



ANZSJA

Australian and
New Zealand Society
of Jungian Analysts

Commonwealth Senate Standing Committee on Community Affairs

**Submission to Inquiry into Funding and Administration of Mental Health Services
July – August 2011**

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

Wednesday 3rd August, 2011

Dear Senators,

The Australasian and New Zealand Society of Jungian Analysts (ANZSJA) is a professional association that represents the professional interests of 67 highly trained mental health professionals throughout Australia. ANZSJA was formed in 1978 and is one of 38 worldwide member societies functioning under the aegis of the International Association for Analytical Psychology (IAAP). It is the only IAAP society in Australia and New Zealand. It is, therefore, the only official body in Australia for Analytical Psychology. The C. G. Jung Institute of ANZSJA is the educational and

professional training body of ANZSJA. Any trainees accredited by it are eligible to join ANZSJA and thus become members of the IAAP.

Analytical Psychology is the branch of depth psychology developed by C.G. Jung, the distinguished Swiss psychiatrist, who, with Sigmund Freud, was the co-founder of Psychoanalysis. It is also sometimes known as Jungian psychology, Jungian analysis, Jungian psychoanalysis or Jungian psychotherapy. Analytical Psychology has an illustrious international history of over one hundred years.

The Zürich based International Association for Analytical Psychology (IAAP) is the highest authority in Analytical Psychology. It certifies, accredits and monitors the professional practice of Analytical Psychology throughout the world. The organization was co-founded in 1955 by C.G. Jung to assure quality control in Analytical Psychology. This body is the only one that has the right to sanction local societies in individual countries.

As a professional society, ANZSJA is sensitive to the particularities of the Australian context and is committed to the maintenance of high professional and ethical standards in the practice of Analytical Psychology. Opportunities for training and continuing education, research and reflection are also a particular priority for the society. Members of the society are also engaged in cultural and academic activities from the perspective of Analytical Psychology. They are also actively engaged in Indigenous mental health issues.

ANZSJA is a founding member of the Australasian Confederation of Psychoanalytic Psychotherapies (ACPP), a national body that represents the wider professional interests of Psychoanalysis and Psychoanalytic Psychotherapy in Australia. This submission should be read as supporting the submission that is being sent by the ACPP. ANZSJA is also a member of the Psychotherapy and Counselling Federation of Australia.

Our members are engaged in the treatment of patients via long-term Psychoanalytic Psychotherapy. They treat a range of mental health issues and are trained to treat chronic mental disorders, personality disorders, psychotic disorders, anxiety, depression and those suffering long term abuse and trauma.

Yours sincerely,

Leslie Devereaux

The President,

Australian and New Zealand Society of Jungian Analysts

www.anzsja.org.au

ANZSJA SUBMISSION TO THE SENATE STANDING COMMITTEE ON COMMUNITY AFFAIRS

Inquiry to Funding and Administration of Mental Health Services July – August 2011

We will address specific aspects of the committee's Terms of Reference, as appropriate to our society.

The Government's 2011-12 Budget changes relating to mental health;

Our members are engaged with providing long-term psychoanalytic psychotherapy to people who suffer from serious and long lasting mental disturbance. The recent Budget offers nothing for people who require long-term psychotherapy provided by appropriately qualified and experienced practitioners to address their mental health issues.

Severely mentally incapacitated patients who require long-term and intensive psychotherapy are not accommodated by publicly funded mental health services whose resources are already under-resourced. Financial support for psychiatrists to provide ongoing therapy is available but psychiatrists are in short supply and relatively few of them have sought specialised psychotherapy training to adequately provide intensive, long-term psychotherapy. Limited Medicare support is available for patients seeing psychiatrists for more than 50 sessions per year (Item 319), but less than 10 % of Australian psychiatrists have had sufficient formal specialised psychotherapy training to adequately provide intensive, long-term psychotherapy. They are therefore in very short supply.

The Better Access Initiative (BAI) appears to have served an important function in providing increased access to mental health services. However, the approaches used in the BAI are only effective for certain patients. These approaches have not proven effective with more complex and chronic disorders.

(b) changes to the Better Access Initiative, including:

- i. the impact of changes to the number of allied mental health treatment services for patients with mild or moderate mental illness under the Medicare Benefits Schedule (MBS);**

Our members believe there is a problem for equitable access across all patient populations requiring psychological services. This is particularly the case for patients requiring longer-term psychotherapy as the time-limited nature of the rebates system means that longer-term psychotherapy is cut off prematurely.

