

Community Affairs, Committee (SEN)

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Sir/Madam

I am a Clinical Psychologist, now working part-time, being aged 67, having had a wide-ranging career in the treatment, research into and teaching about, a wide range of psychological disorders.

In regard to the Terms of Reference I wish to address the following:

(c) the impact and adequacy of services provided to people with mental illness through the ATAPS.

I practice in an outer northern suburb of Melbourne and see people with a variety of mental illnesses and of a variety of ages. Although there is a local area mental health service, it is unable to meet the needs of all people seeking help. Therefore, I see that I and my colleagues provide for a great unmet need in the region.

In relation to the number of sessions available to treat people with mental health problems, six and, at the most, ten sessions per year is not adequate for many of my patients, who could not otherwise afford to see me, or indeed an 'ordinary' Psychologist. A 21 year old, unemployed woman I saw for the first time last night, who is severely depressed and unable to cope with meeting people, therefore unable to even work, lives with her single aunt, due to family conflict and who sees life as hopeless, will require many sessions of treatment before she is able to function reasonably in her community. Obtaining this treatment from a health service would mean going on a waiting list, by that time she may have quite possibly attempted suicide.

(d) services available for people with severe mental illness and the coordination of those services.

I look forward to a more organised regional service, in cooperation with other health professionals, including GPs. I am currently involved with a local Mental Health Professionals Network group and hope this will lead to a more working collegiate relationship with clinicians in the area.

(e) mental health workforce issues

(i) the two-tiered Medicare rebate system for Psychologists.

(ii) workforce qualifications and training of Psychologists.

I appreciate that the health budget is limited, but not all Psychologists are equal in their skills and knowledge base. Careers within state health services recognise this by having distinct roles and salary structures for Psychologists and Clinical Psychologists. Therefore, there should be a distinction between both types of Psychologist within the Medicare system and the service they are qualified to provide.

Within Mental Health, Clinical Psychology is the only profession, apart from Psychiatry, where our entire accredited and integrated postgraduate training is specifically in the field of psychological development and advanced evidence-based psychopathology, assessment, diagnosis, case formulation, different forms of psychotherapy, evaluation and research across the full range of severity and complexity of illnesses. Many Clinical Psychologists develop new types of evidence-based therapies and our involved in NH&MRC Panels, other mental health research bodies and within mental health clinical leadership positions. I personally have three undergraduate years in Psychology, a Master of Science within a Dept of Psychiatry, as well as a PhD in Psychology.

On the other hand a Psychologist is required to have completed a three year sequence of study and a further three years, possibly of internship, not necessarily training in the clinical specialty, but in any form of psychology.

I trust you will consider these issues

Yours sincerely

(Dr.) Michael Groome