

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

### **Terms of Reference: Changes to the Better Access Initiative**

- a) impact of changes to the number of allied mental health treatments services for patients under Medicare Benefit Schedule**
- b) Mental health workforce issues the two tiered Medicare rebate**

As a clinical psychologist I treat mainly patients with serious mental health issues: Psychosis, Bi-polar Disorder, Borderline Personality Disorder, and Dissociative Personality Disorder amongst others.

90% of my patients have required the 18 session available to people suffering from severe mental disorders per year under the current regulations. Whenever possible we supplement with 6 more sessions under the ATAPS scheme so that I can see them roughly fortnightly. 83% of the patient group I see have tried to commit suicide at least once; quite a few had numerous attempts. Most of these patients also self-harm to the extent of losing 1 litre of blood in one cutting incident. Another large percentage of these patients have been violent prior to treatment mostly against objects but also against people.

By seeing them fortnightly I can generally keep these patients stable enough that they stay out of hospitals and out of serious trouble. Having these patients go untreated and as a result often go off the rails is very expensive to society in terms of lives lost, hospital and ambulance costs, as well as damages to property and people.

I can achieve good outcomes for my patients and am not afraid to treat people with difficult and violent histories, because I have been trained extensively and am very experienced. I have studied full-time for 11 years and I have nearly 8 years of full-time frontline experience in the Psychiatry Department of a large public teaching hospital. I have been in the emergency department seeing patients who have just tried to take their life or cut down to the bone when self-harming.

Because of my training and experience I get referred the more chronic and difficult cases in my private practice rather than the neurotic housewives, and I do believe that this should be reflected in the Medicare rebate.

At the same time I believe that other specialist Psychologists such as clinical Neuropsychologist who undergo at least 6 years of full-time university training and hospital placements in order to attain college membership should also be awarded a specialist rate.