

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Canberra ACT 2600  
Australia  
5<sup>th</sup> August 2011

Dear Sir or Madam

**Re: Commonwealth Funding and Administration of Mental Health Services**

I am writing in relation to the above enquiry. I am a registered psychologist, endorsed in the clinical psychology area of practice, specialising in the application of clinical psychology to those with physically disabling conditions, including spinal cord injury and chronic pain. In addition, I am closely involved with the training of clinical psychologists and with professional affairs related to psychology. I welcome the opportunity to offer a submission to the Committee, and particularly wish to address the issues of mental health funding and services for disadvantaged groups, specifically people with disabilities.

I offer the following observations related to the specific items of the Committee'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**

People affected by physically disabling conditions are at risk for the development of mental health problems, such as anxiety and depression, however many of them are currently not covered by third party insurance schemes, such as workers compensation or compulsory third party vehicle insurance. In addition, treatment for mental health consequences of injuries or illness in the public sector is extremely poor and commonly there is no access to specialised mental health practitioners through public community and out-patient rehabilitation services provided. Prior to the introduction of the rebates for psychology services under this program this meant that access to services was solely through the private sector, at a cost which was often prohibitive to those whose finances were often under great strain due to difficulties working or other treatment costs. The program has therefore provided an opportunity for psychological treatment not previously available, and this has been of great benefit.

**(e) mental health workforce issues**

Preparation of the mental health workforce for working with people with physically disabling conditions is generally very limited. Access to placements in these areas, due to lack of registered psychologists or psychologists endorsed in the relevant areas of practice being employed in these areas, are also very limited. This results in difficulty recruiting appropriately experienced psychologists to fill available positions and overall a lack of knowledge and skills about the management of psychological issues faced by those with physically disabling conditions in the psychological workforce. While mental health issues are certainly experienced by a significant proportion of those with physically disabling conditions, other psychological issues related to health, education and cognitive functioning are also experienced and the lack of adequate Medicare rebates for psychological assessments and interventions for these types of presenting problems is a significant issue. Although this may be outside the scope of the current enquiry, I would encourage consideration of this issue and the need to plan for provision of these services and the availability of the required workforce, including relevant specialist psychologists, endorsed in areas such as clinical neuropsychology, health psychology and educational and development psychology.

**(f) the adequacy of mental health funding and services for disadvantaged groups, including**

**(iii) people with disabilities**

Access to services for people with disabilities generally is poor. General health outcomes are poorer in these groups, and rates of mental health problems are proportionally higher than in the population overall. Many of the barriers to adequate mental health care are environmental, including physical access, transport and availability of carers in order to attend appointments, but they also include inadequate knowledge of disability among mental health care providers, financial barriers and public mental health services focusing on those with serious mental illness, such as psychotic disorders. The needs of people with physically disabling conditions are complex and often an interplay of psychological and other factors. For example, many individuals with disability are affected by chronic pain which impacts negatively upon their mental health and community participation. Accessing psychological assistance for this under mental health funding is problematic, as the main focus is not to treatment for mental illness but management of pain, and while an alternative source of funding may be found in Chronic Disease Management items the very limited number of sessions available and need to access them for other allied health services also means that it is extremely difficult to provide an effective intervention. Finally, accessing psychologists with expertise in the assessment and treatment of people with physically disabling conditions is difficult due to the very limited supply of practitioners with these skills.

A potential option for improving in part the provision of psychological services to people with physically disabling conditions with mental health needs is the use of online services. People with physically disabling

conditions are a group who will potentially benefit disproportionately from the opportunity to access services in this way, and allowing existing services to be provided by telephone or internet (or similar approaches) would markedly increase access psychologists with the expertise to offer effective assessment and intervention.

**(h) the impact of online services for people with a mental illness**

Please see comments in (f) (iii) above.

Thank you for your consideration of my submission. I wish you well with your deliberations and I look forward to hearing the outcome.

Yours faithfully

Kathryn Nicholson Perry