

Submission to the Inquiry into Commonwealth Funding and Administration of Mental Health Services

I am a registered 'unendorsed' psychologist providing services under the Better Access to Mental Health initiative. I achieved qualification as a psychologist through the 4+2 pathway and am currently studying a PhD. I have worked across the following areas: disability, mental health forensic mental health, private practice and research. I wish to comment on 3 main points that will be discussed as a part of the senate enquiry:

1. The two-tiered system for rebates

Although clinical psychologists argue that they are the only psychologists who have the suitable training to provide adequate therapy to individuals with significant and severe mental health issues the truth is more complicated than this assertion leads us to believe.

Firstly, many individuals have comorbid disorders, disability or health problems that complicate diagnosis and treatment. As a psychologist my role is to work with the whole person - which includes all the strengths and challenges they bring to the therapy room. This could be a child with a diagnosis of Autism Spectrum Disorder and Mixed Mood Disorder or an athlete who suffers from significant performance anxiety or an individual with an acquired brain injury and a comorbid presentation of schizophrenia.

Secondly, not all Clinical Psychologists have a 6+2 or 7+1 for degree and supervision. This is a relatively new requirement. The changes to the requirements to gain specialist standing with all colleges has been firstly due to the introduction of the Better Access to Mental Health initiative and its two tier system and the resulting increased application to the Clinical College for specialist recognition; and secondly due to the recent move to national registration. All specialisations now require psychologists to follow the 6+2 and 7+1 system of degree qualifications and supervision.

Finally, considering the complexity of an individual's presentation and the difficulty in ascertaining a psychologist's experience in providing effective services under the better access to mental health initiative it makes more sense to move to one of the following systems:

1. A one-tiered system where a psychologist is unable to provide services unless they have been deemed by the Australian Psychological Society (APS) to have the appropriate experience to provide a mental health service under the better access to mental health initiative. This would be similar to the current arrangement with the approved PDD (Pervasive Developmental Disorder) provider list maintained by the APS in regards to providing services under Medicare and Helping Children With Autism (HCWA) funding initiatives.
2. A two tiered system where a psychologist's standing at the second tier is based on one of the following -
 - a. has specialist registration as a Clinical Psychologist
 - b. has specialist registration under another psychologist specialty (eg. Counselling or Educational and Developmental) AND has been deemed by the Australian Psychological Society (APS) to have the appropriate experience to provide a mental health service under the better access to mental health initiative.

2. The change of number of sessions from 6+6+6 to 6+4

The government has argued that only a small number of individuals access more than 6 sessions. If this is true then it is unclear how cutting the number of sessions back is a true cost saver. Putting the percentage argument aside it is important to look at the bigger

picture in regards to the Better Access to Mental Health initiative. Many individuals will present with a mental health concern that would be considered to be mild to moderate and easily treatable with short-term focused therapy. Presenting concerns are usually related to adjustment issues or a mood disorder and the individuals are often very amiable to treatment and take a self-help approach that speeds up the treatment process. Other individuals will present with moderate to severe concerns that are related to more significant mental health concerns (eg. psychosis or schizophrenia), mood disorders that are chronic or severe (eg. Bipolar), trauma related (eg. Complex PTSD) or other more significant disorders as listed in the Department of Health and Ageing list of covered mental health disorders. Individuals who present with any of these conditions need a more holistic long-term approach that often involves a multidisciplinary approach (eg. GP, psychiatrist, mental health nurse, social worker, psychologist) to provide a more comprehensive and targeted approach. These individuals often benefit from the 6+6 and sometimes the 6+6+6. To deny these individuals the service they need will again place more pressure on the hospital system and public mental health system as individual's struggle to access help when needed.

3. Limiting practice to Focused Psychological Services

I will not labour this point as I am aware that other submissions have covered this area well. Instead I would like to raise the issue of a government agency placing restrictions on the therapy type that can be provided. As psychologists we are bound by ethical and registration restrictions that clearly state our practice is limited to evidence based practice. Evidence based practice is a term that generally refers to the requirement that the therapy we choose to use has a sound evidence base to say it works for the presentation we are using it for. In the past Cognitive Behaviour Therapy was considered to be the gold star in evidence based practice in the area of mental health. This is no longer the case. Other therapies are gaining a significant evidence base to demonstrate their efficacy in the area of mental health prevention and treatment. For example, recently Acceptance and Commitment Therapy was listed by the Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence based therapy <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=191>.

It is proposed that the current limit on practice is changed to either one of the following two proposals:

1. The individual psychologist is able to select the appropriate therapy for the client based on the client's needs and evidence based practice and justifies this in their treatment plan.
2. Evidence based practice is limited to the therapies listed by the APS as being efficacious with consideration given for culture and comorbid diagnosis. Submissions can be made to the APS to have a therapy included on the list through a formal submission process that includes the provision of evidence (similar to the process to gain listing on the SAMHSA's National Registry of Evidence Based Programs and Practices (NREPP)).

Thank you for your time and consideration.