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Committee Secretary
Senate Standing Committees on Community Affairs
Parliament House
Canberra ACT 2600, Australia.

community.affairs.sen@aph.gov.a

Submission to Senate Enquiry: Commonwealth Funding and Administration of Mental Health Services.

I am a Clinical Psychologist and since entering the profession 21 years ago, have worked across a range of private and public sector settings. I have current registration and specialist clinical endorsement in Australia and the UK. I am a member of the National Executive Committee of the Clinical College of the Australian Psychological Society.

This submission constitutes my private professional opinion and is not intended to represent the view of organisations with which I am professionally affiliated, including the Australian Psychological Society.

(e) (i) the two-tiered Medicare rebate system (ii) workforce qualifications and training of psychologists,

I do not agree with calls for the abolition of the two-tiered system and or arguments that all treatments and all providers are the same.

The two-tiered system should be retained and specialists such as Clinical Psychologists should continue to be recognised and remunerated.

Mental health and mental illness are complex matters and involve multiple influences of a person's experience and life circumstances as well as their genetics and physiology. While the application of interventions such as focussed psychological strategies may assist many people, this complexity means that an intervention that helps one person does not necessarily help another and that what helps one person at one time may not help the same person at a different time in their life. Often a combination of approaches is needed and access to diverse approaches and providers is essential. Furthermore, specialist assessment of the interplay of multiple factors may be necessary to plan effective treatment.

A comprehensive mental health system must embrace this complexity and ensure that consumers and carers can access the full range of evidence-based treatments that span good quality self-help, the delivery of evidence based focussed psychological strategies as well as specialists who can assist if these treatments are not effective or appropriate.

Clinical Psychologists have specialist training and supervised practice in the assessment and treatment of this complexity. They are trained to integrate a range of psychological theories, assessment techniques and therapies to provide an individualised treatment based on the best available evidence. The specialist nature of Clinical Psychology is recognised in Australia <http://www.psychologyboard.gov.au/> and internationally – see for example the USA <http://www.apa.org/ed/graduate/specialize/clinical.aspx> and UK <http://www.clinicalpsychology.org.uk>

This is of particular relevance to people with moderate to severe conditions and people with complex treatment needs – for example those who have multiple experiences of trauma or a number of co-existing conditions. The specialist discipline of Clinical Psychology is a resource not just to individual clients but to other professionals and to the community as a whole. Clinical Psychologists provide leadership, expert consultation and training to other professionals and are at the forefront of innovative research and development in mental health. The unique contribution of Clinical Psychologists has been affirmed through workplace reviews in Scotland, England and Western Australia and remunerated accordingly.

Psychologists who wish to become specialist Clinical Psychologists must undergo a competitive selection process and make enormous personal and financial investment in pursuing this specialisation. If this recognition was removed, it would be difficult for graduates to justify pursuing specialist training and the clinical psychology workforce would dwindle.

(iii) Workforce shortages

Currently it is difficult for even the most highly talented psychologists to access postgraduate clinical training and more funded places are needed.

b (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;

Better Access has been a great step forward in allowing many more people to access treatment and has been especially helpful for people of limited financial means with moderately severe conditions. State public sector services rarely have the resources to provide treatment for people with these conditions and many remained untreated, in great distress, often over long periods of time.

The decision to reduce services particularly disadvantages people with moderately severe or complex conditions and those with limited financial means and I suggest that the number of sessions available should be retained at up to 12 with the possibility of extension to 18 sessions.

(d) services available for people with severe mental illness and the coordination of those services;

In my opinion, people with moderate to severe mental illness should have access to clinical psychology services which can provide advanced assessment to aid treatment planning and where necessary treatment. This access should be available across the various programs (Better Access, ATAPs).

(j) Any other related matter:

I would like to comment on some interpretations being suggested of the Better Access outcome data presented by Pirkis et al ¹. In my opinion, these data give a general picture of outcomes, but this research is not designed to provide a test of whether practitioners provide equivalent services. As has been pointed out elsewhere, the lack of controls in this research also limits the interpretations that may be drawn.

In particular, it is not appropriate to use the data to draw conclusions about the equivalence or otherwise of treatments provided by various groups of clinicians. The training and clinical practice of various professions is different and overall outcomes do not prove that the clinical activity is somehow “the same”. For example, if a General Practitioner and an Orthopaedic Surgeon both helped 80% of their patients who experienced back pain, it would be illogical to assume that both types of treatment involved the same clinical activities and were “the same”. In the Pirkis data, any interpretation of equivalence is rendered even more inappropriate because under Medicare definitions, clinical psychology providers do not provide the same treatment (focussed psychological strategies) as the other professionals involved in the comparison. Therefore, this comparison does not compare like with like and should not be used to conclude equivalence.

Thank-you for the opportunity to contribute to this debate.

Kind Regards

Julia Reynolds

1. Pirkis J, Ftanou M, Williamson M, Machlin A, Warr D, Christo J, Castan L, Spittal, Bassilios B and Harris M. Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule Initiative Component A: A study of consumers and their outcomes. [Internet] 2010. [updated 2011 March 15; cited 2011 August 01]. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-eval-a>