

To the Senate Committee:

I write to you with regard to the Senate Committee on Mental Health Access and to support the case for the two-tiered system of clinical and general psychologists.

I am a clinical psychologist, researcher, and trainer of psychologists. I work in clinical settings providing treatment to adolescents, as well as conducting research to test treatments for adolescents with mental illness.

I practice in a smallish size town about 60 minutes from Melbourne. This town has a lower socio economic profile. Prior to the Better Access system our town had almost no mental health services. As a result of Better Access we now have 3 private psychologists working in the town, located within the GP clinics.

To the best of my knowledge I am the only clinical psychologist who specialises in working with mental illness in adolescents. I currently have a waiting list that is 8 weeks long. I bulk bill the majority of my young people and for the first time in the 20 years that I have lived there, adolescents have access to a clinical psychologist, trained in mental illness, when they are mentally ill.

Our public mental health centre is 60 minutes down the freeway and, as I am sure you are aware, public services rarely reach the fringe areas of their catchment adequately. Furthermore, our closest mental health service has no clinical psychologists in its employment, with most staff being trainees.

Clinical psychologists receive specialist training in mental illness and in psychiatric settings. They are required to undergo a 6-year degree. In the UK and the US clinical psychologists are recognised for their superior training and ability to work with the severely mentally ill. In many overseas countries it is considered inferior to simply train people with a 4-year psychology degree as we do here in Australia. I am concerned that if we do not recognise the value in this work our standards will fall even further behind.

Furthermore, there is a strong case to me made that clinical psychologists are cheaper in the long run when compared to other methods to treat mental illness. For example, recent research is showing that medication for mental illness leads to greater and greater disability and greater costs in the long term. A recent review of this research can be found here:

<http://www.madinamerica.com/madinamerica.com/Anatomy%20of%20an%20Epidemic.html>

I am working with young clients who are making significant improvement in their lives, often I see them take on work and reduce their potential burden on the welfare system. All these changes are because of the funding to support clinical psychologists to work with the mentally ill people. This work is not just for the worried well. Many towns like the one I practice in have had minimal quality services for a very long time.

I would urge you to read the research comparing the costs of psychological therapy by a clinical psychologist, with other methods.