

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

Dear Committee Secretary,

RE: Inquiry into Commonwealth Funding and Administration of Mental Health Services

I am making a submission as I think it is important that the Committee is as informed as possible to be able to make the best recommendation in the interests of individuals who have mental health difficulties.

I am a clinical psychologist with 19 years experience, and have worked as a clinical psychologist in the UK, South Africa and Australia. I have worked in acute and community mental health care, in government and private settings. I have also been involved in teaching and training post graduate clinical psychology students, having held a post at an Australian university. I have extensive experience supervising trainee clinical psychologists in the UK and in Australia, but have also supervised mental health nurses, psychotherapists, counselling and clinical psychologists. Given my experience and having worked in other countries, I would like to state that I was surprised when moving to Australia that one can practice with a four year degree as a psychologist if a person has undergone two years supervised practice. My understanding is that Australia is the only English speaking country where post graduate training is not required to register as a psychologist. . An Australian registered psychologist who does not have postgraduate training would thus not be able to practice overseas. My surprise stems from my awareness of my own lack of knowledge after my first four years of study and how I certainly did not feel equipped, knowledgeable or skilled enough to provide adequate psychological services even after having received supervised work experience in within the field.

Why the better access to allied health services in its current format should continue:

My main concern is that clients who have mental health illnesses have the best possible and appropriate treatment. It has been well established that psychological therapies that are evidence based are effective in the treatment of mental health disorders.

Seeking treatment is often difficult for people who have mental health difficulties and in particular for people who suffer from depression, addictions and or psychotic illnesses. Not having appropriate and timely treatment generally impacts negatively on the person, the person's family, their ability to work, the severity of symptoms and in more severe cases can result in death.

Seeking help for mental health difficulties is not an easy thing to do. This is partly due to stigmatisation although this has improved with better awareness of mental health issues with the enhanced access to mental health care and organisations such as Beyond Blue. It is therefore imperative that clients/patients with mental health problems get the appropriate treatment from a professional they know is qualified and trained to help them. Most people struggle to know the difference between psychologists and psychiatrists let alone the differences between the different specialties within psychology itself –even psychologists may have this difficulty due to the breadth and complexity of the field. . As with Medicine, which covers broad areas, psychology is a broad subject with many specialisations. Currently there are nine specialisations recognised by the APS each focussing on different areas of psychology.

Clinical psychology is the specialisation that utilises science, theory and practice to assess, diagnose, formulate and treat mental health disorders across the lifespan of clients in community, secondary and tertiary mental health settings. Thus clinical psychologists have specialised in, and have had training specifically in the area of assessment, diagnosis and psychological treatment of mental health illnesses. They have been trained to use a broad theoretical knowledge to help formulate a client's difficulties and through their training in research are able to consume the current research in a critical manner thus ensuring that they can provide a range of evidence based effective psychological treatments that are tailored to client's individual presentations and needs. In addition they are well skilled and trained in monitoring and measuring their effectiveness as clinicians.

The Better Access Initiative clearly recognises this specialisation and this has been to the benefit of clients. Since this scheme was introduced in 2006 individuals who normally would not have been able to access appropriate specialist psychological care have been able to do so to the benefit of their mental health, well-being and functioning. Prior to 2006 individuals suffering from mental health difficulties and in particular those with longstanding complex presentations had limited access to appropriate psychological treatment. This was mainly in part due to not being able to afford private care and public mental health care being overstretched, under resourced and more often than not focussed on individuals in acute crisis.

Currently, clients who are referred to clinical psychologists can be confident that they are being referred to someone whose qualifications and training have been scrutinised and that they are seeing someone who has been identified as having the specialist knowledge and skills to provide evidence based psychological assessment and treatment within the area of mental health. The Australian Psychology Board recognises that it is important for the public to be protected and has thus stipulated areas of endorsement with strict requirements for each specialisation. The clinical psychology endorsement requires eight years of training (a four year undergrad degree in psychology and a two year Masters degree in clinical psychology followed by two years supervised practice or a three year Dpsych degree in clinical psychology followed by one year supervised practice). This is clearly to ensure that members of the public receive effective treatment from appropriately trained and qualified professionals.

I do have concerns that currently, any registered psychologist can self-assess as having the skills to provide focussed psychological treatment within the Better Access Initiative. I would hope that most psychologists would be aware of the limitations of their knowledge, training and skills and would appropriately determine whether or not they can adequately provide psychological treatments to clients with mental health illnesses. There are registered psychologists who completed the four year degree, with two years supervised practice route who have extensive appropriate experience and further training within the mental health field. However the self-assessment may lead to vulnerable individuals with complex mental health difficulties receiving treatment from individuals who do not have the knowledge, training and skills required, motivated by financial gain. This may have a detrimental, if not harmful impact on the mental health and wellbeing of individuals with mental health disorders.

Why limiting the number of allied mental health services to 10 sessions per calendar year should be reviewed:

The majority of clients within my practice present with moderate to severe mental health symptoms. Whilst most may be adequately treated within 6 to 12 sessions there are some who have more enduring and complex mental health difficulties requiring more intensive and longer term psychological treatment. These are clients who often due to their mental illness (i.e. someone with treatment resistant depression, eating disorder or bipolar disorder) would not be able to afford to receive psychological treatment without this scheme and who would not be eligible for the ATAPS services as they may not meet the criteria. These are frequently clients who are also seeing a

psychiatrist as they require both services, benefitting from a joint approach where there is close liaison between myself, the psychiatrist and the GP. Often these clients would not receive a service from the government mental health services or only a very time limited service as they are not acute or necessarily at acute risk. However, they may become at acute risk should they not be able to receive ongoing treatment and care, which the 18 session option currently gives some provision for. In these cases, the option of more sessions would be of the utmost benefit. There is also the increased likelihood that if these clients are not seen and treated appropriately, they will ultimately become a patient of the healthcare system in a much more expensive and wasteful manner (i.e. require hospital admissions).

Whilst I understand that governments may need to reduce costs, I hope that the committee will be able to see the benefit in maintaining the scheme as it is currently, if not expanding it. Individuals with mental health illnesses need to receive the most appropriate effective treatment so that they can function to the best of their abilities, thereby preventing their mental health difficulties from putting strain on them, their families, their employers and communities which in the long term is more costly.

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