SUBMISSION

Senate Community Affairs Committee

Commonwealth Funding and Administration of Mental Health Services

Thank you for the opportunity to express my concerns to the Senate Committee regarding proposed changes to mental health services funding.

Terms of Reference

b) Changes to the Better Access Initiative

Proposed changes to mental health services based upon an evaluation of the Better Access program is problematic, as the research design was significantly flawed in lacking validity and reliability, and does not meet acceptable methodological standards.

The proposed significant restriction in the number of psychological services available under the Better Access Program will considerably disadvantage those vulnerable individuals who present for care with moderate to severe, complex mental health disorders. Notable, many of them also present with significant co-morbid disorders. A typical example is a person who recently presented at my practice with a Major Depressive Episode, co-morbid Bulimia, and impulse control disorders including trichotillomania and gambling addiction. There are inherent difficulties in seeking to provide adequate evidence-based treatment for such a complex client within the current number of available sessions; this will be impossible under the projected available number of ten maximum sessions. The number of necessary sessions is more appropriately determined by clinical psychologists based upon their expert assessment, not upon an arbitrary number of sessions.

The belief that these individuals will be cared for by other services is not sustainable. Complex mental health cases are not adequately provided by Focused Psychological strategies (most suited to milder presentations) within the ATAPS program. These individuals will have significant difficulties receiving treatment within the inadequately staffed public health system, and will be restricted in attending psychiatrists by virtue of limitations in number with consequent high waiting lists and prohibitive costs. The above mentioned client was bulk-billed, as many such complex cases have considerable financial and social difficulties. At present the complex needs of these individuals is best met under the Better Access program by clinical psychologists who are able to provide the necessary specialised treatment.

Additionally, there is a lack of provision in the allocated number of sessions provided for parents when attending sessions without their child present, yet this is necessitated for parent interview, education, training and guidance. There needs to be provision for parents to be able to attain Medicare rebates in association with their child's Medicare referral.

Clinical psychologists work collaboratively with General Practitioners in treating the mental health disorders of their patients. In recognising their highly trained mental health skills, the necessity for provision of a Mental Health Care Plan by a general practitioner to a clinical psychologist (but not to those without accredited post-graduate training) is unnecessary and redundant, considering that the clinical psychologist is the recognised mental health expert whose opinion the general practitioner is seeking. As with general practitioner referral to other specialists, a referral letter to a clinical psychologist is sufficient.

e) Mental Health Workforce Issues

Of significant concern is the real need to retain the two-tiered Medicare rebate scheme that differentiates clinical psychologists from those who do not have post-graduate university accredited mental health training. Recognition needs to be accorded to clinical psychologists as having had a rigorous, *examined*, lengthy eight year training encompassing all aspects of mental health. Their higher remuneration is in accordance with their specialised training and skills. I recently came into contact with a psychologist treating clients who was surprised that I engaged in formal assessment and diagnosis prior to formulating a treatment plan, something they did not do. It is disquieting that such general trained psychologists are treating the mentally ill.

How important is it to thoroughly assess for suicidality or psychiatric crisis, or to recognise complex trauma issues and provide for appropriate individualised treatment? Moderate to severe mental health disorders require more than generic skills, they require specialised mental health skills. In effect, Australia should not be downgrading the qualifications necessary to be a clinical psychologist, but should be up-grading to doctoral standards in line with current minimal standards in other Western countries. There is the necessity for both the public and health professionals to distinguish clinical psychologists meeting current minimum Psychology Board of Australia criteria to ensure realisation of appropriate mental health treatment within the community.

Thank you.

Dr Kaye Horley | Clinical Psychologist