Community Affairs, Committee (SEN)

Re: Submission for Senate -Commonwealth Funding and Administration of Mental Health Services

Terms of reference:
E(1): I would like to raise concerns about any changes to the current two tier system of payment for Psychological Therapy services under the Better Access to Mental Health Services. This system as it currently exists recognises the higher level of training and expertise of Clinical Psychologists that should be recognised in session payment. Not unlike specialist medical practitioners (e.g. psychiatrists), clinical psychologists are uniquely qualified in their field of expertise.
Clinical psychologists are specialist psychologists who have undergone rigorous academic and skills based training over the course of a two year masters degree, following completion of a 4 year generalist psychology degree. Through this process, clinical psychologists develop advanced competence in evidence-based assessment (including complex diagnosis), case formulation, psychotherapy, evaluation, research, and treatment methodologies. These skills are directly transferable to the provision of highly skilled interventions for patients referred under the BAMH Scheme.
Before undergraduates can be admitted to a masters degree in clinical psychology, a rigorous selection process is carried out by universities. In most situations, selection is confined to those candidates who have obtained first or second class honours in their undergraduate psychology degree and who are further selected through an interview process. On completion of the masters degree (at least 6 years of university study in total), a further 1-2 years of supervised practical experience is required before they are officially endorsed as clinical psychologists. This compares to registered psychologists who have completed only the 4 year generalist degree followed by a two year period of supervised experience in order to achieve registration.
It is important to understand that the undergraduate psychology degree is currently purely theoretically-based. For registered psychologists, skills acquisition takes place in a fairly unstructured way during the two year period of supervised practice. By comparison, skills-based learning and practice under the auspices of experienced specialist clinical psychologists is integrated into the clinical masters degree. This point needs to be emphasised because there are currently many registered psychologists who do not recognise the qualitatively different training and skills set of the clinical psychologist versus the generalist psychologist. Having completed my training firstly as a registered psychologist and then undertaking the post-graduate clinical masters degree, I am in a position to appreciate that there is a vast difference between the two. In the same way, registered psychologists are recognised as having qualitatively enhanced skills and knowledge in the treatment of mental health disorders compared to social workers or occupational therapists.
Apart from psychiatrists, clinical psychologists are unique in the advanced skills that they can bring to the assessment and treatment of mental health disorders. While some generalist psychologists develop more complex skills during the course of their work and ongoing professional development, clinical psychologists are the only allied health professionals who follow a structured program of skills and knowledge development in the assessment and treatment of mental health disorders. This advanced competence needs to be recognised by a tiered remuneration system which differentiates the generalist psychologist from the specialist clinical psychologist.
For Generalist Psychologists to be paid at the same level of Clinical Psychologists would destroy any incentive for students studying Psychology to advance in any further in their

training thus lowering the general standard of psychological care for clients with complex mental health issues which clinical training specifically addresses. Also, gap payments would inevitably increase to address the financial shortfall significantly impacting upon financially disadvantaged clients.
Recommendation: The two tiered system be maintained and clinical psychologists further be given a specific entitlement to provide extra sessions (up to 18) for moderate to severe clients who are more often referred by GP's to Clinical Psychologists because of their perceived expertise with complex cases. Furthermore, it would be a cost saving if clients were able to self-refer to clinical psychologists thereby relieving the burden and extra expense of involving general practitioners.
B(1v): I would like to raise concerns at the reduction of allowed sessions from a possible 18 to 10 for clients referred under the Better Access to Mental Health program. This reduction specifically discriminates against clients with more chronic or severe conditions who require a more intensive and prolonged intervention and will be detrimental to those who need the most help. These clients are presenting with concerns in the moderate to severe range of complexity. They specifically require more time and particularly the expertise that Clinical Psychologists bring to their client management because of their more in depth training and experience.
Clinical psychologists are especially well qualified to determine the therapeutic needs of presenting patients and would be well qualified to use their discretion as to which patients may need a longer period of therapy. Ten sessions may be adequate for those with less complex needs but it would be extremely detrimental to limit the sessions in this way for those with more complex needs. Part of the treatment process involves a period of engagement between the therapist and patient during which the therapist becomes familiar with the patient's history and presenting concerns. In complex cases, it may take several sessions for this part of the process to occur. Having fewer sessions may be counter-productive as the patient may have to engage repeatedly in different years with different therapists. Moreover, to terminate therapy at an arbitrary 10 session limit has the potential for disastrous consequences for more than just the referred patient as mental health problems impact upon families and the community.
Understandably, there are always limitations on the funding available for health care, however, it seems apparent that there are far-reaching benefits derived from funding of mental health services through the Better Access to Mental Health Care scheme. The strong take-up of this program proves its value to the Australian population.
Recommendation: In sum, I submit that the advanced skills of clinical psychologists are uniquely suited for the provision of mental health assessment and treatment services and that this should continue to be recognised by a two-tier remuneration model. I also submit that limiting treatment to 10 sessions would be potentially detrimental to clients with moderate to severe mental health problems. I recommend that clinical psychologists be endorsed to provide up to 18 sessions per patient per calendar year and that clients be able to self refer to clinical psychologists because of their more highly developed clinical expertise.

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