

Submission- Senator Community Affairs Reference Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

Dear Senator,

I would like to make comment on the following TOR

(a) changes to the Better Access Initiative, including:

- (i) the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule;**

The reduction in number of sessions from 18 to 10 sessions per calendar year will have major ramifications on a significant portion of patients. While it is acknowledged that the majority of patients presenting under the mental health scheme receive less than 10 sessions per year, this fails to acknowledge the increased support required by a significant portion of patients suffering from moderate to severe mental health problems. Many of these individuals present to specialist 'clinical psychologists' rather other allied mental health workers.

I urge you to reconsider this change as it will have serious ramifications on those patients in most need. From an analysis of my patient records this represents approximately 10% of my presenting patients. The result of a potential reduction of 8 sessions means that treatment will become even more compromised (many of these individuals actually require 20 plus sessions) which will only lead to less clinical improvement and subsequent increased rates of relapse. For many of these individuals they require comprehensive treatments to unlearn ineffective skills and replace these with more effective coping tools. Such skills can take years to master. The rules for learning 'physical' skills applies to 'psychological' skills which can take months/ years.

Such individuals are already suffering greatly from emotional, financial and physical hardships and reducing treatment services will likely only exacerbate difficulties for them. These individuals are often mothers, fathers, children who are experiencing significant turmoil and the sad thing is that with effective treatments these difficulties can be overcome. Why reduce services to an already suffering person, particularly when they can be helped with appropriate psychological treatment? While your commitment to increased services is applauded, at present these services are simply not available and with an already overwhelmed community, may never really suffice. The effect of mental health problems on individuals and the loved ones around them are significant and I hope that you can reconsider this change.

(b) mental health workforce issues, including:

- (i) the two-tiered Medicare rebate system for psychologists,**

The proposal to abolish the two-tiered system is particularly concerning and will have huge ramifications on many families who simply will not be able to afford appropriate specialised psychological treatment. Presently, based on my fees, families are out of pocket by \$50. My rate is \$170 per session – rebate currently \$119.80. Asking families to pay more for sessions will not be feasible for a significant portion of them, particularly when treatment sessions are conducted on a weekly basis. One option would be to extend sessions to fortnightly, however, many treatments require consistent contact and skills-based practice and repetition.

The other argument would be to expect clinical psychologists to reduce their fees. This simply would not be possible with the ongoing running costs of the practice. While my sessions last 60 minutes, added to this are administration time and treatment preparation and planning for EACH individual patients. I expect that most patients actually receive on average, 90 minutes of time despite being billed for 60 minutes.

The argument regarding the abolishment of the two-tier system is based on a number of false assumptions about the equivalence of ‘psychologists’, other allied health workers and ‘clinical psychologists’. It seems that a loud minority of psychologists are making claims about ‘equivalence’ to serve their own best interests and make them more ‘competitive’ in the private psychological market. Clinical psychology specialisation is valid and arguments are outlined below:

- The training of Clinical Psychologists differs in many ways from other allied health professionals. During the minimum of eight years of training, the emphasis of Clinical Psychology is on significant mental health problems. Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. The training of allied health professions is geared towards general medical, general health or general community problems, with a short elective in mental health. Undergraduate training is simply not sufficient to equip oneself with the necessary skills to assess and treat a complex array of factors that may be impacting on a patient’s mental health.
- No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.
- Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychologist to bring research and empiricism to human service delivery and thus increase accountability. The formal scientific training of Clinical Psychologists does not make research the end in itself, but is applied to the delivery of psychological services and to contribute to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works.

- Clinical Psychologists have a minimum of six years full time university training with two additional years of mandatory professional supervision. Within the last few years more and more students are completing either a Doctorate of Psychology with an additional formal year of training at the university, or a PhD in Clinical Psychology and thus adding a further two years to their formal university training. This further education is important for the advancement of psychological assessment and treatment. Abolishing the two-tier system will impact on future students willingness to continue with further education and PhD research, because it simply does not result in enough vocational and financial benefit.
- As a result of their training, Clinical Psychologists have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base. This very high level of specialist competence of Clinical Psychologists is acknowledged by all private insurance companies who recognise Clinical Psychologists as providers of mental health services.
- Post-graduate university level training programmes for Clinical Psychology must be accredited by the Australian Psychological Society. This requirement insures uniform standards of excellence in Clinical Psychology training throughout Australia. Once the graduate has completed an accredited programme of studies, s/he must register with The National Registration and Accreditation Scheme (recognition of specialised Areas of Endorsement) to undertake a further two years of additional clinical work in supervision. When the individual has completed this period of supervised practice, and only when this has subsequently been accepted by the Board, is the individual accredited with the specialist title, "Clinical Psychologist".
- Clinical Psychology is one of nine equal specialisations within Psychology. These areas of specialisation are internationally recognised, enshrined within Australian legislation, and are the basis for all industrial awards. They have been recognised since Western Australia commenced its Specialist Title Registration in 1965, and it is the West Australian model which formed the basis for the 2010 National Registration and Accreditation Scheme recognition of specialised Areas of Endorsement.