

Commonwealth Funding and Administration of Mental Health Services

Senate Inquiry: Community Affairs References Committee

I am writing in my capacity as Clinical Psychologist in private practice in Perth, Western Australia. I have been in private practice for three years. Prior to being in sole private practice, I have also worked for the Disability Services Commission for 4 years and for the Department of Health for a period of six months.

1. Proposed changes to Better Access to Mental Health services will impact on clients with moderate to severe psychological or psychiatric difficulties

It was a great disappointment to hear of the proposed changes to the current Better Access to Mental Health services, with a reduction in the number of sessions from 12-18, to 6-10. Major changes to mental health funding were made without consultation of major stakeholders in a process that was not based in the evidence of the efficacy of treatment or delivery of service models. The reduction in the number of sessions allowed under the Better Access scheme will have a significantly detrimental impact on those with moderate to severe mental health issues. The reduced number of sessions available from 1 November will directly impact on this population and in turn on publicly funded Mental Health Services who will need to cater for them. Those patients are expected to be catered for by

- the ATAPS programme; however those services are in fact available to specific geographic areas or populations and frequently services are provided by generalist psychologists rather than Clinical Psychologists who have qualifications and training in clinical mental health settings.

Or

- by publicly funded mental health clinics that are already under-resourced and under staffed. In the time that I spent working for a community mental health clinic, the average wait for psychology services was approximately 4 months. Other publicly funded services/clinics also have long waiting lists and can only cater for the most severe and complex presentations. Other patients are often referred to private practitioners under the Better Access scheme for support in the interim.

Recommendations: The number of sessions available under the Better Access to Mental Health scheme needs to remain at 12-18.

2. There need to be provisions under Medicare for sessions with family members.

Currently there are no provisions for Medicare rebates for sessions regarding young people without the young person being present. In working with children and adults, adequate assessment requires parental interviews without the child or young person being present. At times parents can make comments which are likely to significantly damage the young person's self-esteem, thus exacerbating some of the underlying issues leading to therapy in the first place. Parents also need to be able to access services providing psycho-education about parenting, parent training. Provision needs to be made for these needs in the private health funding of mental health care for children

and adolescents by allowing Medicare rebate for sessions concerning young people without them being present.

Recommendation: Parents need to be able to claim Medicare rebates for assessment, psychoeducation and training in parenting strategies under their child's referral and Mental Health Plan.

3. Standards for psychology training and workforce issues

Although often grouped with Allied Health for administrative purposes, Clinical Psychologists differ in many ways from other Allied Health professionals. No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health. Furthermore, it is the only discipline whose complete training is in psychology, that is, both at the undergraduate and post-graduate level. In other words, the Clinical Psychologist is completely trained in a science intrinsic to mental health (1998, Work Value Document, Western Australia Clinical Psychology Health Sector, p.30).

The two-tiered Medicare rebate system needs to be retained as it recognises the value of accredited post-graduate training and specialisation in clinical psychology. The recent move to National registration for allied health practitioner has resulted in setbacks for highly qualified clinical psychologists in Western Australia, the only state to retain specialist title to date. The title allows mental health consumers to differentiate between practitioners who have suitable postgraduate qualifications and training in the diagnosis and treatment of mental illness, and less qualified psychologists who have a 4 year generalist undergraduate degree. The loss of specialist title will be detrimental to consumers as the level of qualification and training will no longer be clear.

GPs and the public need to be able to distinguish those clinical psychologists with the minimum standard of training in the speciality established by the Psychology Board of Australia, via a separate register or the granting of Specialist Title to qualified clinical psychologists.

Recommendations:

- 1) The two tiered system needs to remain to enable the public to differentiate between different levels of qualifications and training.**
- 2) Specialist title needs to remain in Western Australia, and re-instated in other states, for the protection of the public.**