

The Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600.

Dear Secretary

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

Thank you for the opportunity to submit comments to the committee regarding this issue.

**Background of person making the submission:**

- Clinical Psychologist in private practice (since 2003) current
- Clinical supervisor Clinical Psychology trainees (PhD/Mpsych) at University of Western Australia
- Lecturer to Psychiatric trainees for Australian and New Zealand College of Psychiatrists (current)
- Previously 23 years experience as a Clinical Psychologist with the adult mental health services (HDWA)

**Terms of Reference to be Addressed:**

b(ii), b(iv), d, e(i).

**Comments:**

- *b(ii) the rationalisation of allied health treatment sessions.* The proposed reduction in sessions from 12(+6) to 6(+4) will have a serious negative impact on the quality of treatment provided to many patients.

Standard treatment programmes for many disorders, especially for moderately and severely affected patients, require more than 10 treatment sessions. For example, empirically validated treatments for obsessive compulsive disorder and complex post traumatic stress disorder involve more than 10 sessions.

In addition, many patients referred to experienced Clinical Psychologists are suffering from several co-morbid conditions. Treatment of co-morbid conditions increases complexity of treatment and is likely to increase treatment duration.

I have serious concerns that offering brief interventions to patients requiring other forms of treatment is detrimental to the patient and a poor use of resources, because such treatments are unlikely to be effective. I am sure that the committee is aware that unsuitable treatment can be more harmful than a no treatment option. Patients undertaking inadequate treatment can become demoralized and reluctant to seek further help when needed. Clinical considerations appear to have been ignored in this decision.

- *b(iv) the impact of changes to the number of allied mental health treatment services for patients with mild to moderate illness.* See b(ii).
- *e(i) the two tiered Medicare rebate system for psychologists.* Prior to training as a Clinical Psychologist I worked for 10 years as a generalist psychologist. As indicated above I am also involved in training clinical psychologists. I wish to strongly advise

the committee that the skill set of clinical psychologists and generalist psychologists is not comparable and the fee structure should reflect this.

- *d services available for people with severe mental illness and the co-ordination of those services.*

I regularly see patients with severe mental illness and work in collaboration with referring psychiatrists. This includes patients receiving disability benefits due to psychiatric illness. Some of these patients are directed to me by the public mental health service.

I understand that it is planned to provide funding through ATAPS for this patient group. Psychological services through ATAPS are usually provided by less qualified and inexperienced psychologists, in part because of the relatively poor remuneration. I am also concerned about the isolation and lack of onsite supervision of inexperienced psychologists in these settings. It is not appropriate the most unwell patients be referred to unsupported and inexperienced psychologists. I have also been told, although this is hearsay, that the estimated cost per patient session is likely to be around \$170 under ATAPS. I would encourage the committee to investigate whether hoped for cost savings will actually be achieved by the proposed changes.

I would also like to advise the committee that there is much anxiety amongst this group of patients about their future treatment. The clients have heard of the changes, and are aware they may not be able to continue under current treatment arrangements, but there is no information being provided about to whom they should be referred, and when this will be in place.

Thank you for your consideration.