August 5, 2011

Dear Sir/Madam,

RE: Submission and request for name to be withheld

I am writing in response to the Senate Inquiry into the Better Access Mental Health initiative and related matters. I am a highly experienced practitioner, having completed my training in clinical psychology over 30 years ago. Since that time, I have spent more than 20 years working in NSW Health in various mental health services, taught psychology at under- and post-graduate level and supervised over 500 psychologists trained in the 4 plus two years supervised experience program. I currently work part-time in private practice and for NSW Health where I teach and supervise doctors completing their psychiatry training. My work with psychiatry trainees relates to a special initiative which recognises the inadequate psychotherapeutic skills that current psychiatry graduates have, acknowledging the negative impacts the lack of psychotherapeutic skills has on patient care.

I have worked in the NSW Mental Health system since 1980 and seen the erosion of services, including the removal of many psychologist positions over the years and the resulting long waiting-lists and limited service provision possible in the system. I would like to add that I have always worked in a two-tiered system, as NSW Health along with other health departments in Australia has always had a differential pay scale for psychologists and clinical psychologists.

I would also like to bring to the attention of the inquiry that the introduction of Medicare has introduced forces into the profession of psychology that I have experienced as destructive and personally very disturbing, as a psychologist who has set high standards regarding whom I have let into the profession. The current context of vitriol such that many psychologists and in particular clinical psychologists have felt intimidated and even ashamed to be a clinical psychologist has caused me to request that my name be withheld on this submission. I have always called myself a clinical psychologist and now I feel uncomfortable to use this title, because of the response from some generalist psychologists. I find this very unsettling, given that I have spent many years training these practitioners who now attack me. Current forces within the profession that belittle the value of intensive training that clinical psychologists undertake need to be recognised as being counter to well-recognised standards in Australia and overseas and pursuing other objectives.

I now turn to some specific comments I would like to make:

ATAPS

I recently chose to withdraw from the local programme after an altercation with a GP who would consistently refer patients who I felt were not eligible for the program. Such patients were living in middle-class circumstances and had significant resources, eg., investment properties. I was very angry when the ATAPS scheme ran out of funds in January this year. I would like to see some way that eligibility criteria are followed so that the scheme is not used inappropriately for individuals well able to access other service possibilities.

Two-tier System

The original intention of the Better Access Scheme was to draw attention to the differential skills of psychologists who work in mental health. There is significant evidence that points to the superior

training of clinical psychologists. In Australia, it has been very difficult for psychologists to access clinical psychology training programs due to changes in the funding in the university sector and the expense of such programmes, given that they require additional resources, including the operation of university clinics at which students see patients. This is an area that deserves greater funding if there is to be a real commitment to improving workforce capacity and standards in the delivery of psychology services. Currently, I meet young psychologists who are unsure whether they should continue with their plan to enrol in clinical psychology training, given the cost of training and the intense time commitments such programmes require. The removal of the two-tier system provides no incentive to undertake such study and serves to undermine the profession of psychology.

Decrease of Number of Sessions available Through Medicare

Clearly the intention of the Better Access Scheme was to limit expenditure by having a cap on the number of sessions. The possibility of 12 sessions per year has worked very well for me with those patients whom I treat with chronic mental issues that need regular contact to keep them in their work, out of hospital, continuing in their roles as carers or living in highly compromised situations involving substance, physical and other forms of abuse. These are the patients with whom I carefully spread out contact so that they get most out of my treatment and avoid engaging in other treatment systems. Similarly, the very small proportion of patients that I see that require 18 sessions are invariably complex cases that involve extensive contact with other health and related practitioners and services. Restricting the number of sessions provided to such patients means overloading other parts of the system, including psychiatry and general practice which already have service delivery issues in relation to mental health treatment.

I hope that the inquiry takes into account my comments.

Thankyou for the opportunity to speak about such important matters.

Yours faithfully,