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4 August 2011

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

Dear Committee Secretary

Re: Submission for Senate Community Affairs Committee into Commonwealth Funding and Administration of Mental Health Services.

This Submission has been prepared by Dr. Marjorie Collins, Specialist Clinical Psychologist (Western Australia)

I have extensive specialist experience in the area of mental health, and it is from this platform that I respectfully submit my comments on the administration of mental health services in Australia. Briefly, I have worked as a tenured academic since 1984, teaching psychology at both undergraduate and postgraduate levels (including clinical psychology). In addition to my 27 years of experience as an academic teaching psychology and supervising psychology students on placements (and training the psychology workforce) I have worked in private clinical practice since 2003, providing clinical treatment and assessments and working more recently with patients who have been referred under the Better Access initiative. I have also served two terms on the Psychologist's Registration Board of Western Australia. My experience in training the psychology workforce, as well as in delivering clinical psychology treatment to patients with mental health disorders (both directly as a clinician and indirectly as a clinical psychology supervisor) and understanding the regulation and credentialing of psychological practice within the jurisdiction of Western Australia, places me in a position to comment on mental health services and their delivery in Australia.

Under proposed changes to the Better Access initiative, it has been suggested that people who need over 10 sessions of allied mental health services a year will receive care through:

- Medicare Benefits Schedule consultant psychiatry items;
- Flexible Care Packages; and
- State mental health services.

This suggestion is disingenuous for a number of reasons, as outlined below.

First, there is a shortage of Psychiatrists who are in a position to deliver the number of services required in the Australian population. Psychiatrists are currently overstretched, and have difficulty meeting current demand for mental health services. There is no capacity for them to increase the number of services delivered. Moreover, psychiatry items cost more than psychology items under Better Access. If it were possible for Psychiatrists to absorb some of the patients who are currently being treated by Psychologists, the number of psychiatry items delivered would increase, with associated increased costs to government.

Second, Flexible Care Packages delivered through G.P. Clinics, have predominantly engaged the services of Registered Psychologists to deliver these treatments. Registered Psychologists have an undergraduate degree in psychology and then two years of unaccredited supervision in applied psychology. After 27 years training the psychology workforce, my clear view is that four year trained psychology graduates, even after two years of supervised practice post graduation, do not have sufficient training in mental health to treat patients with moderate to severe mental health disorders. Delivery of mental health services to patients with moderate to severe disorders through Registered Psychologists (who do not have dedicated and accredited postgraduate training in mental health) places the most vulnerable in our community at risk.

Third, state mental health services do not currently have the capacity to meet demand for patients with moderate to severe mental health disorders. The proposal to shift services to state mental health could be viewed as simply a cost shifting exercise, with the burden of costs shifting from federal to state governments. With the introduction of Better Access for psychology services, many patients who could not be serviced by the state mental health services were picked up and treated under Better Access. Shifting the burden back to state

mental health services will result in many of these patients falling through the cracks and no longer being treated for mental health disorders which not only impact on them personally, but also reduce the productivity of the Australian workforce.

Recommendations

- ***The number of sessions available for Clinical Psychology services under Medicare through the Better Access Scheme be increased to meet the demand of patients with moderate to severe mental health disorders***
- ***Foster cooperative service delivery between Psychiatrists and Clinical Psychologists to treat patients with moderate to severe mental health disorders***
- ***The specialist services of Clinical Psychologists be engaged more profitably by government, to support the services delivered by Psychiatrists under Medicare.***

My recommendations are based on consideration of the mental health needs of the Australian population (and workforce) in conjunction with the need to spend Australian tax dollars wisely. Given that Clinical Psychologists have completed at least two years of postgraduate dedicated training in working with mental health, followed by two years of supervised clinical practice (see Psychology Board of Australia standards for endorsement to practice) this group of specialists are well equipped to treat patients with moderate to severe mental health disorders. Clinical psychologists specialize in the assessment, diagnosis, evidence-based treatment and treatment outcome evaluation of mental health disorders across the lifespan at all levels of complexity and severity. Along with psychiatry, clinical psychology is the only specialist training in which the entire post-graduate program is in the area of mental health. This is to ensure that Clinical Psychologists have experience and knowledge in the specialist area of diagnosis, treatment and prevention of all Mental Health Disorders, identified in DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association). Treatment interventions are drawn specifically from the scientist-practitioner model, ensuring evidence based strategies are applied. Clinical Psychologists, via an ongoing and rigorous Continuing Professional Development process, are required to ensure up to date professional development to support ongoing knowledge and competence in this specialist area.

Clinical Psychologists are in a position to work in tandem with Psychiatrists, to treat patients with severe mental health disorders, as they have dedicated training in mental health commensurate with the level of training of Psychiatrists, and a common nomenclature. Indeed, it is currently common practice for Psychiatrists to work in tandem with Clinical Psychologists in treating the most vulnerable people in our community. Hence, my recommendation that the specialist services of Clinical Psychologists be engaged more profitably by government, to support the services delivered by Psychiatrists under Medicare.

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