

**NORTH COAST
CENTRE FOR CLINICAL PSYCHOLOGY
AND
COGNITIVE - BEHAVIOURAL THERAPY**

Kirsty Sloan

Clinical Psychologist

BPsych(Hons)
MClinPsych
MAPS

North Coast Centre
for Clinical Psychology and
Cognitive Behavioural Therapy

8th July 2011

Committee Secretary
Senate Standing Committees on Community Affairs
PO BOX 6100
Parliament House
Canberra ACT 2600

Dear Committee Secretary

Re: Submission for Senate Community Affairs Committee into Commonwealth Funding and Administration of Mental Health Services.

This Submission has been prepared by Ms Kirsty Sloan (Clinical Psychologist).

Summary

I am writing to express my serious concerns about the growing trend towards the devaluing and lack of recognition of the essential and important services provided by Psychologists under the Better Access to Mental Health Program, and in particular my dismay that the highly specialised and specific skills, knowledge and expertise of Clinical Psychologist may not continue to be recognised by the government through the two tiered Medicare rebate system currently in place. We have recently seen a cut to the Better Access program, though the reduction of the number of sessions for clients from a possible 18 sessions down to 10. This in itself is a highly concerning trend, and limits the ability of many client groups including children, adolescents, and adults with significant mental health and psychological difficulties to access the most cost efficient and effective treatments available to them.

I wish to make a submission to the committee that relates to the following specific areas of the committees terms of reference

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Section b) part (iv) – Changes to the better access initiative including 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

Section e) part (i) – mental health workforce issues, including the two- tiered medicare rebate system for psychologists.

Please see below for specific comments on these areas.

Background information.

I am a clinical psychologist who works out a private practice setting in Northern New South Wales. I have completed a Masters of Clinical Psychology in addition to a Bachelor of Psychology (Honours). I have also completed a further year of supervised clinical practice and specific supervision. I am a member of the Australian Psychology Society, and a Member of the Clinical College of the APS. I specialise in working with children and adolescents who are experiencing significant mental health concerns and psychological difficulties. I have worked in NSW, VIC and QLD, in both private and public health services, and have been working as a private practitioner since 2009. It is important to note that I began to work in a private capacity as a result of the increasing demand and need for a skilled and competent clinical psychologist to work in the Northern Rivers area of New South Wales. At the time I began private practice work there were no other Clinical psychologists in this area that were working with children or adolescents, and there was a desperate need for services to be provided to the community. At that point in time the waiting time to see a mental health worker through NSW Health was in excess of 6 months, and to access a paediatrician (either publically or privately) ranged from 6-9 months. This fact alone demonstrates the need for experienced, skilled and qualified Clinical Psychologists to provide services to this client group in our area, and the Better Access scheme has been shown to be a cost efficient and effective way of providing treatment to this client group who tend to present with a wide range of severe to moderate mental health problems including (but not limited to), depression, mood disorders, anxiety disorders and serious behavioural disorders. I frequently see children and adolescents who are experiencing severe psychological distress, and who are unable to access adequate services in a time effective manner through NSW Health. These clients often present with difficulties related to self harm, severe depression and suicidal behaviour and risk.

Section b) part (iv) – Changes to the better access initiative including 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

It is critical to note that the report that evaluated the Better Access program is subject to serious methodological flaws, and as such the decision to reduce the number of sessions available to clients under the Better Access scheme is fundamentally flawed. The reality of the client groups that are seen under Better Access is that their presenting problems are not merely “Mild” mental illness, but are more

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frequently severe and moderate mental health concerns. There is clear evidence to support the effectiveness of treatment provided under the Better Access system. The report indicated that the Better Access program was achieving clear positive treatment outcomes.

A decrease in the number of psychological sessions allowed under the Medicare rebate system will ultimately result in a decrease in the overall quality of service provision, particularly for clients with moderate to severe mental health concerns. Effective treatment with clients who have moderate mental health difficulties often and frequently can require more than the allocated sessions and in particular for those with severe difficulties treatment may occur over many sessions, and in some cases over a number of years. By reducing the number of sessions you limit the ability to provide appropriate and effective care and treatment to these client groups.

The gaps that will be created by the decrease in funding for Better Access **will not** be able to be filled by the ATAPS system.

In my local area the ATAPS program provides no services for children or adolescents, and is as such not a viable option for this client group. With at least a 6 month waiting list to access community mental health services, the provision of treatment under Better Access is the most effective strategy for these clients. Frequently due to the lack of support services available these children and adolescents are experiencing significant and severe mental health problems, that without adequate and effective treatment will in the long term cost the health system greatly.

Additionally it is important to note that the psychologists who frequently are employed by divisions of General Practitioners as part of the ATAPS programs are often more junior, less experienced, and non clinical psychologists who are more willing to accept the salaried options offered to them. A option that more experiences and skilled clinicians are unwilling to accept. This means that the effectiveness of treatment provided is often compromised, in exactly the high needs client group that require the most skilled practitioners.

Section e) part (i) – mental health workforce issues, including the two- tiered medicare rebate system for psychologists

I am deeply concerned that the specialised skills and abilities of clinical psychologist will not be recognised, either within the federal government, department of health, or by the general public if the two tiered Medicare rebate system is removed. The current system recognises the specialised knowledge, skills, expertise and clinical ability that Clinical Psychologists are able to provide to our clients groups, and it should continue to do this.

- Clinical Psychologists specialise in the prevention, diagnosis and treatment of serious physical and mental health problems to help people use their resources as effectively as possible.

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- 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 all other allied health professions, and this becomes particularly apparent when you consider the extensive training that is required to be a Clinical Psychologist.
- The training of Clinical Psychologists differs in many ways from other allied health professionals. During the minimum of seven 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. Clinical Psychologists need to be recognised publicly by the government as the specialist and skilled group that they are. By removing the distinction between generalist psychologists and clinical psychologists it makes it very difficult for members of the public to access specialist treatment. It would be similar to grouping general practitioners and a range of medical specialists under the same title and Medicare rebate system. You do not go see your General Practitioner when you require brain surgery; you go see a specialist neurologist. You do not go see your General Practitioner when you require specialist services for your child, or for cancer treatment, you see a Paediatrician or an Oncologist. It should be no different for psychologist. You would prefer to see the specialist, and in this case that is the Clinical psychologist. It is essential if clients are to receive the right level of care and expertise, and consequently effective treatment that Clinical psychologists are clearly distinguished from other lesser trained psychologists.
- **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 specialise in the prevention, diagnosis and treatment of serious physical and mental health problems to help people use their resources as effectively as possible, and the skills of Clinical Psychologists as a professional group need to be recognised and appreciated.
- Clinical psychologists are specialist practitioners, and have the ability to provide evidence based and effective treatment to clients with mild, moderate and severe mental health concerns. The incorrect or ineffective treatment of clients with moderate to severe mental health concerns by generalised psychologists, or other allied health professionals invariably ends up costing more in the longer term, as often misdiagnosis, ineffective treatment and poor management result in significantly greater health care expenditure.