Thursday 4th August 2011

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

Dear Senator/s

I am writing to express my concern about issues before the current Senate inquiry into mental health services and the review of Medicare-funded psychological services under the Better Access Initiative. I am a clinical psychologist in private practice who qualified for a Masters Degree in Clinical Psychology in 1998. I have worked in the public and private sectors as a clinical psychologist in South Australia and New South Wales.

1: The rumour that clinical psychology Medicare rebates might be lowered to the generalist psychology rebate.

As a clinical psychologist I have had advanced training via a Clinical Psychology Masters degree that enables me to provide evidence-based assessment, intervention and treatment evaluation methods for people experiencing mental disorders. To become a clinical psychologist I had to complete six years academic training (the final two years being the rigorous Masters degree which involved coursework, site placements and research) and two years supervised practice in accordance with the requirements set out by the Australian Psychological Society's College of Clinical Psychologists. To maintain my status as a clinical psychologist over the past 13 years I have had to participate in many professional development activities.

Generalist psychologists have either completed four years academic training in psychology plus two years supervised practice (the majority) or six years academic training specialising in another area of psychology (eg. organisational/industrial psychology, sports psychology). While there are of course some very gifted and experienced generalist psychologists, the reality is that clinical psychologists are specifically academically trained in assessment, diagnosis and treatment of mental illness/disorders and generalist psychologists are not. Also, clinical psychologists have to participate in more ongoing professional development in evidence-based psychology practices for people experiencing mental disorders than the lesser trained generalist psychologists. While generalist psychologists can help people experiencing psychological distress, I argue that a member of the public cannot guarantee that they are qualified to treat their psychological disorder, especially a serious psychological disorder.

I offer the analogy I noted during a consult with my GP today about a mole on my arm – I trusted that the GP was capable of determining that the mole was harmless and could treat it appropriately. If, however, there was a suspicion that the mole was malignant then I would have expected that an oncologist or dermatologist become involved –ie. someone with specialist training in skin lesions. The tension in my shoulders can be helped by my massage therapist, but a serious musculoskeletal problem would be better served by a physiotherapist. And so on. More minor concerns or concerns specific to another area of psychology can (or should) be managed by a non-clinically trained

psychologist (ie. generalist psychologist or one specifically trained in another area of psychology as appropriate), whereas more specific and serious mental health problems (including anxiety and depression) should be handled by experts in mental health.

I suggest the inquiry involve examination of mental health training for all types of psychologists. If the disparity in training and practice is not understood and appropriate funding not given for more specifically qualified psychologists, then there will be no incentive for psychologists to undergo specific mental health training, and therefore no provision of expert psychological treatment for mental health disorders.

2: Much of the Better Access To Mental Health funds are provided to GPs.

My understanding is that many GPs don't want to be very involved in mental health assessment and treatment and would like to do simple referrals to psychologists at standard Medicare rates rather than participate in a complex referral and review process.

I suggest that the inquiry involve discussions with a wide sample of GPs.

3: Psychiatrists, the other mental health specialists, are not subject to scrutiny about the number of sessions they provide to patients and the costs of their practice.

Why, then, clinical psychologists who have such specific and rigorous training?

I suggest the inquiry involve discussions with psychiatrists who can explain the funding needs in the private and public sectors for people experiencing mental illness, and the complimentary practices of psychiatry and clinical psychology.

4: The cut to the number of Medicare-funded psychology sessions will lead to incomplete treatment in some cases.

Many of the clients we see need more that 10 sessions of treatment and are simply unable to afford to access clinical psychology services privately. This means that many members of the public would miss out on receiving the treatment they need if the cut to sessions goes ahead. As a result, many people would not only continue to be distressed, but the welfare system will be burdened in all manner of ways due to their poor psychological functioning. Alternatively, clinical psychologists "with a heart" will work excessively for very little financial remuneration. Either way, the result of cutting funding for clinical psychology would be unfair to all involved – ie. clients/consumers, clinical psychologists and society at large. Furthermore, the public mental health systems are already overburdened and inadequate, and need a massive injection of funds to function well for the current demand, and it simply wouldn't be able to accommodate any extra demand (ie. the demand currently being met by private clinical psychologists).

I suggest the inquiry involve discussions with mental health consumer groups to explore the treatment needs of people with a variety of mental health concerns and the availability, as consumers see it, of adequate treatment if clinical psychologists are unable to provide it.

In summary, we need to deliver effective treatments to the many people affected by mental illness/ significant psychological distress, and to cut funding to clinical psychologists does not seem to be based on much knowledge about what clinical psychologists do in comparison to other psychologists and other health professionals. I am confident that GPs, psychiatrists and consumers (and those involved in consumers' support systems) will support the continuation of Medicare funding for specialist clinical psychological services.

Yours faithfully

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Member of the Australian Pain Society
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