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To the senate enquiry

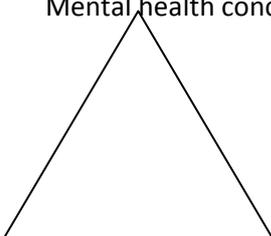
I am writing as a senior neuropsychologist with more than ten years experience in working with both adults and children with complex neuropsychiatric disorders and learning difficulties (see information attached). Along with my colleagues and my clients and their families, I have for many years been frustrated and concerned by the lack of services and limited awareness as regards their difficulties. There is so much that can be done to reduce the distress that comes with uncertainty for people with unusual or complex neurological and neuropsychiatric disorders, and there is a wide array of skills and knowledge that should be made available to help manage the changes and adjustments for those with diagnosed problems.

For example, the elderly with dementia could be supported for longer at home if their retained abilities can be identified and used to manage their weaknesses. In addition the family can be properly educated and helped to cope. Or depression can be correctly distinguished from dementia with skilled assessment and thus treated and the person can return to normal life. Psychiatric illness also co-occurs with brain changes and functional difficulties that require identification and support. Moreover, children's development can be enhanced and their family's supported if their strengths and difficulties are correctly identified and strategies put in place at home and at school. The government talks about improving literacy and numeracy standards but they do not provide funding for those who can correctly diagnose these problems and provide a refined understanding of where the difficulties come from and therefore how to correct them.

The key element here is that -ALL of these disorders, from the developmental through to the neurological and psychiatric, come from changes in the brain. Therefore, knowledge of brain behaviour relationships is essential to their correct diagnoses and detailed mapping of the individual's functioning for the purposes of management or improvement. Neuropsychologists work alongside other specialists, in order to provide this detailed knowledge and contribute to the positive outcomes of this client group. This is the only speciality to have the training to do so, with four years undergraduate and two to three years post graduate training in specialised assessment of brain-behaviour relationships, research skills, neurology, neuroanatomy, psychiatry and disorders across the lifespan; with additional skills in rehabilitation, and cognitive intervention.

As a more detailed example, I would like to draw your attention to what I refer to as the **developmental disorder triangle**. Children are a vulnerable group in that one sort of difficulty frequently results in a cascade of problems across environments, unless it can be quickly and correctly addressed. The developmental triangle refers to the inextricable link between the three major areas of concern in this age group: **mental health (e.g. anxiety/mood) problems ----- behavioural problems (externalising or internalising behaviours)-----learning problems.**

Mental health concerns



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Behavioural
problems

Learning difficulty

Where a difficulty in any one of these three areas (no matter what the central cause), typically leads to problems in the other areas regardless of which occurred first. In effect, neuropsychological assessment and intervention is an essential component of childhood concerns in any of these domains. A neuropsychologist can determine what areas of cognitive ability (brain or thinking related skills) are being affected, and why they are affected – is it developmental or a consequence of other internal or external factors? Following on from this, practical interventions can be put in place to minimise the impact of the cognitive difficulties, and improve learning skills, this will then have a direct or indirect effect on the other domains.

Expecting Guidance Officers to be able to diagnose developmental disorders with a WISC (intelligence assessment) and some educational tests is inappropriate and at best a screen, where typically all they can state is: it looks like their might or might not be a problem (without saying what type) and generic suggestions are made. Often a child's problems are not identified because it is assumed that a normal range level of intellect means normal abilities. In particular, a high functioning child may be performing below their capacity but still passing all subjects, so again they are considered to be normal or told they are 'putting it on' when they express distress or act out. These disorders can be subtle and caused by a complex set of brain changes as well as emotional problems and need to be correctly distinguished through comprehensive assessment and investigation so that the child can be helped.

Similarly, only funding Clinical Psychologists through Medicare means that only one piece of the puzzle can be understood. Clinical Psychologists then refer to us for the other pieces to be answered but the family can't always afford this and it is the child who suffers. Alternatively, non specialists try to provide the assessment and make mistakes or charge money for very little outcome.

I have attached some typical (de-identified) neuropsychological reports so you can see how they differ from other specialist's assessments and what skills we provide the community (adult and child cases).

So often, I have distressed parents/families and clients asking why they didn't know about neuropsychology earlier or why it wasn't more accessible. Of even more concern, I see people who have been incorrectly diagnosed because no or very little assessment has been carried out, and what has been attempted was by someone without the training required.

Neuropsychologists are a small specialised group, therefore would cost little to the government, but we can provide so much, that over time will save the community significant amounts of money in reducing hospital stays, helping people stay at home before requiring care, minimising mental health problems or forensic issues in later life, increasing potential for employment and employment longevity and for those with developmental or acquired brain related and psychiatric problems and so on. Our specialist endorsement is essential to recognising this skill set and mental health funding for neuropsychologists is of the utmost importance to enable us fill this need in the community.

Yours sincerely

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