

Senate Community Affairs Reference Committee inquiry into Commonwealth Funding and Administration of Mental Health Services

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1st August, 2011

As a citizen, I am aware of the importance of the government's imperative to demonstrate cost savings, but as a clinical psychologist I cannot understand the rationale behind cutting costs to mental health. Reducing the services to those who are probably least able to speak out for themselves and in need (i.e., those who suffer from severe mental health conditions) is deplorable. The current Medicare system enables clients with diagnosable mental health conditions to seek psychological treatment for an initial six sessions, a further six after a review, and in exceptional circumstances a total of eighteen sessions in a calendar year. In my practice as a clinical psychologist I have found that fewer than 12 sessions may be needed for clients with mild to moderate conditions however I rarely see these types of patients as the majority of patients referred to me suffer from severe mental illness. Specifically, the types of conditions that I treat (i.e., eating disorders and personality disorders) are known to be the most difficult to treat conditions and the resources within the public health system are virtually non-existent so patients are forced to seek out treatment in the private sector. How do I know this? Well, I also work part-time as a Senior Clinical Psychologist in a public mental health service and know from experience that people with eating disorders and personality disorders cannot access treatment within the public health system unless they are about to kill themselves or are starving to death.

Importantly, for those with moderately severe or severe conditions, 18 sessions is rarely adequate to begin with and attempts to lessen the access to services is only going to make a bad situation worse. Thus, the recommendation that assessment and treatment sessions authorised under Better Access be cut back to 10 sessions in a calendar year will most definitely result in suboptimal care being provided for those who are most in need of ongoing mental health care, as the majority of my patients are rarely able to afford treatment in the private sector to begin with and can't access treatment in the public mental health system. In the long run this will only lead to a great burden of disease in our community. We do not limit people with chronic physical health conditions to a certain number of sessions with a general practitioner or specialist in any given time period, so why are we trying to do so for people who suffer chronic mental illness.

I would also like to recommend maintaining the two-tier system of payment for clinical psychologists. Clinical Psychology is one of nine specialized areas within Psychology. In

1965 Western Australia recognized Clinical Psychologists and Clinical Neuropsychologists as specialists, and this state's model apparently formed the basis for the 2010 National Registration and Accreditation Scheme. All specialized areas within psychology require a minimum of eight years education and training leading to advanced psychological competency in that field. Clinical psychologists' postgraduate training focuses on clinical evaluation and research, human development, evidence-based and scientifically-informed psychology and psychopathology, diagnosis, case formulation, psychotherapy, and psychopharmacology. Please also be aware that Australia is the only developed nation that requires only an undergraduate degree and two years of supervision for registration as a psychologist. Standards change as scientific research evidence becomes available, and what may have been acceptable educational standards many years ago are no longer acceptable in a modern and increasingly complex world. This statement is not designed to denigrate non-clinical psychologists, but rather to note that we must move forward in lifting standards in psychology. One way of encouraging higher levels of expertise and standards is to raise the standards. This can be achieved by ensuring adequate training and qualifications and by providing higher levels of remuneration for those who undertake this training. In my own case, I have invested much of my earnings in the past three years to ongoing training for which I have had to travel overseas to gain. This is in addition to having a Professional Doctorate in Clinical Psychology and when I speak to many non-clinical psychologists who earn the same money that I do, they are shocked to hear how much time and money I invest in developing my skills. From my experience, these reactions are due to a basic misunderstanding about the differences between the role of a generalist psychologist and that of a clinical psychologist and the lack of knowledge about psychopathology and treatment.