August 8 2011

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

Dear Senate Standing Committees on Community Affairs

Re: Commonwealth Funding and Administration of Mental Health Services, Terms of Reference

The Clinical Psychologists Reference Group (CPRG) is formed from clinical psychologists working in various divisions of the Department of Health, including child, adolescent, adult, older adult, hospital and community based settings, rehabilitation and neurosciences in Western Australia.

Please note there is another submission from the Western Australian Child and Adolescent Mental health services, so this submission relates mainly to adult services.

Thank you for the opportunity to respond to the Commonwealth Funding and Administration of Mental Health Services. Having perused submissions made thus far it has been noted that there are references made to the Western Australia department of Health Clinical Psychologists Work Value document, entitled "Increased Work Value: The Case of Clinical Psychology" [1]. The Clinical Psychologist Reference Group of the WA Health Department would be happy to make this document available to the Senate if required and on request, as it helps to understand issues of qualifications and training in an applied setting.

The CPRG have also thought to relay observations that may be relevant to the number of Medicare-funded sessions, the two-tiered rebate system and workforce qualifications. In summary we are concerned that:

- The evidence based for single disorders are that while many patients will benefit within 10 sessions, a substantial amount will require further treatment
- Both private and public mental health services are seeing clients with both more severe and more complex mental health disorders. This includes people with multiple mental health diagnoses, childhood abuse, substance abuse, and co-occurring health problems.
- We are concerned that these complex patients are not able to benefit from targeted interventions focussing on single diagnostic categories (e.g. depression, PTSD etc), particularly in the time limits given with the reduced rebates.
- Many of these clients require specialised mental health assessment and treatment, which is best undertaken by clinical psychologists, not undergraduate trained psychologists.

- Overall we are concerned that this will result in increased pressure on the public mental health system to see patients who could have been seen privately.

The CPRG would like to relay the following observations:

The evidence base for treating mental health problems are that a good proportion of adult clients with single diagnosis disorders in the low to moderate severity will obtain substantial improvement in under 10 sessions. However, the Nationally Institute for Health and Clinical Excellence (NICE) guidelines which summarise the best available clinical evidence recommend that 10 sessions is insufficient for many disorders, particularly when offering cognitive behavioural therapy (CBT) – which is a gold standard treatment for many disorders. This is even under "best case" scenarios where the client is presenting with only one major mental health disorder.

An observation from the CPRG is that there can be patients whose severity of condition means a Clinical Psychology intervention of more/longer than 12 sessions, but they do not present with the complexity that would require a full clinical team. It is not uncommon that such a referral remains in the public clinic because it is felt that the person would need a longer term of Clinical Psychology involvement than what Better Access could currently provide.

Better Access has been an excellent responsive alternative pathway for people with mild to moderate mental health problems, who would otherwise have had to be on waitlists alongside more severe and complex referrals. A limit of 6 to 12 therapy sessions has at times been a barrier to allowing someone to remain in the less formal private sector care of Better Access.

For disorders involving personality issues, with comorbid substance use or additional mental health disorders the complexity of the work and time required for treatment increases. The gold standard treatment (Dialectical Behaviour Therapy, DBT) for borderline personality disorder has a minimum of 1 year of treatment in its protocol. Premature termination of therapy or changes in therapist can often cause a worsening of mental health symptoms, and this is often a barrier for utilising Better Access, even though other aspects of a persons situation made Better Access a good alternative to the Public Health arrangements.

With eating disorders, NICE recommends 16-20 sessions for bulimia nervosa and treatment of "at least 6 months' duration" for anorexia nervosa. In Perth, the only specialist eating disorders outpatient programme for youth and adults has a waiting list of several months. Most private practitioners would not take on a patient with eating disorders if they only had a short number of sessions to work with them. This would lead to longer waiting lists in the public sector.

