

To the Senate Inquiry:

Commonwealth Funding and Administration of Mental Health Services

I make this submission to The Inquiry as a registered psychologist with a Masters Degree (Counselling).

I would firstly like to support the access that the public has to psychological services. The research is clear that early intervention keeps people out of hospital and improves both recovery time and long term-prognosis. In addition to improving the quality of life to those in psychological distress, providing support keeps service users out of hospital, and improves their likelihood of maintaining employment and social connectedness, just to name a few basic benefits.

My motivation for making my submission concerns the efficiency of the system which has evolved over a short period of time. It is pleasing to find a review process in place for a serious issue and a considerable budget. I would like to address three aspects of the system, which I believe are most worthy of review:

- (i) psychologist qualifications
- (ii) assessment of patients
- (iii) psychological services provided

Psychological Qualifications

I spent 9 years gaining my qualifications and during my Masters, studied alongside Clinical Psychologists. We were in the same class for subjects such as 'assessment' and 'cognitive behavioural therapy' and 'counselling'. I consider them my peers, we still consult each other and I don't see that what we do is that different. An academic staff member and clinical psychologist was upset to find that the group was mixed for the cognitive behavioural therapy class and maintained that there was a difference between the education of CBT for clinical and counselling students. The convenor of the program was visibly embarrassed and did not maintain that there was a difference. It was also asserted that the placements of counselling and clinical psychologists were different, however there was substantial overlap. This was my introduction to the artificial divide: it started with the academics at University. It is therefore my belief that the training of psychologists is excellent, but not necessarily as different as it is portrayed.

Assessment of Patients

It is entirely appropriate that patients be deemed in need of psychological services by a healthcare professional. What is confusing is that two health professionals are claiming this expertise. General Practitioners currently make this assessment and referral. However Clinical Psychologists are claiming advanced skills due to their assessment expertise. This is a redundant position, as once a GP has deemed a patient in need of psychological services, haven't they been assessed? If Clinical psychologists were providing assessment reports that other psychologists weren't, this would make more sense to me. I personally do not query the

role of GPs in the process, but if there was a role for clinical psychologists to charge more, perhaps if they were assessing patients' eligibility for services and submitting a report, this would be a more logical division of expertise. At the time of assessing a patient in need of psychological services, the GP does not deem the need to be for the patient to be directed to a clinician for 'focussed psychological strategies' (an item for 'general' psychologists) or to 'specialist clinical services'.

Psychological Services Provided

In this section, I will express my views on the change to the number of sessions available to patients and how the two-tiered Medicare rebate is working 'on the ground'.

It is my understanding from the recent review of the Better Access initiative that the majority of patients do not use the maximum number of consultations. This is also my experience in private practice. However the small percentage of patients who have long-standing mental health concerns struggle with the current level and will be a long time without support. I can't cite statistics on this, but I believe these are the very unwell consumers that the Better Access was aimed to help. The impact of having psychological support and then having it withdrawn is considerable and a re-enactment of the failed support through a patient's life. In some cases, such withdrawal may even contribute to a withdrawal from support seeking behaviours. It's hard to understand why, if the longer term users of psychological services are in the minority, why the neediest would be cut off.

I work in a practice of mixed psychologists, including 'generalist' and 'clinical'. When clients call for an appointment after referral from their GP, the cases are not triaged on the basis of who needs a 'specialist clinical services' and who needs 'focused psychological strategies'. Rather, the patient is matched to the actual expertise and interest of the clinician. By the prevailing logic, clinical psychologists should not be undertaking specialised counselling work that I am qualified to do. I am well aware that this is an equally absurd and false division.

The two-tiered Medicare system has been confusing for both GPs and clients in my experience in both practice and professional networking. The rebate difference between clinical and general psychologists is substantial and I have not seen any evidence that their skills and qualifications are in anyway superior to my own and this is supported by the findings of the Better Access evaluation.

Recommendations

I recommend that:

1. Patients are able to access 12-18 consultations per year as they currently are
2. The only justified difference in Medicare rebates (and I believe this is also tenuous) is if clinical psychologists are conducting formal assessments
3. The responsibility and rebate level for those who assess patients should be clarified and they should also have a responsibility to decipher who is referred to 'focused psychological strategies' and who to 'specialised clinical services'.