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Re: Commonwealth Funding and Administration of Mental Health Services

I have been a Psychologist for 40 years after studying extensively and gaining my PhD. I have taught Psychology in three universities, two in Australia, and one in the United States. Additionally I have been practicing as a Clinical Psychologist since 1985 and am a member of the APS College of Clinical Psychologists and the College of Forensic Psychologists.

On 22 June 2011 the Senate referred the following matter to the Senate Community Affairs Committees for inquiry and report.

The Government's funding and administration of mental health services in Australia, with particular reference to:

- (a) the Government's 2011-12 Budget changes relating to mental health;
- (b) changes to the Better Access Initiative, including:
 - (i) the rationalisation of general practitioner (GP) mental health services,

From my experience the GP rebate for preparing a GP Mental Health Care Plan was overfunded. Many plans which I received could have been completed in the time of a standard consultation, and while a guide to the psychologist, they were not reliable and required me to make my own diagnosis before engaging in clinical therapy. That is what we do and it is often not related to the Doctor's diagnosis or plan. To be fair, Doctors are not trained in Psychological Diagnosis and they cannot be expected to, otherwise they would be specialist, Psychiatrists. A doctor could act just as effectively as a referee, in a shorter time with decreased rebates.

- (ii) the rationalisation of allied health treatment sessions,

The decreasing of sessions from 6, with a possible extension of 4 (from 6+6) is false economy and is an ineffective cost savings. If a client of mine has obtained the maximum improvement within 6 sessions then they are terminated and a report sent to their GP. Seriously psychologically compromised clients take time and treatment to make psychological gains. Reducing the number of sessions will likely mean less effective treatment and more PBS funds spent on GP prescriptions for anti-depressants and anti-anxiety medications in the future.

- (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,

A good idea, however they could all complete the plan in less time as it is only a guide to the Clinical Psychologist who spends 50-60 minutes with a client and is more skilled and qualified in diagnosis and treatment of psychological/psychiatric conditions as well as being conversant with appropriate medications.

(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;

While it depends on your definition of mild or moderate, if patients were able to reach their maximum recovery in six sessions then there would be minimal negative outcomes. Because we are dealing with people who have a wide range of individual differences, they react to therapy with an equally wide range of adoption and change. It is not all about the psychologist. Thus in some cases the mild and moderate psychological disordered clients who have not obtained maximum improvement in 6 sessions with only a further 4 would be disadvantaged.

(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;

(d) services available for people with severe mental illness and the coordination of those services;

Needs to be expanded and rationalised under the guidance of the Mental Health Commission.

(e) mental health workforce issues, including:

(i) the two-tiered Medicare rebate system for psychologists,

Medicare rebates for Psychologists and Clinical Psychologists should be maintained or increased in a pro-rata fashion. The reimbursement rate acknowledges the extra study of two years, a Masters Degree (or higher), better knowledge and specialisation within the clinical context and Membership of the APS Clinical College. It can be argued that Clinical College Psychologists are more comprehensively trained in the diagnosis and treatment of psychological/psychiatric disorders, and qualified with a Masters Degree (or higher) than Psychiatrists who do not have a higher degree and are able to become acknowledged members of FRANZCP

It has been my experience of Supervision of Psychologists for National Registration (with a four year University degree) and for Membership of the Clinical College (having completed a Masters Degree specialising in Clinical Psychology), that latter are in general more knowledgeable, demonstrate more skills, can be more effective and have more confidence in their treatment strategies than the former group of Psychologists. They are better trained, better educated, and better supervised. This contributes to the specialised recognition of Clinical Psychologists, and the professionalism of the Clinical Psychologist, as a professional specialist psychologist.

Clinical Psychology is a general practice and health service provider specialty in professional psychology. Clinical psychologists assess, diagnose, predict, prevent, and treat psychopathology, mental disorders and other individual or group problems to improve behaviour adjustment, adaptation, personal effectiveness and satisfaction. What distinguishes Clinical Psychology as a general practice specialty is the breadth of problems addressed and of populations served. Clinical Psychology, in research, education, training and practice,

focuses on individual differences, abnormal behaviour, and mental disorders and their prevention, and lifestyle enhancement.

In addition, Clinical Psychology has a special focus on the areas of personality and its development and course, and psychopathology and its prevention and remediation. This emphasis includes the full span of psychopathological disorders and conditions, etiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. Having an understanding of ethical principles, of diversity and of cultural context, are integral components of the knowledge base of all aspects of Clinical Psychology.

It could be argued that as such a specialist Clinical Psychologists should receive a Medicare rebate similar to a Psychiatrist who sees their clients for less time, and often engage in minimum therapy and maximum drug prescription.

(ii) workforce qualifications and training of psychologists, and

In America and the United Kingdom all Psychologists are required to have masters Degrees and Clinical Psychologist are further required to have Doctorates in America. In Australia the Medicare Rebates should continue to reflect the acknowledgement of a higher degree and better training. Training in Clinical Masters of Psychology should continue with greater emphasis on skill development and abilities to implement evidence based therapies.

(iii) workforce shortages

This will be addressed with the Government's funding more Master of Clinical Psychology places at universities, which should be seen as a priority. Higher Medicare rebates for Clinical Psychologists will reward students who have attained their Masters Degree.

The maintenance of rebates for 4 plus 2 years supervised psychologists will serve to maintain them in the work force.

(f) the adequacy of mental health funding and services for disadvantaged groups, including:
(i) culturally and linguistically diverse communities,
(ii) Indigenous communities, and
(iii) people with disabilities;
(g) the delivery of a national mental health commission; and
(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and
(j) any other related matter.

The implementation of a National Mental Health Commission would be welcomed to articulate a National response to Mental Health Services and their delivery. Effectiveness of programs would then be enabled and a cost benefit analysis of spending and effectiveness.