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

Dear Sir/Madam,

My name is Patrick Fleming. I am a Clinical Psychologist in private practice in Launceston, Tasmania. I have also been a psychologist, chief psychologist, a team leader, and sometimes manager in an Australian Mental Health System. I believe I have a broad and multi-sector experience of mental health issues within the Australian community. I wish to make a submission to the Senate Community Affairs Committee concerning the Government's funding and administration of mental health services in Australia.

Specifically, I wish to address reference items relating to;

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; and,

The two tiered Medicare rebate system for psychologists.

**The two tiered Medicare rebate system for psychologists.**

**National Health Service Review of psychological services.**

In 1989, the Management Advisory Service to the NHS differentiated the health care professions according to skill levels. Skills in this sense referred to knowledge, attitudes and values, as well as discrete activities in performing tasks. The group defined three levels of skills as follows:

Level 1- "Basic" Psychology - activities such as establishing, maintaining and supporting relationships; use of simple techniques (relaxation, counselling, stress management)

Level 2 - undertaking circumscribed psychological activities (e.g. behavioural modification). These activities may be described by protocol

Level 3 - Activities which require specialist psychological intervention, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on a multiple theoretical base, to devise an individually tailored strategy for a complex presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories.

The group suggested that almost all health care professionals use level 1 and 2 skills and some have well developed specialist training in level 2 activities. The group went on to argue that clinical psychologists are the only professionals who operated at all three levels and (I quote) "it is the skills

required for level 3 activities, entailing flexible and generic knowledge and application of psychology, which distinguishes clinical psychologists..."

This is consistent with other reviews which suggest that what is unique about clinical psychologists is his or her ability to use theories and concepts from the discipline of psychology in a creative way to solve problems in clinical settings.

**Two Tier Medicare Rebate**

I believe that the present two tier system is a good system and should be retained. There is, however, scope for the better use of the two tier system. I believe there is an effective role for both Generalist Psychologists and Clinical Psychologists within the two tier system. The more appropriate focus for Clinical Psychologists is that of the clinical disorders of a more severe type. The more appropriate focus for General Psychologists is the adjustment difficulties that people experience within their family or other relational context that has a serious impact on their psychological health.

Following the 1989 Health Services Review of psychological services counselling psychologists would provide services at Level 1- "Basic" Psychology - activities such as establishing, maintaining and supporting relationships; use of simple techniques (relaxation, counselling, stress management), and the like.

Clinical Psychologists, with higher levels of training and expertise, provide services at Levels 2 and 3- At level 2 the psychologist undertakes circumscribed psychological activities (e.g. behavioural modification). At level 3 the psychologist undertakes activities which require specialist psychological intervention, in circumstances where there are deep-rooted underlying influences, or which call for the discretionary capacity to draw on a multiple theoretical base, to devise an individually tailored strategy for a complex presenting problem. Flexibility to adapt and combine approaches is the key to competence at this level which comes from a broad, thorough and sophisticated understanding of the various psychological theories.

Recognition of various sub-divisions of practising psychologist- reflecting level of educational attainment and specialist training, in which the designation 'Clinical Psychologist' reflects the a speciality in relation to complex psychological disorders is a common international practice, particularly in the USA, the UK, and Canada.

In my clinical supervision practice I have frequently been called on to assist counsellors and psychologists who are attempting to operate at Level 3 and who do not have the training to undertake such tasks. Whatever political pressures may be exerted by particular groups the practical reality is that Level One psychological/Mental Health service providers are not trained to offer specialist psychological services.

If the two tier system is deemed to require alteration, there is a superior argument for retaining only the higher specialist category rather than the lower general category. The specialist category is comprised of Clinical Psychologists who have more extensive university training, more supervised clinical training, a greater detailed knowledge of relevant professional theory and application, and more extensive requirements in relation to ongoing Professional Development and higher levels of

accountability than the generalist psychologist. They therefore offer a higher level of health service that is based in professional evidence based research.

The quality of Mental Health care could be considerably improved by a more targeted approach from GP's to Allied Health providers based on knowledge of their qualifications and expertise. General Practitioners are, in my experience, largely unaware of the differences in qualifications and experience of psychologists that undergirds the two tier system. Efforts to foster a greater awareness amongst General Practitioners of the use of the two tier system would result in more targeted and effective use of psychological resources.

Complex Mental Health conditions would be more specifically targeted toward appropriate skilled clinical psychologists. Appropriately skilled clinicians would apply effective methodologies and the patients receive tested treatments over fewer sessions. It may be the case that under the present conditions, patients are not receiving sufficiently adequate treatments and are simply languishing on case loads- with a considerable cost burden.

## Abolition of Two Tier Medicare System

The abolition of the current two tier Medicare rebate system would have a strongly negative effect on the discipline of Psychology in Australia and on the provision of health services. The abolition of present incentives for psychologists to complete the extra university training required to meet specialist levels would exert a downward pressure on the profession. Without the rebate incentive fewer young psychologists would undertake the extra training and advanced professional standards and training would fall to those of the general psychology standard.

