

**Commonwealth Funding and Administration of Mental Health Services  
Senate Inquiry: Community Affairs References Committee**

Committee Secretary  
Senate Standing Committees on Community Affairs  
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Canberra ACT 2600  
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Dear Senate Standing Committee on Community Affairs

Thank you for the opportunity to respond to the Commonwealth Funding and Administration of Mental Health Services inquiry.

I am a Clinical Psychologist and member of the Australian Clinical Psychology Association (ACPA), a professional association representing clinical psychologists with accredited post-graduate qualifications in the speciality. Clinical Psychologists are the only mental health profession whose complete post-graduate training is in the area of mental health, and whose complete training is in psychology, that is, both at the undergraduate and post-graduate level. In other words, the Clinical Psychologist is completely trained in a science intrinsic to mental health (1998, Work Value Document, Western Australia Clinical Psychology Health Sector, p.30).

**I submit the following summary points to the Senate Inquiry:**

- The two-tiered Medicare rebate system needs to be retained as it recognises the value of accredited post-graduate training and specialisation in clinical psychology. Utilising a one-tier system that also provides rebate for graduate level trained psychologists reinforces our already poor international standing and compromises clinical care. Specialisation needs to move to Doctoral level training to bring Australian specialist psychologists into line with basic entry standards for the profession in the rest of the developed English speaking world and government endorsed mental health strategies need to support and reinforce this position.
- The number of services provided under the Better Access program should not be reduced as those clients with more chronic mental health problems, will not be appropriately serviced under the ATAPS program that is restricted to the provision of Focussed Psychological Strategies, or the public health system, that caters only to the most severe and persistent presentations. Many people with more chronic or severe presentations currently receiving services tailored to their needs by clinical psychologists under the Better Access program will have their services seriously curtailed, potentially compromising very significantly the care provided, or be referred to services that do not meet their needs.

- The efficacy of Focussed Psychological Strategies, as provided under the ATAPS program, in the short-term treatment of mental illness is highly questionable, given the 43% re-presentation rate of patients to the Better Access program. ATAPS only provides Focussed Psychological Services, which are not specialised and are only suited to the most mild presentations.
- Parents need to be able to claim Medicare rebates for assessment, psychoeducation and training in parenting strategies under their child's referral and Mental Health Plan. In working with children and adults, adequate assessment requires parental interviews without the child or young person being present. This provision needs to be made in the health-funding model of mental health care.
- Government decision-making regarding changes to programs delivering services to those with mental health problems needs to be transparent, based on the research evidence and only undertaken after consultation with all major stakeholders, including clinical psychologists as key service providers.
- The vital role of GPs in primary mental health care should be acknowledged, and the AMA should be appropriately represented on future Mental Health Expert Working groups. The role of qualified clinical psychologists needs to be re-assessed to ensure their expertise is effectively utilised in mental health assessment, diagnosis, formulation and treatment, in outcome evaluation, and in the supervision and training of other health professionals. This specialised expertise needs to be made available to patients with more moderate-severe and chronic presentations who may require more advanced treatments over longer time periods.
- I recommend that GPs are permitted and indeed, encouraged, to refer patients with mental health problems to qualified clinical psychologists without the requirement of a GP Mental Health Treatment Plan, as they would to a psychiatrist, in recognition of their advanced expertise and training in mental health. It is important that GPs continue to provide Mental Health Treatment Plans for those patients to be seen by psychologists who do not have accredited post-graduate training in clinical psychology.
- Careful evaluations of online services should be conducted, including how such services can be integrated into existing models of care.
- Special incentives need to be provided to GPs, clinical psychologists, and psychiatrists to work in rural and remote areas in terms of higher rebates tied to area.
- Greater access to the interpreters in the private mental health system needs to be made available to those from culturally and linguistically diverse populations.
- Guidelines for managing cultural issues in relation to mental health problems need to be developed for a range of cultures present in Australia.

**I submit the following points in relation to professional issues:**

- I strongly recommend that a separate register of qualified clinical psychologists is established to enable the public and GPs to identify those clinical psychologists with the qualifications that meet the minimum standards set down by the Psychology Board of Australia. A review of the granting of specialist title for qualified clinical psychologists needs to be undertaken with some urgency.
- The standard qualifications for endorsement or specialist registration of clinical psychologists should be raised to Doctoral level.
- The authority over psychologists and clinical psychologists within the Medicare rebate system should rest with the Psychology Board of Australia.

Thank you for your consideration of these summary points.