

5 August 2011

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

Dear Sir or Madam,

RE: Senate Inquiry – Commonwealth Funding and Administration of Mental Health Services

A clinical neuropsychologist has specialist skills in understanding brain-behaviour relationships and use this knowledge to assess, diagnose, and treat/rehabilitate clients across the lifespan with neurological, neurodevelopmental, medical, and psychiatric conditions as well as other cognitive and learning disorders. In my work with Older Persons Mental Health Services I see many clients with mental health illnesses and am often asked to assist with differential diagnosis of possible comorbid dementia or other cognitive disorders. Accurate diagnosis and an understanding of a client's individual cognitive strengths and weaknesses is essential to ensure the most appropriate treatment plan for the client, to assist in the family/carer's understanding of the client's illness and the best way to manage any challenging behaviours to reduce carer burden. Early diagnosis and intervention for these clients can ultimately slow the rate of further cognitive decline, enable access to community support services, ease carer burden and considerably delay the need for placement in Residential Aged Care Facilities.

With regard to the Senate Inquiry's Terms of Reference:

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

The Access to Allied Psychological Services program does not cover the psychological needs of people with neuropsychological disorders. Neuropsychological disorders are not the same as mental health disorders (as defined by the mental health funding scheme), but neuropsychological disorders have significant mental health ramifications (e.g. adjustment, anxiety, depression). People with neuropsychological disorders often have chronic

disabilities that are sometimes progressive and at present their needs are not being met as they are not able to access affordable and timely neuropsychological assessment and treatment to address the primary reason for their mental health problem and carer burden.

With regard to the Senate Inquiry's Terms of Reference:

(e) mental health workforce issues, including:

- (i) the two-tiered Medicare rebate system for psychologists,
- (ii) workforce qualifications and training of psychologists, and
- (iii) workforce shortages;

Neuropsychological services need to be included in the Medicare scheme. Currently, there are no Medicare rebates for neuropsychological assessment and treatment services, despite recent lobbying efforts which resulted in Health Minister Roxon in 2007 and PM Rudd in 2010 being inundated with letters of support. People with neuropsychological disorders can access Medicare funded psychological services if they have a mental health disorder, but treatment in these cases is typically best informed by a neuropsychological assessment, which at present are either not able to be obtained in a timely manner, or are not affordable to most individuals.

It is important to retain the two-tiered Medicare system for psychology.

The 4 + 2 training pathway is not equivalent to postgraduate specialist psychology training (leading to endorsement in one of 9 specialist areas of psychology). Currently training for clinical neuropsychologists (and all other specialist areas of psychology) in Australia requires a minimum of 4 years undergraduate training followed by a minimum 2-year postgraduate coursework degree. In the case of clinical neuropsychology the postgraduate training has a focus on neuroanatomy, neuropsychological disorders, neuropsychological assessment and rehabilitation, and supervised placements. The suggestion that our specialist skills are equivalent to lesser trained psychologists is akin to suggesting that a General Practitioner can perform the role of a specialist doctor, such as a Neurologist.

It is important to retain endorsement by PSYBA for the specialist areas of psychology. Training in clinical neuropsychology is not the same as training in clinical psychology or other specialist areas of psychology. Endorsement makes it easier for the public to recognise and seek out psychologists most appropriate to their treatment needs; it assists the public to recognise those with higher levels of training that are more in line with overseas training models than the current 4+2 pathway available in Australia; and further discourages psychologists from practicing outside their area of training and expertise as specified in the Code of Ethics which could potentially lead to inaccurate or missed diagnoses and/or suboptimal treatment/ rehabilitation.

Further, **more university funding** is required to ensure that training for all specialist psychologists is brought into line with international standards and that enough training places are available to meet the growing need for psychological services.

Finally, in Britain, under the NHS, and in Western Australia, psychologists are paid less than physicians, but are paid more than other allied health workers because their work value and professional expertise is recognised. With the exception of Western Australia, throughout the rest of Australia psychologists in the public sector are often paid at the same rate as undergraduate-trained allied health workers. The **same pay structure for psychologists as set up in Western Australia should be adopted throughout Australia.**

Thank you for your consideration. I would be happy to provide any further information so please do not hesitate to contact me.

Yours sincerely

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