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PROFESSIONAL  
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The Chair,  
Senate Parliamentary Inquiry into Mental Health Services,  
Parliament House,  
Canberra, ACT, 2601.

The Role of Clinical and Health Psychologists in Mental Health/Illness

As an experienced clinical psychologist who has taught and practised in this field in most Australian States, the UK and the USA, I am aware that radio reports of the current lack of professional resources recurrently cite psychiatrists and mental health nurses, but psychologists in general and clinical and health psychologists in particular do not rate a mention. This is despite the opinions cited in the Burdekin Report on Human Rights and Mental Illness (1993), see pages 178-182 in Volume I. e.g.

“In analyzing the contributions psychologists can make in the treatment of individuals affected by mental illness, witnesses emphasised the distinction between ‘psychologists’ generally and ‘clinical psychologists’. The training of clinical psychologists enables them to play a substantially more specialised treatment role.”

“Clinical psychologists possess diagnostic and treatment skills on the same footing as psychiatrists, except that psychologists cannot prescribe [medication]. - - - Clinical psychologists should take key roles in clinical and administrative structure and policy making.”

The Inquiry heard, however, from both psychiatrists and psychologists that clinical psychologists are under-utilised in our mental health care system.

“The Australian Psychological Society believes that financial constraints operating in both private and public sectors have led to the under-utilisation of psychologists and other mental health professionals in the prevention, identification and recognition of mental illness, as well as assistance in the rehabilitation of mentally ill persons.”

“Resource constraints and structural and cultural barriers exist which inhibit the provision of vital services.”

“But the number of psychologists available in the mental health system is only one of several problems.”

“Evidence to the Inquiry highlighted the fact that the role and accessibility of psychologists in the treatment of people with mental illness is seriously limited by distinctions in the health insurance system.”

“Given consultation costs, the distinction in Medicare rebates and the costs associated with ‘full cover’ private health insurance, the majority of individuals affected by mental illness (many of whom are poor) have extremely limited access to psychological services. - - -“

“This restriction of access may mean that available treatment options are inappropriate, or lead to increased health care costs to the community, or both.”

“Research to date indicates - - - that appropriate use of psychological services as an integral part of a health care system results in reduced expenditures for unnecessary and, at times, inappropriate hospital and medical services, thereby significantly reducing health care costs. Such a system is not only incompatible with human rights principles – it is economically unsound.” Pp. 180-182.

Please find enclosed a copy of my informal comment to the local community for Mental Health Week in October 2004. My observations suggest that there is still much room for improvement in the accessibility to clinical psychological services, especially in regional areas. My main concerns can be summarised as follows:

- Despite advances in the understanding of body/mind interactions, there is widespread use of a false analogy of physical illnesses (cancer, diabetes) and mental disorders (bi-polar, schizophrenia). Physical disease/illness/disorder has a known organic pathological process whereas mental illness/disease/disorder has no agreed such process.
- Psychotic symptoms cannot be reduced to brain dysfunction, but instead can be understood only in terms of psychological mechanisms that are part of normal human nature.
- The fear of madness may in fact be a much greater problem than madness itself. See: R.Bentall (2003) *Madness Explained: Psychosis and Human Nature*.
- A common consequence of the dominance of the medical approach to mental disorders is the encouragement of the sick role with its emphasis on medication as the treatment of choice.
- Psychology is contributing to an inadequate level of service in mental illness by not insisting that *clinically qualified* professionals should be doing *clinical* work, rather than employing generalists who lack the qualifications and experience to do this work properly. For the sake of patients with complex problems it is highly desirable that there is a better match between the complexity of the patient’s problems and the specialist qualifications of their therapist.
- The Federal Government in its regulations regarding Medicare Plus does not distinguish between specialists and generalists in the matter of the provision of service or of fees for psychological services. Contrast the distinction in medicine between General Practitioners and Specialists. An obvious outcome of this failure to identify relevant specialist psychologists in mental health and illness may well be that psychologists with a general degree (primarily theoretical) will not see the point of further specialist education, thus removing an essential level of expertise in the provision of care for mental illness and health.

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