

Submission for the Senate Inquiry into Commonwealth Funding and Administration of Mental Health Services August 2011

31st July 2011

I am a clinical psychologist with a PhD in clinical Psychology who has worked both in psychiatric hospital settings as well as private practice settings for the past 11+ years. My training involved a four year undergraduate degree following by a four year Doctor of philosophy in clinical psychology degree. I am a full member of the Australia Psychological Society and member of the APS college of Clinical psychologists. I am both alarmed and concerned by the governments' intention to cut funding to the Medicare Better Access Program. I have been involved with the mental health care plans since they were first introduced in 2007 and I note that approximately 90% of my practice services people with GP mental health care plans. Without the better access program I note that the majority of my clients would be unable to afford access to psychological treatment of their mental illness.

The reduction of sessions from 12 (18 in exceptional circumstances) down to 10 is counterintuitive, discriminatory and neglectful at worst. In my private practice I consult with many clients with moderate to severe mental health disorders such as Post traumatic stress disorder, Obsessive compulsive disorder, Alcohol and drug dependence, Generalised Anxiety disorder, and Bipolar disorder, many of which also have comorbid conditions. It is well documented in the research literature of many reputable journals worldwide that that such mental illness are unlikely to be successfully treated in 10 sessions as proposed. Further, approximately 40% of my practice consists of bulk billed clients who would be unable to fund further sessions on their own. Hence, they would be left with the beginning benefits of treatment will no further treatment, no follow-up, and no relapse prevention training. How could we ethically offer treatment to these individuals knowing that it is therefore unlikely to be effective or beneficial? Moreover, this would lead to discrimination of the more financially disadvantaged in the community where only those with high incomes could afford to continue the treatment of their mental illness.

My question would then be what would be the outcome for these individuals with mental health problems? Some had already tried community mental health in the past, only to be stuck on waitlists for months, or worst still left to a point where they were then admitted by emergency to acute care facilities at various hospitals following self harm attempts. Would they be left with only drug options through their GP? The shortage of psychiatrists in Australia is noteworthy, and of those available many do not offer any Cognitive Behavioural therapy or other treatment modalities other than the provision of medications. Again it is widely demonstrated in the literature that successful treatment of severe mental health conditions typically involves the combination of both CBT + Medications.

The idea that clients would "just go on to ATAPs or the like" after their 10th session is illogical. For one, many clients are reluctant to change specialists and "re-explain" their current difficulties with someone else, let alone again build a trusting therapeutic relationship, especially for clients with long standing abuse histories. This breaks apart all treatment gains made, let alone the impact on treatment continuity. Secondly, it appears counterintuitive to force private patients into the already overstretched public system. So many mentally ill are going to be underserved or going without.

I also want to comment on the two tiered Medicare rebate system for psychologists. Clinical psychology is the only profession other than psychiatry whereby our entire postgraduate training is focused on advanced evidence-based psychopathology, assessment, case formulation, diagnosis, and therapy across the full range of severity and complexity of mental health issues. Our training enables us to draw on and evaluate a wide range of evidence based treatment options and individualise these to the presenting issues of the client. I note that from my own personal experiences in working with generalist vs clinical psychologists, the differences in skills, diagnosis, conceptualisation of client cases and execution of current best practice treatments are highly apparent. I often end up being referred 'extreme cases' from GPs of clients previously seen by generalist psychologists.

Further the rest of the world appears well versed in understanding the importance of extensive university based training involved in working with mental illness. One only has to look at countries such as America, UK, Canada, Ireland and the like to see that a minimum of six-years university training is required for a psychologist to practice. Why should Australia lower its standard to anything less? Clinical psychologists should be recognised as specialists.

I also want to comment on the workforce shortages in mental health. As mentioned previously there is a serious shortage of psychiatrists in the Australian population. Clinical psychologists by definition deal primarily with psychiatric populations and are more closely related to psychiatrists than any other profession. Therefore rather than seek to reduce the status of clinical psychologists as proposed in the two tier issue currently debated, perhaps we need to turn to countries such as America where they are currently undergoing trials in places such as New Orleans. It is here they are trialling to give clinical psychologists increased skills in psychiatric health such as prescribing rights following furthered training. Investigations into this may help to resolve some of the shortages of psychiatrists and provide increased mental health care access for the public.

In summary, It is my recommendation to reinstate the original Medicare structure of 12 sessions (18 in exceptional circumstances). The mentally unwell individuals in our community deserve fair, equitable appropriate and effective health care delivered by specialists who can significantly improve their overall functioning and quality of life.

Yours faithfully,

(name withheld by request).