

Submission to the Senate Community Affairs Committee Inquiry into the Commonwealth Funding and Administration of Mental Health Services. Submitted electronically on July 13, 2011.

From: Adolph Michael Hanich,

Personal information: I am 69 years old, a retired professor from Swinburne University of Technology in Melbourne. I am still a registered psychologist and am endorsed as a Counselling Psychologist. I am a member of APS and of its Counselling College. I also have a Medicare Provider Number - I still do some part time counselling for both GP referred, Medicare funded clients, and for self-funded clients.

Psychology Training: I completed the full 6-year program at Swinburne University, culminating in a Master of Psychology (Counselling), and did further post-graduate, in-practice training in relationship counselling at Relationships Australia, in Melbourne.

Other relevant experience: I am a past President of the Mental Illness Fellowship of Victoria, and in that capacity was actively involved in the national Schizophrenia Fellowship movement. Also in that capacity I attended two major mental illness conferences in the USA and made it my business to understand as well as possible the nature, causes and treatment of serious mental illness. I played a significant part in the formation of the Mental Illness Carers movement in Australia. I am also a past Chairman of the Board of the Brain Sciences Research Institute at Swinburne University.

My Principal concerns are as follows:

1. The increased funding of some mental health care services in Australia has been a very positive step in the right direction. However, mental health care funding in Australia overall is still far too inadequate and the consequential costs to the community, both in terms of suffering and economically, are far too high. The inadequacy of services available to people with severe mental illnesses such as schizophrenia and other psychotic disorders concern me deeply. We still have a long way to go to get this area right.
2. The recently announced reductions in the Better Access Initiative are very much regretted. This is a much-needed program and of particular importance is the availability of high quality counselling services where and when needed. As a community we are still only starting to understand the high personal and social costs of depression, anxiety, relationship distress and many other aspects of poor mental health.

3. The two tiered Medicare rebate system for psychologists needs to be thoroughly reviewed. This has created enormous divisions within the psychology profession. The original concept of a “clinical psychologist” was that this was a person who practiced in a clinical setting, as distinct from say psychologists working in market research, or purely academic (teaching and/or research) settings. The present distinction in Australia between so-called “clinical psychologists” and others doing the same work with the same sort of clients is both un-fair and contrary to the idea of “same work, same pay”. I have tried hard to find some rational justification for this distinction but have failed to do so. I fear that this is an unfortunate case of a self-interested minority stealing an advantage by capturing the label “clinical” without in any meaningful way being able to justify their exclusive use of it. This unfortunate situation is to the detriment not only of needy clients, but also of the wider profession. Competent and experienced psychologists are starting to leave the workforce at a time when the demand for services exceeds the available supply. All psychologists doing therapeutic work should be labelled “clinical”.
4. The stigma attached to not only severe mental illnesses such as schizophrenia, but also to common and widespread disorders such as depression, needs to be addressed at the highest levels. Australia needs a national de-stigmatising program. The personal and social value of such a program would be enormous. We have made great progress in educating the community about the reality and normality of homosexuality, though we still have a way to go. We now need national leadership and active programs of education and information to achieve similar progress in the mental health care field.
5. A final concern – and this worries me deeply. Largely driven by the pharmaceutical industry, we are rushing headlong into the totally in-appropriate over-medicalization of mental disorders. In my view and based on all I have learnt and experienced, mental disorders must not be thought of as being the same or similar to biological disorders. Biological diseases such as malaria or diabetes or brain tumours and so on, often do have psychological consequences, which may require psychotherapy as well as biological treatment. However, to label all mental disorders as “brain diseases”, to be treated by biological means, indicates a fundamental misunderstanding of the nature of mental and emotional suffering. This issue needs much more study and public education.

Your Inquiry has the potential to do a great deal of good for the Australian community. I wish you great success.

Yours sincerely,

Adolph M Hanich.