" the formal training has equipped me to deal with clients with a greater degree of seriousness, complexity and I believe effectiveness. Overall, in order to improve the standards of the profession in order to provide optimal treatment to the widest range of clients I believe the minimum standard should be at a Masters degree level which is currently recognised within the two tiered system.

I work part time within a private practice and am aware that since the inception of the Medicare scheme that I have been able to see a number of clients that would not be eligible for community mental health services due to the restrictions on access, availability and the need for psychological treatment. A number of these clients have ongoing depressive illnesses and are at times suicidal. Others have issues that require long term treatment (including personality disorders, post traumatic stress disorders and serious mental illness for example, Schizophrenia and bipolar disorders). The uptake of these services suggests that there is a substantial need for clients to access psychological treatments that are high quality and of sufficient length to ensure adequate treatment. Restricting the access of these clients to adequate treatment will further exacerbate the demands on the public mental health system, or mean that clients with serious mental illnesses remain untreated with potentially serious consequences. Since the changes have been announced I have had feedback from my current clients who are extremely concerned and highly anxious at the limitation of access to ongoing treatment and I urge you to consider the serious impact of this decision

Yours sincerely

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