Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

Terms of Reference: Changes to the Better Access Initiative
   a) impact of changes to the number of allied mental health treatments services for patients under Medicare Benefit Schedule
   b) Mental health workforce issues the two tiered Medicare rebate

As a clinical psychologist I treat mainly patients with serious mental health issues: Psychosis, Bi-polar Disorder, Borderline Personality Disorder, and Dissociative Personality Disorder amongst others. 90% of my patients have required the 18 session available to people suffering from severe mental disorders per year under the current regulations. Whenever possible we supplement with 6 more sessions under the ATAPS scheme so that I can see them roughly fortnightly. 83% of the patient group I see have tried to commit suicide at least once; quite a few had numerous attempts. Most of these patients also self-harm to the extent of losing 1 litre of blood in one cutting incident. Another large percentage of these patients have been violent prior to treatment mostly against objects but also against people. By seeing them fortnightly I can generally keep these patients stable enough that they stay out of hospitals and out of serious trouble. Having these patients go untreated and as a result often go off the rails is very expensive to society in terms of lives lost, hospital and ambulance costs, as well as damages to property and people.

I can achieve good outcomes for my patients and am not afraid to treat people with difficult and violent histories, because I have been trained extensively and am very experienced. I have studied full-time for 11 years and I have nearly 8 years of full-time frontline experience in the Psychiatry Department of a large public teaching hospital. I have been in the emergency department seeing patients who have just tried to take their life or cut down to the bone when self-harming. Because of my training and experience I get referred the more chronic and difficult cases in my private practice rather than the neurotic housewives, and I do believe that this should be reflected in the Medicare rebate. At the same time I believe that other specialist Psychologists such as clinical Neuropsychologist who undergo at least 6 years of full-time university training and hospital placements in order to attain college membership should also be awarded a specialist rate.