

11 July 2011

PsychologyWorks
St Helens Hospital

Re: Submission- Senate Committee Enquiry

This submission refers to the following Terms of Reference:

- b. Changes to the Better Access Initiative,
 - ii. Rationalisation of Allied Health treatment sessions
- d. Services available for people with severe mental illness and co-ordination of those services.
- e. Mental Health workforce issues, including:
 - i. Two-tiered Medicare rebate system for Psychologists.

bii. Rationalisation of Allied Health Treatment Sessions

PsychologyWorks is a psychological practice located in Hobart, Tasmania. PsychologyWorks is a practice with seven clinical psychologists and one clinically trained registered psychologist under supervision for Clinical College membership. The practice has been providing psychological services for over 25 years. Since the introduction of the Medicare system there has been an increased use of psychological services by individuals with complex/co-morbid needs, who previously would not access these services due to inability to pay for private psychological services.

A significant proportion of referrals to our practice come from General Practitioners. However, a high number of psychiatrist and community mental health referrals also occur. The psychiatrists and community health referrals, in particular, involve individuals with complex trauma, psychosis, severe depression and anxiety, as well as drug use/dependence issues. With the reduction of services to ten sessions it is our opinion that this will impact on the quality of psychological care, given that at least one session will involve assessment and treatment planning, and therefore only allowing nine therapeutic sessions.

The reduction in sessions is unlikely to affect our work load due to the high demand; however, we are concerned that it will impact on treatment effectiveness of clients with complex/severe disorders. For example, a 55 year old woman diagnosed with Major Depression was referred by her treating psychiatrist under the Better Access Initiative. She had been unresponsive to pharmacological interventions and numerous hospitalisations. Other subjective complaints included sleep disturbance, marital issues, and sexual dysfunction. After nine sessions the client began to disclose extreme sexual abuse and emotional deprivation as a child and required extensive trauma therapy. As clinicians it is common that individuals with severe trauma histories do not disclose information until trust is established. The changes to the Better Access Scheme would mean that this individual would have only access to one further session. We believe that this case is representative of numerous cases and highlights the difficulty meeting our duty of care to the client with severe mental health issues in ten sessions.

As Clinical Psychologists we provide valuable and effective psychotherapy services for the full range of mental disorders. Psychological therapies offer individuals a treatment approach that in many cases is equally, if not more, effective than drug therapies. Such interventions are effective in treating a range of mental and physical disorders.

The role of Clinical Psychologists is to provide specialist psychological interventions which speed recovery and reduce re-admissions in patients with severe mental health problems by developing their cognitive, emotional, behavioural, and relationship skills. A reduction in sessions for patients with severe mental health disorders would affect patient care and limit their access to appropriate services. Clinical Psychologists, through their specialised skills in

functional analysis, have long recognised the importance of co-morbidity in the exacerbation and persistence of mental health deficits, and are trained to devise treatment regimens that take such key factors into account (Work Value, 1998).

Clinical Psychologists design and implement rehabilitation programmes for persons with chronic forms of severe disorders. Clinical Psychologists can provide psychological treatments to improve personality development and integration in long term patients. With increased resources the scope of this work would be widened, reducing the pressures that lead to frequent re-admissions. We believe that the lack of availability to the exceptional circumstances session limit will increase pressure on the public health system and compromise patient care.

d. Services available for people with severe mental illness and co-ordination of those services.

Access to Allied Psychological Services (ATAPS)

It is our understanding that in our local area psychologists are unable to join the panel of providers of the ATAP services. It is run by the local Division of General Practitioners through a provider who employs counsellors, and not registered psychologists. At a recent session run by the division, in a talk that was given on referral pathways, the ATAPS provider indicated that their main client base was treating mild to moderate psychological disorders. When asked what they would do in a severe case, the provider indicated that they would refer to a psychologist with specialised training for access to further sessions.