Our members routinely offer treatment at reduced fees to patients with serious mental disorders who are unemployed or on low incomes and who would otherwise be unable to afford the cost of psychotherapy. However, there is a limit to the extent to which our members can offer subsidised treatment and there are many patients who cannot afford even such reduced fees.

Short-term treatment cannot meet the needs of such patients and can in some circumstances be detrimental due to the early conclusion of the work. These patients have been routinely let down emotionally throughout life and the early termination of therapy becomes just another “let down”. It can also lead to diminished trust in any further psychotherapeutic work. This issue raises ethical issues for our members. The question arises: “should I take on this seriously ill patient if I cannot offer treatment beyond the mandated number of sessions”. This then leaves patients with no psychotherapeutic help or with the less trained and skilled practitioners offering short-term work, perhaps not even having the appropriate assessment skills to understand what is required.

It should be noted that 25% of our membership are not able to access the BAI scheme because they are not psychologists, social workers or occupational therapists. These members are as equally trained as the other members of our society (see “training” below) but are not recognized by the mental health system as it currently stands. We believe this to be a major inequity in the system which needs immediate rectification.

(d.) Services available for people with severe mental illness and the coordination of those services;

As mentioned above, there is a considerable gap in the provision of mental health services for those suffering more severe mental health issues, particularly with respect to the availability of long-term, intensive psychotherapy provided by properly trained clinicians. You will have received a submission from the Australasian Confederation of Psychoanalytic Psychotherapies which outlines in detail the evidenced based research for Psychoanalytic Psychotherapy. We fully support and endorse this submission and the evidence-based research contained in it.

Jungian analysis and psychotherapy (also known as Analytical Psychology) have been practiced for over 100 years. As a treatment modality it emphasises the importance of unconscious processes in peoples' behaviour, thought processes and relationship patterns.

It is sometimes suggested that psychoanalytic concepts and practice lack evidence-based research support. These criticisms are inaccurate and out-of-date. They frequently use superficial and obsolete stereotypes and neither take into consideration the evidenced-based research nor the historical development of psychoanalysis as a profession. The evidence categorically shows that Psychoanalysis and Psychoanalytic Psychotherapy are effective forms of treatment for both long and short-term applications. This is particularly the case for the treatment of more severe forms of mental dysfunction.

The 100 year plus history of the psychoanalytic profession has seen it grow and develop a comprehensive clinical, theoretical and research base. This is particularly the case in the recent years with the addition of neurological insights into its theoretical base. The government seems to be taking advice from people who are not up to date with these developments and seem to be mired in outdated assessments of our profession and its role in the mental health system. The Australasian Confederation of Psychoanalytic Psychotherapies submission highlights the statement by the Nobel prize-winning neuroscientist Eric Kandel that: "There is no longer any doubt ... that psychotherapy can result in detectable changes in the brain." The brain restructures itself during psychotherapy and "the more successful the treatment the greater the change" (quoted in Doidge, N. (1997) Empirical evidence for the efficacy of psychoanalytic psychotherapies and psychoanalysis: An overview. *Psychoanalytic Inquiry*. (Suppl), 102-150.)

The evidence emerging from neurobiological studies emphasises the role of the therapeutic relationship and the need for time to enable these changes to become expressed as physical changes in the brain. The importance of the therapeutic relationship has been known by our profession since its inception. It has always been the backbone of Psychoanalysis and Psychoanalytic Psychotherapy. We now have neurobiological research evidence for these clinically known facts. Our members have always known that it takes time, patience, skill and extensive training to garner the trust of people whose lives have been shattered by catastrophic life circumstances like on-going child sexual abuse, emotional abuse and traumatic early life situations and abandonment.

The ongoing psychotherapeutic relationship is a resource to help manage patients outside the medical system and reduce other forms of intervention. The Inquiry should note the considerable cost savings to the community when patients are in long-term psychoanalytic psychotherapy. People are not only managed when they are in crisis but when they begin to improve there is less time off work or need for hospitalization. Research shows that these patients also go on improving after the therapy is concluded. This means increased productivity and reduced demand on health services. The Australasian Confederation of Psychoanalytic Psychotherapies addresses this point in its detailed submission.

i. the two-tier Medicare rebate system for psychologists;

