

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

From: Susan Diggs

I wish to comment on the proposed changes to the “better access” initiative. Specifically, the changes to the number sessions offered to patients with mental illness and the elimination of the two-tiered system of psychological service provision.

I believe there are two key inter-related issues which arise from the proposed changes.

1. the impact on access to specialist mental health services

The better access initiative recognises the high prevalence of mental health problems in the community and the difficulties people have traditionally faced accessing services. In terms of increasing access to psychological services, that people may not have otherwise afforded, it has been a resounding success. It is also in keeping with changing perceptions of mental illness. Over the last decade there has been a strong campaign to de-stigmatize mental illness and to encourage people to seek professional help. Reducing both the number of sessions and eliminating the specialist treatment will result in a sub-standard service. It sends a clear message that we will do the absolute minimum with the most basic of training of our mental health professionals.

Given the complexity of mental illness and its impact on society in terms of lost productivity, increased pressure on families and the strong relationship between physical and mental illness surely a service of the highest possible standard is required. Why are mental health patients always the poor relations?

One of my main concerns in treating people with fewer sessions is that people will discontinue treatment early. While some gains can be made in 10 sessions the risk of relapse in mental illnesses is high. To ensure optimal treatment outcomes relapse prevention needs to be built into the therapy and in ten sessions this will be compromised.

My experience in private practice is that many of the people I see are working people who are seeking professional assistance to manage symptoms and maintain their level of functioning in the key areas of their lives, at work and at home as parents and partners. Failure to provide a service to facilitate people’s functioning will be paid for elsewhere in the system, I believe. Already work stress claims through the workers compensation system are high. I would expect to see a further rise if people do not have access to quality mental health services.

2. the impact on professional standards and standing of the profession in the community

Postgraduate studies in clinical psychology ensure a high standard of mental health training. As someone who has been practicing as a 4 year psychologist for the past 5 years while completing my clinical masters I have been able to experience my own growth as a professional in terms of developing specialist skills and knowledge as I progressed through the course. I feel far more confident in my ability to treat more complex mental health problems. It is with some irony that after such a rigorous, time consuming and very expensive training that the day I submitted my paperwork to

become a clinical psychologist I also received an email outlining the proposed changes. My heart sank reflecting on all the extra work I had done and now with no recognition.

As part of the clinical training I was required to do 1000 hours of supervised clinical practice in four areas including, adult mental health, neuropsychology and child and adolescent psychology. Had I not done the masters I would not have those additional skills and knowledge. Yes, people can do professional development courses to obtain skills but surely in this day and age we should be expecting more from our health professionals than a series of short course to 'up skill'. The masters program offers a very rigorous accredited training with the highest academic requirements with a very hands on practical component. This should be a minimum for psychological training.

Additionally, assuming that my 4-year training was considered adequate why wasn't I paid for the 1000 hours of placement that I have effectively provided for free. I completed the course on the basis that there will be recognition of the advanced training and sacrificed a lot of time and money to do it. I would also like to point out that clinical psychology services are a fraction of the price of private psychiatrists and if people cannot access clinical psychology services they will turn up in other parts of the system. The problems do not go away by simply reducing the service.

In summary, it makes sense that those highly trained in psychology are recognised at a higher rate. Further, given the burden of mental illness and the strain on traditional psychiatric services, it makes sense to fund clinical psychology alternatives in the community whereby consumers have ready access to trained specialists who model evidenced-based best practice for a fraction of the cost of seeing a psychiatrist. The current provision of 12 sessions with 18 for 'exceptional circumstances' is a minimum that should be provided.

I urge the committee to reconsider their position and reflect on what constitutes a genuine recognition of the complexity of mental illness. Access to the highest quality services to provide optimum care to maintain people's functioning is the key issue.

Yours Sincerely

Susan Diggs
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