

Submission to the Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services.

Terms Of Reference.

b) Changes to the Better Access Initiative

iv) 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.

As has been expressed by many others, there are very obvious drawbacks for Australian citizens who require mental health assistance should there be a reduction in the number of sessions funded under Medicare. The suggestion seems to be that as only a few clients require 18 sessions therefore the maximum available be reduced to 10 as only a small number of clients would be effected. However as others have pointed out those who require 18 and in some cases more are likely to be those who put an unequal demand on the health and welfare systems and “skimping” on proper treatment may be more costly in the long run.

I would suggest that even the non severe clients may require more than 10 sessions in some case,s as the provision of psychological treatment will be effected by changes in the client’s circumstances outside the control of the client or therapist eg unemployment that impact the effectiveness of the treatment. There is an assumption that psychological treatment can be likened to giving the patient a course of antibiotics, where most patients react the same and the strength of the dose effects the outcome. “The strength of the dose” of psychology is thought to be the skill of the psychologist. This assumption is flawed as a client is far more than the diagnosis they attract and this far more effects the length of the treatment in a way that is not found with medication. Accordingly I would argue that assuming psychologists are ineffective because they can’t ”fix/cure” a client in the number of sessions found in some research study is failing to understand psychological intervention. Therefore I would request you considering maintaining the current 18 sessions so as to allow for the inevitable vagaries of human nature.

e) Mental health workforce issues including

i) the two tiered Medicare rebate system for psychologists

I would like to query the benefit that the current two tiered rebate system for psychologists provides to the Australian community. I support the payment of higher fees to more able psychologists as the Australian community could expect that these psychologists would either assist those clients who the less able psychologists are unable to assist or to assist more rapidly those clients who the less able are also able to help, thereby providing a justifiable return on investment for the community.

The question however arises as to how to identify the more able. It has been argued that the completion of a Clinical Masters plus 2 years supervision so greatly skills a person completing this, that their effectiveness must be greater than that of a psychologist who has not undergone this process. I would beg to differ as I would suggest that there are young people who have the recently completed the required process to be classified as a Clinical psychologist but whose capacity to assess and treat clients is inferior to others of more senior years who have a great deal more life experience and more importantly experience in dealing with people with mental illness but have not attained the label of Clinical psychologist. I am not suggesting that these people are not technically skilled but I am suggesting that the application of psychology is more an art than many who champion the “scientist practitioner” recognize and that this art develops generally with life experience “in the trenches” I believe that it is worth remembering that advances in therapeutic practice often arrive from persons who have had long exposure to clients and from this have had the chance to form their own opinions/and accordingly I would argue that implying all knowledge of psychology resides within universities and only those who go through that channel are knowledgeable is an oversight. It seems important to realize much of what we learn at university will be superseded and thus it is the continual professional development that is likely to ensure a psychologist’s being abreast of current knowledge then their last academic qualification.

It is obviously easier to attempt to assign competence by using a simple system such as qualifications but competency can be demonstrated in many ways and if the government wants to assign competency standards it may do better to use independent bodies to do this as I understand is done in the vocational education sector.

In the meantime until a satisfactory system of demonstrating competence is in place I would suggest that more of less quality is better than less of more quality and would argue for a single fee structure and the retaining of the 18 sessions.

Regards