

Submission to the Community Affairs References Committee

Re: Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services

Thank you for this opportunity to address the issues raised in this inquiry. I write in relation to the following issues:

Term of Reference (e)(ii)

I am very concerned about the **workforce qualifications and training of psychologists**.

Psychologists deal with members of our society at their most vulnerable state, who may present with a broad range of mental health problems including anxiety, depression, psychotic disorders, substance addiction and abuse, and adjustment to physical illness. They need help from qualified clinical psychologists who have been trained in evidence-based best practice models and professional ethics. This training is only possible, in my opinion, in the context of a structured, accredited postgraduate degree consisting of coursework, supervised practice, and research.

In addition to a four-year undergraduate degree in psychology I underwent two years of full-time study in clinical psychology by completing a Master of Psychology at The University of Sydney. This programme, like all accredited postgraduate clinical psychology programmes in Australia, consisted of coursework in all major areas of clinical psychology (e.g. psychometric assessment, child and adult psychological disorders, neuropsychology, health psychology, professional ethics), four clinical placements (in an ADHD/learning disabilities clinic, consultation-liaison psychiatry in a major teaching hospital, psychiatric rehabilitation in community health, and adult clinical psychology in a hospital outpatient clinic), as well as a strong research component. Since my graduation I have worked in two public hospitals for five years, and private practice for the last 10 years. While having 15 years of clinical experience is valuable, there is no question in my mind that it is through the Master's programme that I gained not only knowledge in the assessment and diagnosis of the mental illnesses and psychological problems, but also the ability to critically apply scientific evidence to my clinical practice.

In Hong Kong, for example, where I obtained my undergraduate degree in psychology, only psychologists with a postgraduate degree in the relevant field can be registered as a psychologist in one of four divisions (clinical, educational, industrial/organizational and counselling)¹. In other words, a psychology graduate who does not also have at least a Masters degree in a specialized field in psychology **cannot** be registered as a psychologist in Hong Kong.

¹ The Hong Kong Psychological Society website: <http://www.hkps.org.hk/en/>

Worldwide, many countries have adopted or are moving towards postgraduate training as the entry level qualification² for psychologists.

Unfortunately, contrary to the claims of some members of the profession, experience in the provision of psychological services does not replace minimum training in clinical psychology. Many have argued that psychologists (who gain registration via the so-called “4 + 2” pathway) and clinical psychologists (who have completed at least a Master’s degree in clinical psychology) are all capable of doing the same job because there has not been an outcome study comparing their relative effectiveness in clinical practice. However, falling for this argument is akin to saying that hairdressers (who may have had years of experience in counselling their customers) should have access to mental health funding, simply because no outcome study has demonstrated the relative effectiveness of trained mental health professionals over hairdressers.

In summary, I believe it is in the public’s interest that practising psychologists in Australia meet the international standards for minimum training (i.e. six years of full-time university studies in the area of psychology and clinical psychology).

Recommendation

I recommend that the 4 + 2 pathway be phased out as a route to registration, and that registration requirement move to Masters/Doctorate level registration within the next decade.

Term of Reference (e)(i)

In relation to **(e)(i)**, I am strongly in support of the current **two-tiered Medicare rebate system**, as it recognises the value of accredited, specialised post-graduate training in clinical psychology.

The distinction between psychologists (without postgraduate training) and clinical psychologists is a well-established one. For example, the current Health and Community Employees Psychologists (State) Award in NSW clearly differentiates between Psychologists (defined as “an employee with a four-year degree in psychology”) and Clinical Psychologists (a “psychologist with a Masters degree or higher in Clinical Psychology”).

Recommendation

I recommend that the two-tier Medicare rebate system be retained, in recognition of the training of clinical psychologists.

² Stevens, M. J & Wedding, D (2004) International psychology: a synthesis. In Stevens, Michael J. (Ed); Wedding, Danny (Ed), (2004). Handbook of International Psychology, (pp. 458-459). New York, NY, US: Brunner-Routledge.

Term of Reference (b)(ii)

I have been in private practice since 2001. I am pleased to report that the introduction of the Better Access Initiative in 2006 has made psychological services much more accessible to the average Australian.

The patients who consult me present with mental health problems that range from relatively mild (e.g. insomnia) to serious (e.g. severe depression with suicidal intent, posttraumatic stress disorder with comorbid depression and substance abuse). I estimate that 60% of my patients are discharged after 8 to 12 sessions, well within the current limits of 12-18 sessions per year. However, the remaining 40% of patients **do** require more than 12 sessions of individual psychological services per year. I believe that to impose a limit of 10 rebatable sessions per year is discriminatory against individuals with a moderate to severe mental health problem. After all, a child with a medical problem is not limited to a fixed number of rebatable visits to a paediatrician.

Having worked in both public health and private practice, I believe it is unrealistic to expect individuals with moderate to severe mental health problems to obtain the services they require from psychiatrists and state services. First of all, the availability of these services are limited (e.g. even in metropolitan Sydney, and possibly more so in country areas). Secondly, individual psychological intervention is the recommended treatment for many mental health problems. For example, trauma-focused psychological intervention is recommended for individuals with PTSD in the national guidelines published by the Australia Government.³ Indeed many of my patients with more severe problems are referred to me by psychiatrists.

Recommendation

I would support measures to improve accountability, to ensure mental health funding is not abused. For example, once referred, a patient may be asked to return to the referring GP or psychiatrist for a review if more than 10 sessions are required. Where clinically indicated, mental health patients should **not** be limited to a fixed number of psychological services per year.

Term of Reference (f)(i)

I would also like to comment on the **adequacy of mental health funding and services for culturally and linguistically diverse communities.**

As a bilingual psychologist, approximately half of my patients are from non-English speaking backgrounds. If these clients require more than 10 sessions but cannot afford to fund these visits, they are further disadvantaged as they are unlikely to seek help from state services due to

³ Australian Centre for Posttraumatic Mental Health (2006) Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder

language and/or cultural barriers. Culture and language-specific mental health services are very limited in Metropolitan Sydney. Even if they did present for treatment (e.g. at a public hospital or community health centre), they will have to rely on interpreters. This not only reduces the effectiveness and prolongs the duration of psychological therapy, but is also extremely costly when extra sessions and interpreter costs are taken into consideration.

Recommendation

I urge the Committee to increase the number of services allowed for mental health patients in general. I also support ACPA's recommendation to increase training and education opportunities for psychologists from non-English speaking backgrounds.