

Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

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Submission by
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Clinical Psychologist

I am the sole residential Clinical Psychologist working within the Eyre Region of South Australia (a large region which includes over 2,000 km of coastline). I work in private practice and specialize in clinical infant, child, adolescent and family psychology. Additionally, my work involves providing education and supervision to both Trainee Psychologists and multidisciplinary Mental Health Workers within the region. My professional practice also provides a consultancy service to Families SA (DFC) and I conduct promotion and prevention groups for families and professionals in the area of infant mental health.

My clinical training includes a Bachelor of Science (Honours), Master of Psychology (Clinical) and a PhD (Developmental & Clinical). I completed my clinical training in Western Australia, which included two years of supervised clinical practice after the completion of the Master of Psychology. I have twenty years experience in Clinical Psychology, including 'research, forensic, adult, infant/child and adolescent'. I consider myself a specialist in Clinical Psychology, as evidenced by my tertiary training and applied clinical experience.

To the best of my knowledge, we have two trainee Psychologists and two registered Psychologists living and working within the Eyre region (residential). We have a Forensic Clinical Psychologist who visits every month and two other visiting Psychologists who consult fortnightly (visiting). All residential Psychologists are competent, necessary and busy; however, they do not have advanced clinical training and therapeutic intervention skills in 'child and adolescent mental health'. The local CAMHS system is a small team of Social Workers & Mental Health Nurses who are often unable to provide therapeutic intervention due to the number of crisis admissions and travel time due to the vastness of the region. I have a continuous 6-12 month waiting list and many of my clients travel up to 4-5 hours round trip to access the clinical expertise and therapeutic service that I provide.

I bulk bill 'all' of my patients under the Medicare Better Access Psychological Therapy Rebate as the vast majority cannot afford a gap fee. This puts my practice under pressure financially, but I continue to provide this service in good faith and due to the lack of alternative options for local families. For example, a flight to Adelaide is over 800 dollars for adult and child, and the drive to Adelaide is a 16 hour round trip. My regional and rural clients are grateful that I work and live in regional Australia and that they can access specialist mental health care via the GP Better Access Mental Health Care initiative. I work with many children and adolescents who have experienced severe and chronic trauma which requires more than 12 sessions per year and without the extra 6 session option for exceptional circumstances this would make the therapy unviable and clinically unethical.

Put simply, if the proposed changes take place (reduction to 6-10 sessions) and reduction of higher clinical specialty rebate I will not be offering therapy to the families of Eyre Peninsula. This part of my practice will be closed to the public as it is not ethically or financially viable. The major losers will be vulnerable local families in need of expert specialist clinical intervention.

cc Minister for Mental Health, Mark Butler ministerbutler@health.gov.au

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cc Greens Spokesperson for Mental Health: senator.wright@aph.gov.au