To whom it may concern,

I would like to highlight the following concerns I have in light of the recent implications of the 2011 Budget changes to Better Access and other Primary Mental Health services (with the intention to reduce funded sessions from 12-18 to 10 sessions)

The psychology service provision under the better mental health access scheme is documented to be already be self-regulated!!!

- only 8% of patients accessed the further 6 sessions- suggesting that this clientele base most likely suffered severe mental illness compared to the 92% of other patients

My patient load consists of a clientele base that would not be provided with a service under a public service/ATAPS scheme for the following reasons:

- gross inequity of access to services (i.e. learning disabilities, severe cases, comorbidity etc.);
- absence of service provision (i.e. out of hours appointments)
- I see a large severe psychiatric base which require therapy in addition to psychiatric-medical intervention which cannot be conducted in only 10 sessions (i,e. Psychosis, bipolar disorder)

Case example: a young lady suffering severe depression (with high usage on emergency departments), who was refused services by the public sector as she suffers an intellectual delay and therefore cannot complete their treatment. This client has not accessed emergency department services since commencing treatment with myself.

Case example: co-morbid alcohol dependency and PTSD denied services by public sector due to his co-morbidity

Case example: female mother of three who requires out of hours appointments so that her husband can take care of the children outside of his work hours, while she seek services.

Failure for the public sector/ATAPs to provide services by well trained staff:

- Clinical psychology training means that what I provide is scientifically proven to reduce psychiatric conditions
- much of the work force include social workers, nurses and generalist psychologists who are not as specialist/ nor trained in the treatment of severe clinical disorders (compared to clinical psychologists)
- failure of public sector and undertrained ATAPs staff to provide evidenced based treatment as Social workers/nurses are not required to be trained in evidence based therapy
- ATAPS documented unwillingness to hire clinical psychologists due to the cost favouring cheaper/less trained professionals

Furthermore, most of my clients would experience a significant wait for treatment in the public sector for the following reasons:

- significant public sector and ATAPs waitlists, for many services including 3-9 month wait
- public sector psychologists see approx. ¼ of my case load in a given week, thereby services far less people
- lack of incentive for public sector services to reduce wait-times
- excessive 12month plus wait in public sector for child therapy services

Example: Average 3-6 month wait for services in Anxiety disorders in NSW

Significant failure in each state to adequately educate the public on where and how to access public sector services

- no website/or phone book/phone referral service detailing departments/services in the public sector for each clinical disorder- they are almost impossible to find, I only know from working in these departments

Thank you for your consideration.

Clinical Psychologist