

To Whom It May Concern

#### Reduction of Mental Health Sessions

Ten sessions per annum is a reasonable number for individuals with a short-term, crisis driven mental health problem. It is not in any way sufficient for individuals experiencing ongoing, severe mental health problems. Often with individuals with serious problems a year or two of fortnightly sessions, occasionally more frequent can help such individuals make a real difference in terms of improving their life-finding paid and unpaid employment, and establishing functional lives. Clinical Psychologists should, like Psychiatrists be trusted to establish the appropriate needs of the patients for therapy and support. Most need at least double the ten sessions allocated. The Exceptional Circumstances provision went some way to meet the needs of the most challenging patients. I think that patients with serious mental health problems such as Bi-polar disorder and a history of psychosis often need at least 26 sessions per year.

Few psychiatrist provide this support. Many long-term patients see their visits to a psychiatrist as a rather quick check of their medication and current symptoms, after their intensive and thorough first interviews.

#### General Practitioners' Care Plans

This is unnecessary apart from the identification of the patient's problems and reason for referral. It is surely more appropriate for the Clinical Psychologist to assess the patient and decide what treatment would be most appropriate in the circumstances. This is why I undertook a two years Masters in Clinical Psychology and why Clinical Psychologists have advanced training beyond a basic degree in psychology.

As a clinical psychologist I have training in multiple models and strategies and a broad understanding of mental health problems along the continuum from life stressors to serious mental illness.

It is sad and laughable that you might consider paying Clinical Psychologists a base, reduced rate doing away with the two-tiered system. What is the point of advanced training? I hardly think it was a waste of time. It was only in the Masters Training that my psychology education focussed entirely on the assessment and treatment of mental health and social problems, and on the research basis for different treatments. And as I was able to train in the United Kingdom, where community mental health services in the public sector were alive and well, that I spent the two years actively apprenticed to 8 senior clinical psychologists, in 8 different settings, with 8 different types of clients/patients.

Will Barrister's rates be reduced despite their years of further training? And specialist doctors? Surely the point is we pay for increases in skill and knowledge levels.

Work force shortages of psychologists.

If there was support and funding for greater, free access to community mental health teams, people like myself who have decades of experience but who are largely working in private practice, might be paid to work a day or two a week in the community to provide supervision and training for clinical psychology trainees and psychologists. This would improve services for the disadvantaged and pass on skills to the next generation. I think medicine manages this more effectively because it is much better funded by governments.

I would be appalled if the government did away with the two-tiers. I think I would sell my home and give up working. If so little is thought of my training, my further diplomas in family therapy, marital therapy, hypnotherapy, gestalt therapy, mediation and other courses too numerous to mention why bother working?

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