

Dr. Craig San Roque
BSc Hons Psych PhD
Member, International Association for Analytical Psychology,
ANZ Society of Jungian Analysts and Australian Psychological Society

August 1 2011

To The Senate Enquiry re Medicare and Mental Health Services

Orientation.

This letter endorses the submission from the Australian Confederation of Psychoanalytic Psychotherapies and from the Australian New Zealand Society of Jungian Analysts.

The ANZSJA letter underlines that our members are engaged in the treatment of patients via long-term and short term, Psychoanalytically based Psychotherapy. They treat a range of mental health issues and are trained to treat chronic mental disorders, personality disorders, psychotic disorders, anxiety, depression and those suffering long term abuse and trauma. My letter extends that picture.

It takes the form of a census style snapshot of my own practice as at July 2011 - This is intended to demonstrate the actual case load of a psychoanalytic trained psychotherapist adapting and directing experience and expertise toward clinical patients- as is normal and expected in long term client funded therapy and in conventional short term sessional Medicare supported therapy. However the specific focus of this letter is to also to reveal the extent of professional and somewhat unseen support that I am able to contribute to other professionals, most of whom are therapists themselves engaged at the coal face of mental health services and governance in indigenous affairs in this location.

There is a tradition in psychoanalysis that professionals, even after their training attend to the care of their emotional health and mental acuity through regular psychological support and /or supervision. This is preventative and calculated to maintain psychological resilience. Senior analysts often take that role. This is my current role, a somewhat 'hidden' activity of providing 'care for the carers'. directed also to the mitigation of practice related stress and (in some cases) the breakdown of professionals, currently working under duress and at the limits of their knowledge and experience in remote area indigenous Australian settings (post the 2007 NT Emergency Intervention).

No claim is being suggested here that Medicare funds be directed to professional support and supervisions - a suggestion is made however that the psychoanalytic theory, method and relational skill is uniquely adaptable to application in diverse, contradictory and paradoxical human circumstances- it's method of training provides a depth of understanding of the human condition and breadth of view. Psychodynamic analytical psychology is flexible and an adaptive practice style applied in individual, family, multi ethnic and organisational settings. In my practice I have made a specialised application of psychoanalysis as basis for supporting and developing the resilience of 'carers' working in many settings.

Current snapshot. (Personal)

Qualifications/ Experience.

My initial psychological then psychoanalytic training was in London between 1973 and 1984. I went to the UK specifically for this purpose, there being no such training available in Australia at that formative time. Since then I contribute to psychoanalytic training in ANZ. In short- I am a psychoanalytically trained Australian psychologist with 40 years experience in psychotherapy practice in a range of settings - including child and family institutions, organisational consultancy, private practice, University teaching, psychotherapy and counselling training and Aboriginal affairs.

I have maintained a conventional practice in Sydney/Canberra from 1986 to the present and could detail the usefulness of psychotherapy in the treatment of individual patients however beginning in 1992 I (also) began regular work also in remote areas of Central Australia. (as have two other ANZSJA psychiatric colleagues, Noonan and Petchkovsky)

Snapshot.

Since July 2009 I have resumed independent practice in Alice Springs-. My 'case load' consists mostly of professionals working in remote areas and indigenous affairs subsequent to the 2007 NT Emergency Intervention.

I work as an independent psychologist and respond on request from government and NGOs and individuals, offering supervision, consultation and professional development.

It is well known locally that I am a psychoanalytic therapist with specialised 20+ years - on the ground - experience in multi cultural and indigenous affairs.

Currently I provide this consultation and supervision and individual support service for twelve local organisations. These are-

NT Govt. Remote Mental Health Service, GP Network Mental Health Service, NT Alcohol and Drugs Service, Sexual Abuse, The Court Psychologist, The Central Australian Aboriginal Medical Congress, South Australian remote area mental health services, The Nganampa (Aboriginal) Health mental health service and the Warlpiri Youth Development Aboriginal Corporation based in Yuendumu.

In addition - project consultation and professionals support to an Aboriginal Horticulture development project near Tennant Creek , and to the CEO of a governance mentoring organisation for 90 outback food stores. And another specialised consultant engaged in with indigenous infrastructure projects.

Direct (current) consulting room clinical work includes 4 current GP patient mental health referrals And regular longish term analytic and or supervision support to 8 individuals.

In total I serve directly and currently 12 organisations and their workers and 12 individuals involving a total of approximately 70 persons face to face, either in groups or individually.

My core business is not (currently) clinical care of mental health patients- as you see- but the support of the 'mental health' organisations and individual workers dealing with fraught issues. This is arguably a useful application.

I refer to this activity for these reasons

1. Psychoanalysis is not confined to an elite consulting room or 'worried well clientele, as is popularly suggested.
2. Psychoanalytically based psychology is profoundly useful in high stress occupations when applied carefully. The individually attuned, flexible method offers excellent process for the 'care of the carers'.
3. Psychodynamic psychology is a form of best practice in some circumstances—most of all its reliance on sustaining relational competencies in work practices and the capacity of a therapist to work long term with some persons including those engaged in stressful occupations.
4. Psychodynamic training enables one to negotiate contradictory and unknown circumstances—exemplified in the multi ethnic and indigenous/ non indigenous areas of our country.
5. Psychoanalytic training is tough, long and expensive and provides a substantial basis for developing psychological integrity and maturity for most practitioners. That investment can be turned to good effect to help stabilise mental health practitioners and those whose work is applied in the social complexities of Australia

Sincerely, Craig San Roque

Alice Springs NT 0870

02 18 2011