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I originally trained as a 4+ 2 psychologist some 35 years ago. My work experiences began in the mid-70s with many years in psychiatric institutions (the old “mental hospitals”) and mental health clinics in Melbourne, dealing with the seriously mentally ill. For the last 24 years I have been in private practice in regional Queensland. As part of my work here I am a contract counsellor for Vietnam Veterans Counselling Service and for an aboriginal health service. In my private work I regularly see people who have suffered complex traumas, and others who have bipolar disorder or personality disorders, as well as phobias, PTSD, depression, addictions etc - all serious mental health problems.

Since my original degrees I have obtained long-term training in family therapy, hypnosis, Eye Movement Desensitization and Reprocessing, Acceptance and Commitment Therapy to name a few. I have accumulated hundreds of PD points every year – enough for several PhDs by now.

However my training and experience over 35 years does not seem to qualify me to deal with the more severe mental health problems, and to be appropriately reimbursed by Medicare.

With this background in mind I would like to address several aspects of the current enquiry.

(a) Budget Changes relating to mental health

I think this should be increased rather than decreased. I know that seeing me regularly keeps several people out of hospital. Surely prevention (of hospital admissions, breakdowns, suicide,) is better than picking up the pieces later.

(b) Changes to the Better Access Initiative

My experience shows that the Mental Health Care Plan from a GP is not usually very helpful nor well-done . The old quick referral note was just as good.

The number of sessions allocated should be increased not decreased. Sometimes it takes 6 sessions to really get to the bottom of an issue and realize the depth and breadth of a problem.

This cannot be done quickly. How does one build rapport and trust, fully understand the issues, assess where intervention is possible, support the client to make the changes or learn new strategies, evaluate these and consolidate changes, all in 6 sessions??

It was great to use 12 or more sessions to enable the client to make some really lasting changes in their lives, not just apply a bandaid (which I fear happens with only 6 sessions, with serious issues).

The two tiered rebate structure is very vexatious to me. Given my experience and training, listed above, where is the evidence that I am not as capable as a “clinical psychologist”???? . Please tell me. I find it embarrassing and humiliating to explain the current system to clients, especially when they say they have seen another psychologist previously and received more rebate from Medicare. Where is the evidence that one is better than another – whether they have a masters in clinical psychology, counselling psychology or a mere 30 + years of experience?

Surely there are many pathways to the delivery of mental health services. So far there is NO evidence that one is better or worse- they are just different.... A message I think we constantly try to impart to clients about themselves personally. Surely it is time for us to practise what we preach and accept that there are many different approaches from psychologists which are valid and useful in order to aid struggling and suffering members of the community. Maintaining ongoing Professional Development would seem to be a far more practical way of trying to ensure the maintenance of relevant skills and knowledge for psychologists. (as has been set up by APS and Medicare)

As well, I find these submissions containing judgements on what others within the profession may or may not be doing or what training they may or may not have had, to be quite antithetical to our professional code of ethics (Cf general Principle C: integrity). Such opinions seem to be based on conjecture NOT evidence.

Therefore the 2 tiered structure seems unhelpful, misguided and really divisive without any evidence to back it up.

(F ii) funding for indigenous people

As stated I work for an Aboriginal health service and again usually the number of sessions allocated is minimal, and inadequate to address fully the complexities of the issues these clients present with. At best I apply a bandaid to stop the current bleeding. More funding for more sessions would enable us to make a REAL difference.

Yours sincerely

Barb Wood