PsychologyWorks is extremely concerned that the ATAPS system does not provide access to Clinical Psychologists who have a high level of skill, knowledge and experience to treat severe psychological disorders.

e. Mental Health Workforce issues including the two-tiered Medicare rebate system for psychologists.

A two-tiered system is appropriate given the level of expertise of clinical psychologists. Clinical Psychologists have a minimum of six years of training, with two years of additional supervision to qualify for membership of the APS Clinical College. This training exposes graduate psychologists to a high number of clinical contact hours in a variety of different agencies which allows experience in dealing with people with psychological conditions and complex care history. The supervision constitutes an additional training expense for Clinical Psychologists as well as, under national regulation guidelines, there is an additional expense of maintaining Clinical College registration by completing additional peer supervision and 15 hours of continuing professional development within a clinical area on top of the 15 hours required of psychological focus strategies.

Other than Psychiatry, Clinical Psychology is the only other mental health profession whose complete post-graduate training is in the area of mental health. Consequently, due to their theoretical, conceptual, empirical and applied competencies, Clinical Psychologists are specialists in the provision of psychological therapies. A substantial body of evidence also acknowledges that:

- Evidenced-based psychological therapies are the treatment of choice for a wide range of psychiatric, psychological and emotional disorders.
- Psychological therapies are provided as stand-alone interventions or in conjunction with other methods of treatment, such as pharmacological management.
- Psychological therapies are constantly being improved and thus remain relevant to changes in the types of psychiatric conditions seen in public mental health service.
- Psychological therapies are extended to a broader range of mental health problems.

- Psychological therapies may play a preventative role in minimising disabling symptoms or preventing relapse in individuals experiencing severe mental health disorders such as those in the psychotic spectrum, bipolar affective disorder, major depression, psychosomatic disorders and substance misuse.

- Specialists in psychological services are highly experienced in clinical evaluation, psychometric testing, intensive functional analysis and the assessment of neuro-cognitive functioning.

- Specialists in psychological services are highly experienced in programme development, clinical audit, treatment and service evaluation, continual quality improvement and research (Work Value, 1998).

Effectiveness of Treatment by Clinical Psychology

The current economic and political climate demands increased accountability and cost effectiveness from mental health services. Health Service effectiveness is often seen in terms of savings in bed days per patient and/or DRG, and of a decrease in outpatient activity (increased throughput and decreased recurrence and relapse).

Interventions that have been either developed by, or implemented by Clinical Psychologists can have a major impact upon the physical (Touyz, Blaszczynski, Digiusto, & Byrne, 1992). and psychiatric health of individuals (Watts). Professor Barlow (1996) in a recent article presented in a special issue of the American Psychologist in which psychotherapy research outcomes were evaluated, has summarised the many areas in which psychological treatments (cognitive behaviour therapy, interpersonal psychotherapy, family systems interventions, and brief and longer term psychodynamic interventions have proven efficacy (Anderson & Lambert, 1995). These include such disorders as clinically severe anxiety disorders (including obsessive-compulsive disorder and post-traumatic stress disorder), depressive illness, chronic pain syndromes, eating disorders, chronic personality disorders, substance misuse, as well as the management of symptoms associated with schizophrenia (Chambless et al, 1996, King & Ollendick, 1998).

Responsibility and Impact of Clinical Psychology

The extent of responsibility taken by Clinical Psychology, and the scope and breadth of extended work value is demonstrated by:

- responsibility for use of specialist psychodiagnostic procedures by Clinical Psychologists
- the continual expansion of the basis of psychological knowledge
- the evidence provided for efficiency and effectiveness of discrete focused psychological interventions and long term psychotherapy
- key responsibilities of Clinical Psychologists the care of complex (mutli-problem) mental health disorders
- leadership demonstrated by the number of direct referrals to Clinical Psychology
- leadership of Clinical Psychologists in clinical trials of psychological interventions
- the responsibility of Clinical Psychologists for the development of psychological treatment and service initiatives.
- the provision of community education and training by Clinical Psychologists .

