



Psychology Consultation

28 July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia
community.affairs.sen@aph.gov.au

To The Senate Committee on Community Affairs

RE: Inquiry Regarding Commonwealth Funding and Administration of Mental Health Services in Australia

Thank you for taking the time to consider this submission relevant to portions of the Committee's brief.

I write to you today as an individual professional psychologist concerned about the welfare and mental health of the people of Australia, and **briefly offer opinion** about access to mental health services and clinical psychology.

I offer expert opinion based upon more than 30 years of professional practice, including experience in community mental health, inpatient psychiatry, substance abuse treatment, disability, corrections, university teaching, and private practice. I also have trained and supervised hundreds of psychologists, who have diverse university education and professional preparation occurring within Australia and internationally.

I currently teach postgraduate clinical psychology; provide continuing professional development programs for psychologists; privately provide clinical supervision for 20 psychologists in mental health, government, non-governmental organisations and private practices; and myself engage in the private practice of clinical and forensic psychology.

- 1 As noted internationally, the high prevalence of mental disorders warrants an appropriate response by government to make appropriate mental health services available to the population. The Better Access to Mental Health Services initiative is one very important part of this, and the people of Australia greatly benefit when adequate services are available across the spectrum of need. Access to Allied Psychological Services, community and inpatient mental health services, and targeted funding all make very important contributions. However, there has been, and even with these services will remain, a significant shortage of mental health services for **people who have moderate to severe mental health problems** and this is a gap that must be addressed. There are not enough consultant psychiatrists
-

available to provide intervention for the people who enter into this gap. Psychopharmacology may benefit some portion of this gap group, but it is psychotherapeutic intervention provided by psychiatrists and clinical psychologists for those mental disorders involving complexity, co-morbidity, personality disturbance, and/or substance abuse, that will yield the most significant intervention. Therefore, I encourage not just continuation, but **enhancement of services** made available by **clinical psychologists** under the Medicare Better Access to Mental Health scheme.

- 2 Internationally, formal tertiary education and training of psychologists has been underway for a century, though this has been a shorter tenure in Australia. Historically there has been a discrepancy between the level of preparation of psychologists in Australia and other developed nations. With the 2010 advent of the Psychology Board of Australia, under the Australia Health Practitioner Regulation Authority, this is being rectified, with a higher, internationally recognised standard being now required of Australian psychologists. The **Psychology Board of Australia** also **recognises the different scopes of practice in psychology by endorsing individuals** in an area of practice by virtue of their postgraduate education and supervised practice. The Psychology Board of Australia has also provided a mechanism for "grandparenting" individuals transitioning formally to an area of practice through individual assessment and engagement in a 'bridging plan' involving educational and supervised practice components. The tail end of this group will conclude in 2013.
- 3 All appropriately prepared professional psychologists should approach their work from the perspective of a scientist-practitioner, providing services involving: application of scientific method, gathering data through assessment procedures and psychometric testing, testing hypotheses, developing psychological formulations, conducting practical experiments, applying research informed interventions and evidence-based techniques, followed by practice-based evaluation. In order to **engage in a particular scope of practice, a psychologist needs postgraduate education and supervised practice specific to that area of practice.**
- 4 In Australia, the postgraduate education and training of psychologists occurs in programs **accredited by the Australian Psychology Accreditation Council** (upon which the Psychology Board of Australia and the Australian Psychological Society have representatives), and the areas of postgraduate education, training and supervised practice relevant to scopes of practice are articulated in **Course Approval Guidelines promulgated by the Australian Psychological Society's Colleges**. All educational programs offering a postgraduate specialisation (e.g., Clinical, Clinical Neuropsychology, Counselling, Forensic, Organisational, Educational and Developmental, Health, Community, and Sport and Exercise) are required to meet the standards of APAC and the Course Approval Guidelines for that specialty.
- 5 **Clinical Psychology** defines a professional practitioner and health service provider **specialisation** of professional psychology focused on:
 - **assessing, diagnosing, preventing and treating psychopathology, mental health problems and mental disorders;**
 - designing, implementing and evaluating programs to prevent mental health problems and mental disorder, provide rehabilitation and to promote mental health;
 - associated research, teaching and supervision; and
 - consultation, advocacy and public policy development.

- 6 Because of both the need for a smaller ratio of faculty to students and the policy of higher education funding being linked to research productivity, postgraduate programs involved with the professional preparation of clinical psychologists remain small and have a limited number of places. Australia needs the services that can be provided by clinical psychologists and, while there are 4,000, an increase in that number is required to adequately serve the population with moderate to severe mental health problems. **The longer term solution is to provide more Commonwealth funded postgraduate student places in clinical psychology and the establishment of funded professional training placements in clinical psychology** (akin to funding for training in medical specialties).
- 7 As there are currently only 2,500 consultant psychiatrists, a more **immediate solution** resulting in **doubling access to mental health treatment for people in the gap with moderate to severe mental health problems** is to **designate a clinical psychologist Medicare item** such as the following:

Item Number #####

Service (50 minute) provided by clinical psychologist, involving psychological assessment, consultation or therapy, to a person diagnosed with a mental disorder with moderate to severe symptoms or impairment in personal, interpersonal or occupational functioning, involving complexity, co-morbidity, substance abuse or personality disorder, contingent upon a written psychological formulation.

Up to 30 services per annum.

Initial referral required by letter from general medical practitioner, psychiatrist or paediatrician.

- 8 In recognition of the extent of the Committee's task, I have kept this submission brief. I do remain available to provide consultation if requested.

Yours faithfully

Ronnie Zuessman, PhD

Clinical & Forensic Psychologist, Psychology Board of Australia PSY0001341995

Member APS Colleges of Clinical & Forensic Psychologists

Clinical Associate Professor of Psychological Sciences