Our members have been shut out of the Medicare rebate system. This is despite the huge amount of evidence-based research for the efficacy of Psychoanalysis and Psychoanalytic Psychotherapy. The government has been persistent in stating that it requires evidence based research for interventions to be used in the Medicare system. Nevertheless, they ignore the evidence-based research to which we refer. The Australasian Confederation of Psychoanalytic Psychotherapies has sent two detailed submissions to the Minister for Health (and Mental Health) and after initial interest they were informed that the Minister would not even sit down and talk to them. Our members believe this situation is unjust and needs rectification. This is not only about the inequity issue for our profession. Patients who would benefit from having our members treat them are not able to participate in the Medicare system. Thus, this long-suffering patient population are denied proper and equitable access to the treatment that they deserve.

ii. workforce qualifications and training of psychologists;

Our association has a very high standard of training which is sanctioned by the Zurich-based International Association for Analytical Psychology. The training program is a post-graduate course with a minimum duration of six years. It is recognised internationally as a well respected clinical training in Jungian psychoanalytic psychotherapy. The intention of the ANZJSA training program is to train psychoanalysts who are capable of working in long-term psychoanalytic psychotherapy with people with mental disorders

The course curriculum involves intensive study of psychoanalytic approaches. It includes; theoretical seminars on a variety of approaches to psychoanalytic psychotherapy, intensive study of assessment and treatment of clinical syndromes (including depression, anxiety, personality and narcissistic disorders, psychosis, autism, substance abuse, eating disorders as well as study of

psychopharmacology). Trauma, attachment disorders and abuse are also topics under intensive study as is the current research into psychological treatments.

Training also involves a psychiatric placement, infant observation and intensive personal psychoanalysis over more than six years. Case supervision runs throughout the training process and intensifies as the training process proceeds with at least three cases seen twice weekly for between 12 to 24 months.

iii. workforce shortages

As mentioned above, our members are all university qualified and our training post-graduate in nature. Those of our members who are psychologists, psychiatrists or social workers are able to use the Medicare system but not for long-term psychotherapy (with the exception of psychiatrists). However, we also have highly trained and experienced practitioners who came to our training system via other professional pathways deemed acceptable by our training committee. They undertake the same rigorous post-graduate, theoretical and clinical training as the other members of our association. However, they are unable to access the Medicare system in the treatment of their patients. Their non-recognition by the Medicare system has meant that their caseloads have fallen and their skills are underutilized. As a consequence, their ability to contribute to the treatment of serious mental health problems in the community has been diminished. Their patients receive no rebates and are required to pay GST for their services. This is an inequitable situation that has implications for mental health workforce shortages. These practitioners constitute a highly trained, highly experienced but underutilised resource for the mental health system. We would recommend that the government recognize all of our members equally in the Medicare system.

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

Members of our associations have been actively exploring options of remote therapy via telephone or Skype. Anecdotal evidence suggests that electronic media may be able to play a part in long-term Psychoanalytic Psychotherapy.

(j.) Any other related matters.

Many of our members have had patients who have tried short-term therapy and found it to be ineffective. Our members experience tells them that certain patient populations need a longer-term approach that is based on the relationship to the therapist. In promoting an increasingly limited treatment framework via the BAI there is a danger of promoting the idea that all problems can and

should be able to be addressed within the time-frame of short-term psychotherapy. There is a serious risk that patients may attend practitioners who may begin psychotherapy with them but terminate prematurely because there is no further Medicare rebate available. This can have a serious negative effect in that the patient's expectation of the usefulness of psychotherapy is not met. It may also exacerbate issues around abandonment that may be part of the aetiology of the patients illness. Even more serious damage may occur when seriously disturbed and fragile patients are referred to practitioners who terminate prematurely after rebates run out and, thus, leave the patient traumatised and damaged.

The broad range of psychological conditions which generate severe and chronic distress require longer term psychotherapy as opposed to briefer interventions. The evidence derived from numerous recent studies strongly supports the appropriateness of psychoanalytic approaches in complex cases. The Australasian Confederation of Psychoanalytic Psychotherapies submission to the Inquiry takes up these points and outlines the evidence-based research for the longer term approach particularly for the more serious disorders such as multiple or chronic mental disorders, personality disorders, long-term abuse and trauma. We fully support and endorse the ACPP position.

RECOMMENDATIONS

- 1. Given the research evidence for the efficacy of Psychoanalytic Psychotherapies we recommend that the government immediately add it to the list of approved interventions under the Medicare system.**
- 2. Given that the BAI is designed for short-term mental health interventions, we recommend that the government design and instigate a Medicare supported long-term psychotherapy scheme for those patients suffering from more serious mental disturbance.**
- 3. We recommend that all practitioners who demonstrate eligibility for membership of our own or equivalent psychoanalytic associations be added to the list of health professionals qualified to deliver psychological therapies under the Better Access Initiative (and/or alternative programmes).**