The responsibilities of Clinical Psychologists have increased very considerably since the mid to late 1980's. Clinical Psychology has, during this time, become more fully established as a profession which provides highly specialised and autonomous mental health services to individuals across all developmental stages. The profession provides specialist diagnostic and complete psychobiosocial assessments, treatment services in areas as complex and diverse as psychotic illness, severe personality disorders, comorbid disorders (e.g. depression within borderline personality disorder), psychological and behavioural components of serious medical

conditions, and problems specific to different age groups, including recent significant developments within the areas of children and family, youth mental health, the elderly, mental health disorders within medical conditions, quality assurance and research and evaluation (Work Value, 1998).

Clinical Psychology: Distinction from other Allied Health Professionals

Clinical Psychologists are often grouped with “allied health” for administrative purposes and this has led to a mistaken belief that there is sufficient commonality between this profession and other allied health professions to treat all groups similarly. Clinical Psychologists differ markedly from other allied health professions.

The training of Clinical Psychologists differs in many ways from other allied health professionals. During the minimum of eight years of training, the emphasis of Clinical Psychology is on severe mental health problems. Clinical Psychologists have extensive training in the theoretical and conceptual understanding of mental health problems, the correct diagnosis and clinical evaluation of these problems and on effective management and treatment. The training of allied health professions is geared towards general medical, general health or general community problems, with a short elective in mental health.

No other allied mental health professional receives as high a degree of education and training in mental health as the Clinical Psychologist. Other than psychiatry, Clinical Psychology is the only mental health profession whose complete post-graduate training is in the area of mental health.

Clinical Psychologists are trained as scientist-practitioners. This added emphasis on the scientific in university training enables the profession of Clinical Psychologist to bring research and empiricism to human service delivery and thus increase accountability. The formal scientific training of Clinical Psychologists does not make research the end in itself, but is applied to the delivery of psychological services and to contribute to the knowledge upon which mental health services are based. Empirical training equips the Clinical Psychologist with the skills to

understand and contribute to new research, evaluate interventions and apply these empirical skills to their own treatment of patients and that of the mental health services themselves. This formal training also carries with it the obligation to provide to the betterment of the wider society within which the Clinical Psychologist works.

As a result of their training, Clinical Psychologists have a thorough understanding of varied and complex psychological theories and have the ability to formulate and respond to both complex disorders and to novel problems, generating interventions based on this solid knowledge base. This very high level of specialist competence of Clinical Psychologists is acknowledged by all private insurance companies who recognise Clinical Psychologists as providers of mental health services (Work Value, 1998).

Post-graduate university level training programmes for Clinical Psychology must be accredited by the Australian Psychological Society. This requirement insures uniform standards of excellence in Clinical Psychology training throughout Australia. Once the graduate has completed an accredited programme of studies, s/he must register with Australian Health Practitioner Regulation Agency (AHPRA) to undertake a further two years of additional clinical work in supervision. When the individual has completed this period of supervised practice, and only when this has subsequently been accepted by the APS College of Clinical Psychologists, the individual endorsed with the title, "Clinical Psychologist". To further ensure quality of care, it is a mandatory requirement of the Australian Psychological Society and AHPRA is that all Clinical Psychologists adopt the ethical code of professional standards of conduct.

The findings of the Human Rights and Equal Opportunity Commission of 1993 (the Burdekin Commission) with respect to Clinical Psychology were also clear cut. The Commission (pages 178-182), found that Clinical Psychologists have distinctive skills which differ from those of other types of psychologists and differ from those of other allied health professions. Further, it stated that Clinical Psychology services are currently under-resourced and under-utilised in the Australian mental health care system. Burdekin considered that this represented a failure to provide significant treatment options.

Given the specialist training in mental health of Clinical Psychologists and effectiveness of evidenced based interventions we advocate that a two tiered system be maintained. This also assists the General practitioner and patients in identifying appropriately trained individuals for patients with severe mental health disorders.

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