Senate Community Affairs Reference Committee Inquiry into Commonwealth Funding and Administration of Mental Health Services

Annette Allman
B.A., MPsych, Dip,Clin Hyp.
Clinical Psychologist
Tasmania

My submission relates to the following terms of reference:

(b) (i) the rationalization of allied health treatment sessions:

The reduction from 12 (plus six for exceptional circumstance) sessions will seriously compromise my professionalism, my duty of care to my patients and most of all it will critically harm patients with complex, chronic mental health problems. I have been a clinical psychologist for 26 years, 21 years in sole private practice where I specialize in the treatment of major depressive disorders, chronic health disorders and post-traumatic stress disorder. These patients require on-going therapy and it would be unethical for me to take on economically disadvantaged patients knowing that I can only provide them with 10 sessions of clinical treatment. It is unprofessional to uncover underlying psychological issues that contribute to depression, or open up a patient's experiences of trauma and then abandon them after only 10 sessions. This is akin to asking a cardiac surgeon to perform open-heart surgery in half an hour. Any self-respecting surgeon would scoff and walk away, knowing that the restrictions leave his / her patient in danger and him /herself liable.

Medicare has seriously undermined and eroded my profession. It has offered a carrot to the profession, which at first seemed positive, but it is now strangling treatment into ever fewer sessions. It is treating the mentally ill as if they are a set of procedures to be worked upon. In this respect, I regret the day our profession jumped into bed with Medicare.

I wish for a Medicare system that will support my work with the chronically mentally ill in the way psychiatrists and general practitioners are permitted. They have no restrictions on the number of sessions that they can provide to a patient. They can proceed with treatment without the fear of the patient not being able to continue in treatment due to lack of funding. This discrepancy is very frustrating and difficult to work within, as 18 sessions are not enough for a patient who has experienced childhood sexual abuse, a history of major depression and then subsequent trauma. Where will these patients go? I am deeply concerned as there is massive State Government funding cuts here in Tasmania and the Royal Hobart Hospital is reducing staff and their allied health services. The mentally ill in my neighbourhood will now have reduced access to government supported mental health services in the public and now in the private sector if the number of sessions for private clinical psychology is reduced.

I strongly recommend that treatment sessions for those with major mental health problems be uncapped. The funding for this could be achieved by eliminating the costly process of the six session reviews by general practitioners. Clinical psychologists are academically trained specialists in the area of mental health and are trained in the skills of continual assessment. By eliminating the six-session review, it would allow the clinical psychologist to continue in therapy and report back to the general practitioner in line with progress and arising issues in therapy. The six session reviews by general practitioners are often unworkable, for instance patients often report an inability to get in to see the general practitioner. The reviews can also be poorly timed and out of sync with the progression of therapy.

Rather than being profession focused, I would recommend that the decisions made be patient focused and in the best interests of the patients. Those with chronic major mental illness should be uncapped and those with minor mental health issues, such as those seen by the majority of undergraduate trained psychologists should be capped.

(e) (i) the two-tiered Medicare rebate system for psychologists:

The loss of the two-tiered system and reduction of rebates to the equivalence of the undergraduate trained psychologists sends out a seriously flawed message to the profession and the community. In doing so it supports the misguided belief that postgraduate trained clinical psychologists and undergraduate generalist psychologists are of the same standing in the profession. This is not the case. Ask any patient who has experienced the services of a generalist psychologist and a clinical psychologist. They will remark that the clinical psychologist had a deeper understanding of their problem and more skills in addressing their problem.

Clinical Psychologists who are university trained undergo two years of focused mental health academic and clinical practice training, involving formal assessments (essays, case studies, examinations, clinical observation) within an APAC accredited university course. This training is rigorous and evidence based. It provides a gold standard, which is recognized around the world. To reduce the clinical psychologists rebate to that of the undergraduate generalist psychologists is to say to every Australian university, every psychology student that the Masters of Clinical Psychology degree has no value.

If the two-tiered system is abandoned there will be no incentive for anyone to embark on the expensive and demanding academic training as a clinical psychologist. We will become a country with a psychology service grounded in mediocrity and we will become the least qualified country in the field of psychology. Many countries such as the USA and Canada require a doctorate for specialist registration. The UK and Ireland have their minimum requirement set at Masters level. They recognize the value of post-graduate training.

Instead of collapsing the two-tier system down to the lowest common denominator, encourage a movement forward towards excellence. Open up more postgraduate training places in psychology. Encourage more students to take up clinical psychology training. It is the only post-graduate training which focuses exclusively

on the assessment and treatment of mental health disorders across the lifespan. It was once a profession that was recognized for its expertise.

(e) workforce qualifications and training of psychologists:

Specialist clinical psychologists should be recognized for their rigorous and accredited training. This should be a minimum workforce qualification. The medical profession recognizes and values their specialists. They protect their specialists by only allowing for a single pathway into a specialty. All specialists must undergo the recognized, accredited training. There is no such thing as an apprenticeship into a specialty in medicine and I admire them for keeping their professional purity and integrity. I only wish that the profession of psychology had done the same. By allowing undergraduate psychologists to undergo a two-year apprenticeship without rigorous and thorough accountability measures they have muddied the waters, where apprentice psychologists believe they have equivalence. I know whom I would prefer to be treated by. A professional with a recognized, accredited qualification, their specialist qualification certificate hung on the wall. The medical profession would never have allowed this to happen where a cardiologist can arrive at his specialty as an apprentice without sitting exams or undergoing any formal clinical examination. Western Australia has the gold standard for psychology workforce qualifications in Australia. They only employ university trained clinical psychologists. This standard should be rolled out across the nation in line with other countries. To achieve this more places should be funded for postgraduate clinical psychology training.

(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard ot reach groups;

Medicare Rebates should be made available for outside metropolitan consultations undertaken via the Internet, as is the case for psychiatrists and nurses. Clinical psychology lends itself well to this type of interaction and many rural and remote patients will benefit from this. I have had many experiences where I have been working with chronically ill and depressed clients who were unable to get out of bed, but who would benefit from this form of contact. I also worked in remote settings where many hours were spent driving or flying to patients, the Internet would have eliminated these costs . Online services and rebates would remedy the current shortfall of psychologists in remote and rural settings.

(j) any other related matter

You have an opportunity here to make changes, which will improve mental health services across Australia, where a patient can be guaranteed the highest of care. I hope you will take a long-term, global, best practice view and improve this frequently neglected area of health care.