Another group includes youth who are in the Ultra High Risk (UHR) group for developing psychotic conditions. The evidence base literature nationally and internationally advocates that these clients should be managed within the community alongside the GP and monitored in the UHR or prodromal phase and provided with evidenced based interventions in this phase by experienced clinicians. Again, this will be a group who will not be accepted into ethical clinical private practise (10 sessions is far too few) and will need to be referred to mainstream mental health services. This is not a good outcome for an already stigmatised and marginalised population.

It has been observed in Public Clinics that clients with more severe disorders have exhausted their Better Access entitlements before completing therapy. This has resulted in these clients being referred back into mental health for further containment and or continuing therapy.

Many younger patients and adults avoid engaging in mental health services unless they are at crisis point. Their motivation to change fluctuates, and services need to be able to engage quickly with them. If we don't see many of our clients quickly, we can lose our window of opportunity to engage them. This can result in these people not getting services, reinforcing negative attitudes to help-seeking, and their mental health problems becoming more severe. Having the capacity to respond quickly to referrals is very important.

When Better Access and its Medicare rebate came into effect, there was a noticeable drop in public health waitlists. Services frequently had waitlists of several months for Clinical Psychology, sometimes as long as 6 months. This has allowed mental health services to see our clients more responsively. It has also meant that services can see the more severe end of the mental health spectrum rather than also having to service people with less severe mental health problems. The concern of course is that this improved situation in waiting time will be reversed under the new funding arrangement.

The Health Department of Western Australia (HDWA) has long recognised the value of specialist Clinical Psychology qualifications and training in the treatment of serious and complex mental health problems. The HDWA only accepts psychologists with postgraduate training – Clinical Psychologists, Neuropsychologists, or PhD candidates for research areas, as having the specialist set of skills necessary to address the range of mental health difficulties that we encounter. The Work Value document[1] provides background and rationalisation to this point.

An undergraduate psychology degree is designed to provide an overview of the science of psychology – the study of human mind and behaviour. This is a very broad area of knowledge. Only a small proportion of this training is specifically on the assessment and treatment of mental health disorders. Furthermore many of these undergraduate degrees provide little or no practical experience. It is quite possible that a person will complete an undergraduate psychology degree with limited training in mental health and without ever having seen a patient.

People who apply to postgraduate psychology degrees must first apply and be accepted into this competitive course, based on their previous course work and personal attributes that make them suitable for this work. The postgraduate clinical psychology degree provides specific training in mental health assessment, diagnosis and treatment as well as hundreds of hours of supervised practicum experience to develop these skills. This training and practicum experience provides the essential skills and knowledge that are then expanded upon with 2 years of supervised practice before endorsement. This training is recognised internationally as a minimum level of training to practice as a psychologist.

Treatment protocols and the research that support them generally have best effect when the mental health problem is reasonably contained and having low complexity. In fact the research base supporting these treatments often relies on people having only 1 major mental health disorder. However, the people that come for treatment for mental health problems often present with several mental health disorders, often with co-morbid substance use problems. In this case the clinician is presented with several mental health

problems that do not have a specific treatment protocol. Clinical psychologists have the set of skills and knowledge to address the particular requirements of that individual from a range of treatment approaches and frameworks.

For clinicians in the public health system there is a reliance on private clinicians having the required skill and expertise to manage the more severe and complex presentations so that the person can have access to the less formal community services. The Work Values case evidenced the need for Specialist psychology skills for the more severe and complex mental health conditions, as would be seen in the Public Mental Health system, but can also present in the private sector. With clinicians having sufficient skill and expertise for severe and complex cases, that Clinical Psychology training provides, it is held by the CPRG that some patients with moderate to severe mental health conditions could still be managed via Better Access rather than Public clinics.

1. *"Increased Work Value: The Case of Clinical Psychology",prepared by the HSOA Clinical psychology Negotiating Committee in support of Application No P39 of 1997 HSOA vs. Royal Perth Hospital & Others.*