

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

1st August, 2011

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The following items need to be reviewed carefully:

(b) changes to the Better Access Initiative, including:

(ii) the rationalisation of allied health treatment sessions,

(iv) the impact of changes to the number of allied mental health treatment services for patients with moderate to severe mental illness under the Medicare Benefits Schedule.

(e) mental health workforce issues, including:

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

(ii) workforce qualifications and training of psychologists,

(b)(ii) As many clinical psychologists agree, it is extremely important not to reduce Better Access services to those who need the services most and who may have no voice to address their needs for services because of the effects of their illness or condition. These are the people who suffer from moderate to severe mental health conditions. These individuals may belong to lower Socio-Economic levels due to their illness, and have restricted access to mental health care because of poverty.

Treatment session requirements for mild to moderate conditions differ from those for moderate to severe conditions.

(iv) For those clients with moderate to severe conditions, even 18 sessions may not be adequate.

This patient group includes individuals presenting with personality disorders, substance abuse, early trauma histories, chronic and severe mental health issues and the associated impairment in functioning, adults presenting with childhood-onset anxiety disorders, eating disorders and chronic depression that has not responded to medication.

For approximately half of this group, more than 18 sessions in a year are required.

Thus, the recommendation that assessment and treatment sessions authorized under Better Access be cut back to 10 sessions in a calendar year will result in suboptimal care for those who are most in need of ongoing and accessible mental health care. Their access will be “worse access”, as appropriate mental health care for these clients is frequently not accessible through the public health system in a timely manner due to extensive wait-lists or restrictive selection criteria.

Therefore, it is essential that Better Access via private specialist clinical psychologists remains and offers a realistic number of sessions for this group of

clients with more severe conditions. Twenty sessions may provide for clients with moderate to severe conditions.

(e)(i) I would also like to recommend maintaining the two-tier Medicare rebate system, which recognizes specialized payment for clinical psychologists for the following reasons:

Clinical psychology is one of nine specialized areas within psychology. These areas of specialization are internationally recognized, enshrined within Australian legislation and are the basis for our industrial awards. The 1965 Western Australian model recognized clinical psychologists and clinical neuropsychologists as specialists, and this model formed the basis for the 2010 National Registration and Accreditation Scheme. Specialists within psychology require a minimum of eight years education and training leading to advanced psychological competency in that field. There are enormous differences in the provision of services between those with post-graduate clinical training and those with “apprenticeship-style” approach of the basic APAC accredited four year training of a generalist psychologist.

Post-graduate training is preceded by a rigorous selection process ensuring a high standard of intellectual ability and applicant suitability. Training then focuses on clinical evaluation and research across the full range of severity and complexity and human development and evidence-based and scientifically-informed practice (including assessment and diagnosis, case formulation, psychotherapy, and psychopharmacology).

Measures of competency ensure that the standards of knowledge and skills are met. Clinical training is now followed by at least 1-2 years of supervised practice before the title of clinical psychologist can be used. ie. 8 years in total of intense training.

The generalist psychologist cannot guarantee these standards of practice.

(ii) It is important to note that Australia is the only developed nation that requires only an undergraduate degree and two years of supervision for registration as a psychologist i.e. the standard of generalist psychologist. We must move forward in lifting standards in psychology to provide best care to clients and to keep pace with other developed nations.

One way of encouraging higher levels of expertise and standards is to provide higher levels of remuneration for those who have invested the time, energy and expense needed to further their education, so that they can provide the highest standards of evidence-based psychological treatment.

Payment of specialist clinical psychologists should be commensurate with that offered to our psychiatrist colleagues, based on years of post-graduate training.

Dr Denise A N Wallis.