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**Karen Haydon**  
**Clinical Psychologist**  
B.B.Sc. (Hons), M.Psych. (Clinical)  
MAPS, Member APS College of Clinical Psychologists

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**SUBMISSION TO THE SENATE ENQUIRY**

**COMMONWEALTH AND FUNDING ADMINISTRATION ON MENTAL HEALTH SERVICES**

As a current practicing Clinical Psychologist providing psychological services to children, youth and families under the Better Access Initiative, I would like to comment on the Government's 2011 – 2012 Budget changes to Mental Health Services under the Better Access Initiative.

A reduction in the number of sessions available under a Mental Health Care Plan will disadvantage those clients with the most complex needs who can benefit from early intervention and treatment. The provision of psychological services to children, youth and families often addresses complex mental health issues occurring within a developmental and family system framework. Trans-generational patterns are often evident in children with mental health disorders.

The referring GPs and Paediatricians have often not completed a full psychiatric assessment referring typically for developmental issues and behavioural issues which require the psychologist to complete the assessment. A full psychiatric assessment involving family history, developmental history and mental state examination needs to be conducted over a number of sessions to provide appropriate psychological treatment. Treatment often involves working with the individual, parents and at times families. The nature of mental health issues occurring in the child and youth population often require intervention at the family and/or parent level and the individual level. This can often necessitate the need for 12 – 18 psychology sessions. Furthermore, a consultation/observation in school or pre-school centres is often required as part of the assessment. Early intervention with children and youth can not only address mental state but can enable young people to return to school, participate in vocational training programs, remain living at home which are all important factors to reduce the risk of poor psychosocial functioning, further mental health issues and reduced productivity.

Under the Better Access Initiative, no specific considerations have been given to child, youth and family work. The complexities of clinical work with this population and their particular needs in the context of family and developmental issue has been overlooked. The opportunity to provide out of office consultations that attract a Medicare rebate has been of great benefit to the child and youth population where observation and consultation in an educational setting is often necessary. This aspect of the Better Access Initiative is invaluable. A reduction in the number of treatment sessions available would reduce the effectiveness of psychological treatment and limit improvements in psycho-social functioning. This in turn increases the burden on mental health care in the future.

It is proposed that complex cases be treated in the public mental health system. Having worked in the Child and Youth Mental Health Services, these services are able to provide multimodal therapy to complex cases, community development, specialist day programs and group programs. However they are often overwhelmed with referrals and long waitlists and typically have to focus on those young people at risk of suicide and self harm. The need for additional psychological treatment for clients that are not suicidal is paramount.

I provide psychological services to a clinical population that includes children and young people with developmental disorders, such as Intellectual Disability and Autism Spectrum Disorders, and co-morbid mental health issues including Depression, Anxiety, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder and Adjustment Disorders. Research indicates that children and young people with developmental disorders are more vulnerable to developing mental health issues particularly in their adolescent years. There are particularly limited services available for disadvantaged groups such as those with developmental disabilities and co-morbid mental health issues. Often the work in this area is of a complex nature with multi-modal treatments required (working with the individual client, parents, school and professionals). Given the developmental difficulties that impact on the client's capacity for communication and behaviour the provision of psychological services is often slower and required for a longer period of time given the developmental difficulties. Furthermore, children and young people who present with mental health difficulties often have impairment that has been identified by family, school or professionals and the young person needs to be engaged in the process as they have not self-referred. This requires extra time.

I would like to see the **exceptional circumstances option** for an extra 6 sessions of treatment, **be available to those children and youth with co-morbid developmental and mental health disorders**. Treatment under the Autism Management Plan requires diagnosis by 13 years of age and treatment by 15 years of age. This limits treatment

available to adolescents and young adults who often struggle with transitions and peer relationship issues.

I would also like comment on the mental health work force issue of the two-tiered Medicare rebate system for Psychologists. Having trained as a Clinical Psychologist through Undergraduate and Post Graduate studies I have specialised in child adolescent and youth mental health. I have provided clinical supervision to psychiatry registrars and psychology doctorate trainees and generalist psychologists. The specialist clinical skills provided in post graduate training have differentiated me from staff that I have worked with in the public mental health system who have not had clinical psychology training and in my capacity to provide training and supervision to generalist psychologist. The clinical skills obtained through post graduate training, clinical supervision and clinical training have been invaluable in my practice of psychology in a mental health setting and private practice.

Whilst some generalist psychologists have good experience in mental health settings and have obtained the necessary skills through employment options and further training **it is by no means appropriate that all generalist psychologists** can provide specialist psychological intervention for serious mental health issues. Those generalist psychologists who are able to provide this having had appropriate training and experience and supervision are eligible to pursue an individual bridging programme to be recognised as a Clinical Psychologist. Not all psychologists have the appropriate skills, expertise and training to practice with patients with mental health disorders. The individual bridging programme is a way to ensure that generalist psychologists with appropriate training, experience and supervision can access the higher Medicare rebate. In working with children and youth, the specialist skills for working in this area are frequently recognised by Paediatricians who are making the referrals. Given the projected increase in mental health and high prevalence mental health disorders including Major Depressive Disorder and anxiety disorders, treatment for these health issues in the community should be increasing and not decreasing.

Please contact if you require any further information or have questions regarding this submission.

Karen Haydon  
Clinical Psychologist