

## College of Educational & Developmental Psychologists

Committee Secretary,  
Senate Standing Committee on Community Affairs,  
PO Box 6100,  
Parliament House,  
CANBERRA ACT 2600

27<sup>th</sup> July 2011

Dear Sir or Madam,

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

I refer to the current enquiry requested by Senator Fierravanti-Wells and Senator Siewert. I write as the Secretary of the Australian Psychological Society College of Educational & Developmental Psychologists (henceforth, CEDP). We represent more than 650 Australian psychologists, many of whom work as School Psychologists, in disability services, in child development units (in hospital or community health settings), or in private practice. Our number also include many academics who train School Psychologists, as well as other psychologists who go on to work with infants, children, adolescents or adults with disabilities and/or mental health problems, in a variety of settings. As such, I would like to make several points in reference to the above review, which also relate to other areas of Commonwealth Government policy.

### **Background Issues**

- People with disabilities often have co-morbid mental health problems [see point (f) (iii) in the *Terms of Reference* for this enquiry]. There have been some recent improvements in Commonwealth Government funding for psychological services for some people with disabilities, particularly through the FaHCSIA funding for children with Autism Spectrum Disorders and for several other identified disabilities, but there is still unmet need. CEDP members in a range of settings should be considered and consulted with when services for people with disabilities are reviewed.
- School Psychologists represent a large group of primary care clinicians who work with children and adolescents who have developmental delays, disabilities, and/or mental health problems. As such, they can have an important role in primary care for mental health - and often have contact with GP's around mental health issues for children and adolescents [see point (b) (i) in the *Terms of Reference*]. They are also a widely dispersed group, many of whom work in regional, rural and remote locations [see point (e) (iii)]. School Psychologists represent an important resource which

could be utilised for a range of services for populations who do not have easy access to other government or private services.

### **Key Points – Disability and Mental Health**

- Early intervention for infants and children with developmental delays, disabilities or mental health problems is a cost-effective way to reduce the impact of these issues across the lifespan, and as a way of helping reduce later mental health problems.
- The proposals for more scientifically-informed mental health checks for three year olds should include Educational & Developmental Psychologists in the planning process. Members of our college are experts in early childhood assessment, and as psychologists we are also expert in psychometric test construction, use, administration and interpretation.
- People with disabilities often have comorbid mental health problems, but they may not always easily access current mental health services. Where people with disabilities also have low socio-economic status they are not always well serviced by existing provisions, including those provided by the Better Access Initiative.
- While provision by psychologists in private practice offers one model for providing these services, there will continue to be a role for service provision via government agencies (through departments of health or education) or via non-government agencies. CEDP members and School Psychologists can have a role in provision of services for this population.

### **Key Points – School Psychology**

- School Psychologists currently employed in state and private schools could be better integrated with GP's as a way of improving mental health outcomes for children and adolescents with mental health problems.
- Recent research shows that young people with mental health problems typically have their first point of contact with the School Psychologist (school counsellor), not the GP or other medical professional.
- School Psychologists are already part of their school communities, and, as such, are easily accessible to parents, teachers, community health nurses, and GP's. Increasing their number and improving their integration with other mental health services, broadly defined, offers a way of improving mental health services for children, adolescents and their families.
- School Psychologists are trained in psychological assessment, diagnosis and treatment for a range of disability and mental health problems. Whilst Clinical Psychologists and Psychiatrists properly have a lead role in the treatment of severe and complex mental health problems, School Psychologists are trained to diagnose and treat common anxiety and mood disorders (for example, Depression) using Cognitive Behavioural Therapy (CBT) or Interpersonal Psychotherapy (IPT).
- There is often reference made to better utilising school communities for service provision, including outside of traditional school hours. School Psychologists could play a broader community role in this regard.

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- The Commonwealth Government provides funding for School Chaplaincy services, this provision is the subject of a current community debate, including a recent report by the Commonwealth Ombudsman. Consideration could be given as to whether this money might be better spent in improving funding for School Psychology services, as a way of improving mental health service provision in schools.
- There are a number of promising whole school or community interventions (for example, *Kidsmatter*) which have been designed to improve mental health in children. School Psychologists have a key role to play in provision of these programs, as well as in particular programs to do with bullying, teaching social skills, and helping children with disabilities. For children with disabilities, one of the key risk/protective factors for them across the lifespan is how well they manage their own emotions and how effectively they communicate and get along with other people. School Psychologists are well placed to help with all these issues which are crucial to good mental health.
- While whole school or classroom interventions are important, it should be noted that the incidence of mental health issues is still increasing. Appropriate service levels in schools (1 psychologist : 500 students) would allow for better provision of mental health treatment, without the associated barriers and stigma that can come with accessing services outside of the school.

### **Recommendations**

- That early identification and intervention for children with developmental delays, disabilities and/or mental health problems be made a priority, and that CEDP members be involved in planning for screening programs, assessment and intervention with this population.
- That the Senate Standing Committee on Community Affairs recognise the role that School Psychologists can play in providing primary mental health care, particularly with regards to:
  - Provision of services in regional, rural and remote settings
  - Integration with GP service provision for mental health
  - Provision of services to children and adolescents with developmental delays or disabilities
- That issues of co-morbid mental health problems (across the lifespan) for people with disabilities be taken into account, and the role of Educational & Developmental Psychologists in service provision for this population be supported.

I would be happy to discuss any of these points further, and to supply references as required. This letter is written on behalf of the National Committee of our College, the membership of this committee is listed, overleaf.

Yours faithfully,

**Paul Bertoia** MAPS CEDP

*Educational & Developmental Psychologist*

Secretary, APS College of Educational & Developmental Psychologists

For and on behalf of,

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