

Dear Committee Members,

I am a Clinical Psychologist with over thirty years of experience in the provision of psychological services across a range of people from community Health Centres, private psychiatric hospitals, Workcover, TAC, Victims of Crime and in private practice. In private practice, all of my referrals have been jointly managed with the referring Medical Practitioners. For twenty years, I was the Clinical Director of an inpatient treatment program at The Melbourne Clinic where CBT techniques formed the platform for the psychological treatment of complex problems including severe depression, anxiety, PTSD, Obsessive Compulsive and related disorders.

The government's decision to include psychologists and others who provide non-drug interventions for psychiatric/psychological problems was seen by me and others as a tremendous advance in providing the best treatments for those with mental health issues. I appeal to the committee to strengthen this program by increasing the number of group and individual sessions for these evidence-based interventions. I work collaboratively with psychiatrists on a daily basis, and the best practice is where drugs and other physical constraints - hospitalization, ECT – are the first and main intervention only in extreme cases. It is preferable to provide psychological therapy, and if that is ineffective, to then move to the more expensive forms of intervention. There is no doubt that some derive benefits from medication, but benefits are enhanced by the collaborative role of therapy.

The work of Clinical Psychology has been greatly enhanced by the Better Access program where their particular expertise in cognitive and behavioural principles is able to be directly accessed by referral from the GP or Specialist. Further, the person can access the treatment on an annual basis to reinforce the strategies being taught – sensible thinking through problems, better management of shifts in emotion, and establishing a structured routine their lives. CBT techniques are effective in helping people to live better. The Better Access program has been a remarkable initiative in Mental Health care in providing services that are based on scientific principles and driven by research psychology. I attend professional development conferences overseas where the Clinical Psychology provides significant research, training and innovation in Mental Health. Australian Psychologists are making major contributions to this process.

The proposed changes to the Better Access program will weaken our role in the Mental Health, reduce the efficacy of psychological work, and force patients to rely more on drug treatments alone. The Australian Healthcare system is enriched by have universal access to psychological treatments that should by increased in the number of sessions to be equal to those of the profession of Psychiatry. Your committee members would be aware that patients seeking therapy from a psychiatrist have access for 50 sessions per year.

I hope my submission will be accepted even though it is being forwarded a few days after the deadline of August 5th, 2011.

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