

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

04/08/11

Dear Committee Members,

I write to address the following terms of reference:

- (e) mental health workforce issues, including:
 - (i) the two-tiered Medicare rebate system for psychologists,
 - (ii) workforce qualifications and training of psychologists

- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
 - (iii) people with disabilities;

Mental Health Workforce Issues

I believe that the two-tiered Medicare rebate system for psychologists is detrimental to clients and psychologists alike. As a specialist (Education and Developmental Psychologist) trained in the mental health needs of children and adults, I strongly urge the government to consider the rights of the child as the current two-tier system financially and clinically disadvantages children and their families. Education and Developmental Psychologists are not 'just school counsellors', and work in other areas such as early intervention for very young children with additional needs, including complex, multiple diagnoses as well as adult mental ill health. Research evidence clearly shows that evidenced-based early intervention is successful in helping children and their families towards improved developmental outcomes. Longitudinally, this means that children who have received intervention are more likely to be involved in society and to be less dependent on ongoing health care in their adult years. Therefore, it appears that the government is currently acting in a way that will continue to place pressure on the already financially stretched health care system by limiting the full rebate to clients seen only by clinical psychologists.

In terms of the workforce qualifications and training for psychologists, it is **highly unfortunate** that areas of practice endorsement are dictating client's access to full Medicare rebate on psychological services. For example, Education and Developmental Psychologists are highly trained individuals who are specialists in world's best evidenced-based assessment and case conceptualisation for adults and children, as well as best practice evidenced-based interventions across the lifespan. As part of my degree I have provided care in complex cases such as additional needs children (e.g. a three-year old with developmental delay including severe speech delay, poor fine-motor control, poor social skills) who reside in very vulnerable families (e.g. parents with mental illness). Similarly, I have worked with adult clients who have multiple diagnoses such as a learning disabilities concomitant with psychopathology.

Furthermore, Education and Developmental Psychologists are extensively trained in psychometrics, particularly in world's best practice for administration of cognitive ability and personality assessments. To claim that clinical psychologists are the only psychologists whose 'entire training is predicated on evidenced-based assessment and treatment of the full-spectrum of lifespan mental illnesses' is inaccurate and misleading to individuals outside of the psychology profession. Education and Developmental Psychologists hold Masters degrees as well as PhD's, and may study an intensive combined Masters/PhD course. Furthermore, our practicum training is extensive and equivalent to that of clinical psychology courses, requiring in excess of 1000 hours of clinical experience. Therefore, I argue that Education and Developmental Psychologists have equivalent training to, if not more extensive training than, clinical psychologists. I strongly urge the government to make evidenced-based decisions regarding access to the full Medicare rebate for children and adults seeing psychologists (other than clinical psychologists) and to not be swayed by the claims of some highly vocal groups in regard to workforce qualifications and training.

Adequacy of mental health funding and services for disadvantaged groups

The current funding to mental health is totally inadequate for the needs of disadvantaged groups. My sibling has a disability and suffers from mental ill health that has, and will continue to, require ongoing case management, psychiatric treatment and pharmacotherapy. As a family we have first-hand experience of the inadequacies in the mental health care system. In the past, my sibling has been admitted to a psychiatric unit for care and had to be sent home before the psychotic episode was controlled due to the severe shortage of beds presenting a danger to self and the care-givers. In addition, ongoing support services such as case workers are under increasing workloads driven by the lack of government funding, leading to higher levels of stress and turnover. Furthermore, there is very little in the way of assistance for the care-givers who, in the case of my sibling, have given their lives to care. In addition, there is little in the way of supported residential care where my sibling can be safe when the care-givers are no longer able to provide care.