Submission to the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services.

Terms Of Reference.

b) Changes to the Better Access Initiative

iv) 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.

As a Clinical Psychologist in private practice my referrals come mostly from GP's and Consultant Psychiatrists. The referrals received are invariably for complex and severe cases. Many of these patients have been unable to wait for Government funded services due to the extensive waiting periods and the severity and urgency of their symptoms and levels of distress.

I specialize in working with children and adolescents. Many of the children and adolescents who are referred to me, present with severe mental health problems including Post Traumatic Stress Disorder, Obsessive Compulsive Disorder, Anxiety and Depression, to name but a few diagnostic groups. Typically the effective treatment of these disorders requires the specialized intervention that can only be provided by a Clinical Psychologist who is uniquely trained to treat patients with the most complex and severe mental health presentations. It is also significant that there is a much higher rate of co-morbidity in presentations, often requiring longer term treatment.

When complex disorders such as Obsessive Compulsive Disorder present in young children, they are often difficult to treat and require longer term therapeutic intervention. For many families, the 18 sessions funded by medicare enables them to access the care and treatment that their children require. Without this, they would simply be unable to afford the evidence based and comprehensive treatment that is essential to recovery and mental health. We know that for many disorders, early intervention is imperative and can alter the development trajectory significantly. For example, without treatment, very young children presenting with disorganized attachment frequently go on to develop significant behavioural difficulties, conduct disorders and emotional regulation difficulties, and later personality disorders. Early, specialized intervention can provide a significant opportunity to alter this course. However, the intervention needs to be accessible and affordable in order for children and their families to continue to attend. To undertake comprehensive treatment of children and adolescents with severe mental health presentations, more than 18 sessions of specialized treatment per annum is frequently required, especially when there are co-morbid disorders.

Limiting the number of sessions that are rebated, often means restricting treatment to all but the very affluent, with many families terminating treatment prematurely. This will also undoubtedly place additional pressure on already overwhelmed government mental health services when those unable to continue with private Clinical

Psychology services seek treatment in government funded clinics. This will not represent a financial saving for the government, but rather place government services under increased pressure to meet demand and patients waiting on long wait lists whilst their symptoms and distress worsen.

The number of rebated sessions per annum should, at the very least, be retained at the 18 sessions. For many complex and severe presentations requiring weekly therapy, a case can be made for increasing the number of rebated sessions per annum for Clinical Psychologists. In view of the specialized capacity of Clinical Psychologists to provide assessment, diagnosis and intervention, the number of sessions required for treatment should be at the Clinical Psychologist's clinical discretion and patients should be entitled to a rebate for these services.

e) Mental health workforce issues including

i) the two tiered medicare rebate system for psychologists

The peak body for Psychology in Australia, the Australian Psychological Society, as well as the National College of Clinical Psychologists, recognize that there are nine specializations within Psychology and that Clinical Psychology is one of these specializations. There are also international precedents, with Clinical Psychology being recognized as a distinct specialization of psychology in Britain and the United States of America.

It is significant that Clinical Psychology is the only profession, apart from Psychiatry, whose entire accredited and integrated postgraduate training is specifically in the field of lifespan psychopathology and mental health, and advanced evidence-based assessment, diagnosis, case formulation, psychotherapy, evaluation and research across the full range of severity and complexity of presentations. Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in the provision of psychological therapies. Clinical Psychologists have specialized training and skills as a result of the minimum two years of post graduate training and a two year rigorous supervision period that is required to obtain specialist title. Arguing that psychologists without this specialized training are in an equal position to provide the same services to severe and complex presentations is akin to arguing that there should be no distinction between General Practitioners and Medical Specialists in the medical arena. Would any of us opt to have our children see a GP when clearly they require a specialist/consultant to ensure the best assessment and treatment is available.

I note that the AAPi are citing a piece of research undertaken by Medicare to justify their position that there are no differences between 4 year trained generalist psychologists and Clinical Psychologists, who undertake at a minimum, an additional 2 years post graduate Master's Degree followed by 2 years of closely supervised Clinical Registration.

I would draw your attention to the methodological flaws in this research, as raised by the National College of Clinical Psychologists, one such problem being the lack of rigor involved in this research that diminishes the credibility of the research. For example, the study did not meet the basic and fundamental standards of research

design. The research did not identify the nature, diagnosis or complexity of the clients seen by psychologists by type of psychologist; it did not identify the nature or type of psychological intervention actually provided; it did not factor in or out medication use by the client; it did not factor in or out therapy adherence indicators; it did not have a valid criterion measure actually related to a range of diagnoses or complexity in order to assess pre and post intervention condition of clients; it did not undertake follow-up assessment of clients, which is often the point at which the relative strength of any competent treatment becomes manifest; it did not determine relapse rates by type of psychologist; it was a self-selected sample of psychologists who self-selected their clients and clinically administered the research questions in session and it was not subjected to peer review.

To claim that this evaluation by Medicare is convincing proof that general psychology is the same as clinical psychology and that there should be no recognition of the specialization is clearly flawed and poorly thought through. It is noteworthy however, that the generalist or 4 year trained psychologists lack critical clinical evaluation skills, even at the level of interpreting research evidence. It should also be noted that this capacity to interpret and apply research effectively is a key competency of all Clinical Psychologists.

The two tiered Medicare rebate system should be maintained and Clinical Psychologists should be recognized as having unique skills and providing specialized services for patients with complex and severe mental health presentations. Clinical Psychologists independently assess, diagnose and treat their patients as the core business of their professional practice and this should be recognized as such by Medicare, in the same way as Medicare recognizes Psychiatrists. I urge you to retain the current Medicare rebate of 18 sessions per annum to avoid placing additional pressure on the public system and to maintain the two-tiered Medicare rebate system, thereby recognizing and valuing and upholding the specialized and unique skills that Clinical Psychologists bring to their patients, and hence providing patients with the best possible outcome.

Executive Summary:

1. The current Medicare rebate of 18 sessions per annum should be retained and/or increased.
2. Without this rebate, there will be overwhelming pressure on already struggling government services and no actual financial gain. Patients and their families will be significantly disadvantaged and discriminated against in terms of access to Clinical Psychology services.
3. The two-tiered Medicare rebate system should be retained.
4. The Medicare research cited by the generalist psychologists to justify abandoning the two tiered system is fundamentally flawed.
5. The services provided by a Clinical Psychologist are unique and specialized and essential for patients with complex and severe mental health presentations.
6. The expertise of the specialization of Clinical Psychology is recognized internationally as well as within Australia and is the result of extensive post graduate training and supervision.
7. The best outcome for patients and their families can be obtained by retention of the number of rebated sessions and the two tiered system.