

UNCLASSIFIED

Submission to Senate Community Affairs Reference Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services.

TO

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

FROM

Ms Jo Wardle
B.Psych. PGDip Clin Psych.
Member, Clinical College, Australian Psychological Society.
Currently: Regional Co-ordinator, Regional Mental Health Team (Sth Qld) Department of Defence.
Enoggera Barracks.
Previously worked with: CRS Australia, & Qld Health.
Also: Assoc. lecturer/Tutor at James Cook University, & Griffith University

NOTE:

The opinions expressed herein are my own, and do not represent the opinions of the department for which I currently or previously employed.

RE: RETENTION OF TWO-TIER SYSTEM (WITH ADDENDUM).

TERMS OF REFERENCE:

- (iii) the impact of changes to the Medicare rebates and the two tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and
- (iv) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;
- (d) services available for people with severe mental illness and the coordination of those services;
- (e) mental health workforce issues, including:
 - (i) the two tiered Medicare rebate system for psychologists,

MY SUBMISSION URGES:

- (i) The retention of the two tier system in which the specialisation of Clinical Psychology to be clearly recognised.
- (ii) The annual number of rebated sessions to be retained.
- (iii) That referrals to Psychologists be tiered not by the professional's qualifications, but via the need of the consumer.

MY RATIONALE IS:

- (i) I agree that Clinical Psychology is on the only profession, apart from Psychiatry, whose complete post-graduate training is in the area of mental health. The expertise gained by post-graduate studies, practicum and supervision should be acknowledged. Indeed I completed the subjects and placement of a D. Clin Psych and believe that it elevated my professional expertise considerably, not only in theoretical ways but also in research and practical experience.
- (ii) I do not agree with some of the comments submitted to the inquiry that all Clinical Psychologists are superior in practice. Nor do I concur that all generalist psychologists are inferior in practice, and do not participate in continuing professional development.

- (iii) One needs to look at the evolution of the psychology course over the last 25 years to understand that people trained in the 80s still did placements, those trained in the 90s had more of a breadth of subjects available to them, and went into more depth in those subjects as part of their undergraduate degree. Since the advent of the Professional Doctorate the number and depth covered by the undergraduate psychology courses have suffered. Student are advised that they will cover the more practical aspects in their Post graduate degrees.
- (iv) The undergraduate Psychology degrees are their laden with extra subjects not psychology/ health focussed. (Unlike other clinical/ health courses where they do 100% in their field. Graduating students can complete a degree and feel underskilled for the job – which is why the 2 years supervision is so necessary. Or why they fee compelled to do a post-graduate degree.
- (v) Yet in the workplace their peers can have a undergraduate in social work, nursing, OT – and feel more capable when commencing work.
- (vi) The scorn directed at 4th year graduate generalist psychologists about their lack of professional development is often misdirected as well – many such professionals work at the acute /chronic aspects of mental health (via NGOs and government positions) and are required (as are Clinical psychologists) as part of the AHPRA registration requirements to participate in CPD & Peer review.
- (vii) Due to prestige, feelings of competency, or for a higher Medicare rebate – many psychologists (some new graduates, but many experienced practitioners) seek admission to the Clinical Psychology post-graduate programs.
- (viii) Note : that the original concept of a 'Clinical psychologist' was that this professional would work with the acute mental illness, or complex cases. The Clinical post-graduate courses do skill practitioners to under take assessment, case formulation, therapy etc to work with clients with high need. Yet I question – where do most of the Clinicians work, and what referrals are they receiving.
- (ix) It is my opinion that the tiering is required – but should not be determined by the professional, but by the client need. Counselling for relationship issues, or for depression is a generalist role. Assisting clients with personality disorder, suicide ideation, complex cases – requires the skill of a clinical psychologist. Would you have a orthopaedic specialist strapping an ankle and prescribing exercises – or would you have the physio do this? And leave the more complex cases to the orthopaedic specialist?
- (x) This is not a time to cut back on expert psychological care. Why pay top dollar , and have many sessions when it is not needed by the client. Yet restrict the usage of high need/ chronic cases. I think we need to get the system client focussed. Effective treatment save costs to society as those whose health is restored, or at least improved, can contribute to the workforce and community rather than be a cost to the taxpayer.
- (xi) Sometimes for comprehensive treatment, especially with complex cases more than 30 sessions a year are needed
- (xii) By continuing to recognising the clinical psychologist speciality, the legislation would assist in the vital need to high quality mental health care to the many in our society with complex and severe mental health presentations. By making the access to the Medicare tiering through the client presenting problems (not through the professionals qualifications) we can ensure that those with the most skills address the clients with the higher/more complex need. While the more generalist counselling needs are met with those who are skilled to do so.

Very happy to discuss, Jo

(Please do not publish my phone numbers etc)

Ms Jo Wardle

*Co-ordinator. Regional Mental Health Team- Sth Qld
Department of Defence ~ Joint Health Command*