## Cognitive Behaviour Therapy

A statement of training and expertise in Cognitive Behaviour Therapy, once a statement about a specific University based academic and practical training of several years duration; has become, particularly over the last decade, a much diluted claim which may refer to nothing more than the experience of a single brief educational experience. Widespread claims to expertise in Cognitive Behaviour Therapy – made by generalist Psychologists and other allied health practitioners both to referring General Practitioners and to patients- are being made on the basis of very insufficient training. This is a misrepresentation of skills and may present a danger to the health of referred patients.

The minimal requirement of eligibility to join the Clinical College of the Australian Psychological Society or similar is the only real safeguard of sufficiently high standards of Clinical expertise in the use of Cognitive Behavioural Therapies. The present two tier system acknowledges the distinction between Clinical Psychologists with extensive training in Cognitive Behavioural Therapy and allied health professionals who make claims to an expertise that is not substantiated.

**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.**

In relation to the proposed changes to the number of sessions allocated by GP referral to a psychologist, I enclose my letter to selected Members of Parliament and mailed to them over the last month. My arguments are expressed in that letter. I would, however, draw the committee's attention to the last paragraph which indicates that a considerable portion of resources allocated to a GP programme may, in fact, be used by other under-resourced Government and Non-Government agencies as a means to have people assessed and treated.

'As a Clinical Psychologist working in Launceston, it is also noticeable to me that a number of Federal Departments and NGO's who wish to have services provided for clients make use of the GP Mental Health Plans. This results in a misleading representation of the costs to the Commonwealth of private practitioners accessing the GP Mental Health Care Plan.'

**Letter Addressed to Members of Parliament**

The following is the text of a letter I sent to various members of Parliament in response to the 2011-12 Budget changes to Medicare.

Dear Sir/Madam.

I write to urge you to vote against the changes to Medicare Funding which reduces the funding available to General Practitioners to prepare the GP Mental Health Care Plans and restricts the number of Medicare supported visits to psychologists, social workers and mental health nurses.

I support the extra provision of services for the seriously mentally ill that have been outlined in the recent budget. Whilst there is statistical and observational support for the belief that the majority of such patents do not require more than ten sessions- relatively straightforward Depressions and Anxieties and the like; I believe that the restrictions imposed will impact severely on the mental health of a significant number of patients who require more extended treatment.

A variety of alternatives are ignored by the present changes which simply apply across the board cuts to funding which will cause great harm to the mental health of a large group- harm which will, moreover, impact selectively upon the poor and already disadvantaged.

It is implied by these changes that the GP Mental Health Care Plan programme as it is presently run diverts monies from the areas of serious need to provide subsidised services for the less seriously affected. The newly announced changes in funding are designed, by this rationale, to more appropriately shift the funding to newly created agencies which will more precisely target those in more serious need. This argument is refuted by a series of research studies on the impact of the GP Mental Health Care Plan- by Medicare itself, by the Australian Psychological Society and by a number of other concerned professional organisations. These studies demonstrate conclusively the benefit of the GP Mental Health Plan to a very large number of individuals and to Australian society as a whole. The people seen under the provision of the plan are appropriately matched to the intent of

the programme. They are people with serious diagnosed medical conditions of Depression, Anxiety and Phobia- amongst other recognised conditions.

In the local Launceston context these changes will result in a decline in the provision of appropriate services to a large group of people. The envisioned agencies are not in existence and will not be operational for an indefinite time. Moreover, the provision of funding does not, in any automatic way, lead to the provision of services. Appropriately trained professionals must be found. It is unlikely that there exists some large pool of professionals who will- Australia wide- be available to take up these professional positions. Thus Launceston as a regional centre and its surrounding area will inevitably suffer a real decline in services.

The new arrangements mean, also, shift in the provision of services to the mentally ill from the more skilled professional to the new graduate. The bulk of professionals who would take up work in the proposed centres would be those in their first years of their careers. The result will be a real decline in the quality of services offered to those affected.

Under the budget changes the funding for General Practitioners is essentially halved. The funding was provided in recognition of the fact that GP's must devote time from their already overstressed workloads to facilitate service provision to their patient. In many instances this work goes considerably beyond the writing and signing of a plan but requires considerable time in both direct patient time and in indirect facilitation. General Practitioners know this cost. Many are reluctant to access the system under present circumstances. It is most likely that many GP's will charge the patient for the preparation of the Mental Health Plan. The result of the changes will be a severe restriction of services- a restriction that will fall most heavily on those members of the community who cannot afford the costs. The result will be a programme of funded mental health services to people who can essentially afford it, thus frustrating the purpose of the original concept.

The changes recently announced, however, will selectively disadvantage the poor, remove recent provision for those people with real psychological needs who have historically 'fallen into the gaps between services' and who will consequently fall into new cycles of despair and dysfunction and provide a new barrier between skilled professionals and the people who most need their services.

As a Clinical Psychologist working in Launceston, it is also noticeable to me that a number of Federal Departments and NGO's who wish to have services provided for clients make use of the GP Mental Health Plans. This results in a misleading representation of the costs to the Commonwealth of private practitioners accessing the GP Mental Health Care Plan.

Yours Faithfully

Patrick Fleming

Clinical Psychologist