

# BAKKER PSYCHOLOGICAL SERVICES

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Date: 25 July 2011

Committee Secretary  
Senate Standing Commissions  
And Community Affairs  
Canberra ACT 2600

RE: Better Access in Mental Health Cuts

I like to politely react to your ideas concerning the cuts announced in the 2011/12/Federal Budget in the above mentioned program. The Australian Psychological Society will without doubt provide the Committee with all details and figures it will need.

I could off course write an enormous letter about all the ins and outs the APS will mention but I am a believer in effectiveness and common sense and I sincerely hope that in the end the committee will make the right decision concerning the mental health of the Australian people. Most programs now receiving more money do not seem to be that efficient as Better Access in my opinion. I never heard any of my patients in 11 year practice using them or trying to access those including ATAPS.

ATAPS is a more expensive and less cost effective way as the governments own evaluation suggests, the main problem is that ATAP is mostly employing General Psychologist and often junior psychologists probably to save money. Also, ATAPS will not be able to cope with the need in society. Only Clinical Psychologists received enough and extra training to take well care of severe mental health problems with proven effective treatments and are able to diagnose psychiatric problems. Putting aside the more experienced and trained Clinical Psychologists seems to be not in the advantage of the severe mentally ill but also a complete waste of money on their post graduate training. If there is no differentiation with normal psychologist then this will lead to a slowly degrading level of knowledge and the whole quality of mental health in general will suffer.

In most countries Clinical Psychologists are regarded as specialist for quite a long time now.

I agree with the fact that a lot of problems do not need more than 10 sessions but some just do need more to overcome their severe problems. Eighty percent of my patients either have a psychiatric disorder or a co morbid problem like a history of child abuse or a secondary diagnosis. I get the impression that GP's in my area already make a distinction in which patient they refer to clinical psychologists. These are the more complicated and more severe cases.

I am of the opinion that GP's should make the differentiation between mild and moderate and/or more severe mental health problems. On the basis of this assessment the patient should be referred for the proposed 10 sessions or in the case of more severe problems to a Clinical Psychologist for a high amount of sessions (even more than the 18 now) like other providers. The length and amount of sessions should be on the basis of the need of the patient. This will in my opinion lead to cost savings but not at the cost of the worst suffering patients.

I hope I have suggested an idea that is worth thinking about;

With highest regards,

Rudd de Bakker, Clinical Psychologist