

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

31 July 2011

To the Committee Secretary,

Re: The Government's funding and administration of mental health services in Australia

With particular reference to:

- (e) mental health workforce issues, including:
 - (i) the two-tiered Medicare rebate system for psychologists,
 - (ii) workforce qualifications and training of psychologists

- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
 - (i) culturally and linguistically diverse communities,
 - (ii) Indigenous communities, and
 - (iii) people with disabilities.

Summary of points:

- Clinical Psychologists undertake specialised, advanced training and supervision and are well-suited to assess and treat patients with more complex presentations.
- 1.4 million Australian adults experience two or more mental health problems, which carries a high human and economic cost to the individuals, their families and the community. Among health professionals, Clinical Psychologists are best placed to offer cost-effective, expert treatment to patients with these complex psychological needs.
- Providing adequate proportions of Clinical Psychologists in the workforce of public and private services accessed by disadvantaged groups will increase the likelihood

that these groups will receive appropriate assessment and cost-effective, empirically supported treatment.

- Recognition of the specialised role of Clinical Psychologists among allied health professionals will ensure their retention in both the public sector and in private practice.

Background

I wish to address issues relating to workforce qualifications and training of Psychologists and the two-tiered Medicare Rebate as well as services to disadvantaged groups. I have been working as a Clinical Psychologist for twenty-five years, predominantly working in publically funded clinics, within multi-disciplinary teams. I now work in both, private practice and a public clinic. Over the course of my work, I have had extensive opportunity to observe the clinical roles of various health professionals, including allied health, Psychologists and Clinical Psychologists in particular, during case presentations and discussions and staff supervision. I would like to summarise the main differences I perceive in relation to the following terms of reference:

(e) mental health workforce issues, including:

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Many therapists from different disciplines including psychology are likely to possess the desirable characteristics (such as, warmth, empathy, an ability to engage and motivate patients, etc) and skills (such as counselling or the application of a specific therapeutic intervention) of an effective therapist that enable them to deliver general psychological services. However, the additional training and specialisation undertaken by Clinical Psychologists help them develop a specific skill base that is particularly well suited to patients with more complex psychological problems. In the workforce, differences in the skill level and expertise between Clinical Psychologists and Psychologists is recognised and embedded within the Australian Industrial Relations Awards.

Clinical Psychology can be defined as being “concerned with assessment and formulation of psychological problems and intervention to relieve those problems. There is a strong evidence base for the contribution Clinical Psychology can make to the benefit of patients’ physical and mental health and wellbeing over the life-span and across a wide range of settings” [1]. Clinical Psychologists complete an additional, post-graduate degree (2-4 years F/T; amounting to a total of eight years of training), in which they extend their learning in areas such as clinical assessment, diverse therapies, developmental and advanced psychopathology, psychopharmacology, evidence based clinical psychology, trauma theory and intervention, and working with couples, families, children, etc. They also complete supervised internships during which they apply, develop, and refine their assessment,

problem formulation and treatment skills under the close supervision of field Clinical Psychologists and university supervisors.

As a consequence, Clinical Psychologists have a special focus on the areas of personality and its development and course, and psychopathology and its prevention and remediation. This emphasis includes the full span of psychopathological disorders and conditions, aetiologies, environments, degrees of severity, developmental levels, and the appropriate assessments, interventions, and treatments that are associated with these conditions. An understanding of ethical principles, diversity, and cultural context are integral components of the knowledge base of all aspects of Clinical Psychology. [2]

The availability of different levels of specialisation to match population needs acknowledges the diversity of psychopathology and range of severity observed in population surveys, such as the Australian National Survey of Mental Health and Wellbeing (“NSMHW”). [3] We know that 1 in 7 Australian adults experience anxiety disorders; 1 in 16, an affective disorder; and 1 in 20, a substance use disorder [3]. We also know from the NSMHW that 1.4 million Australian adults suffer from 2 or more mental health disorders and are more likely to be incapacitated in terms of days out of role, and psychosocial functioning and suicidal thinking. Overall, 13% reported having high- to a very-high level of psychological distress during the previous month [3]. The level of skill required to address such psychopathology is well suited to the training and specialisation of a Clinical Psychologist. Consistent with this, some authorities recommend a population-based approach to determining the need for Clinical Psychologists in the community [1].

(f) the adequacy of mental health funding and services for disadvantaged groups, including:

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- (iii) people with disabilities.**

Much of my work, during the last 25 years, has been with patients with severe social and psychological disadvantage, which was frequently due to parental alcohol and other drug use, violence or neglect. I would like to underscore the importance of providing this complex-need population, both in public and private services, access to a competent, multi-disciplinary workforce, comprising a proportion of Clinical Psychologists. The inclusion of adequate numbers of Clinical Psychologists would ensure that programmes delivered are more likely to be: 1) appropriate, 2) cost-effective, and 3) evidence-based.

Conclusion

Clinical Psychologists are an integral part of an allied health workforce, both in public clinics and the broader private treatment system. Their role includes not only direct services to clients with complex needs, but also the development of treatment for special needs, the

provision of consultation and supervision to other allied health professionals, and teaching and supervision to students and interns.

The retention of adequate numbers of Clinical Psychologists in the workforce, both public and private, would be enhanced by appropriate recognition and remuneration that is commensurate with their additional training and specialisation [4].

References

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