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Mr. Ian Holland
Standing Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

5th August 2011

Dear Mr Holland,

I am writing in my capacity as secretary of the Psychologists Association (SA Branch). We respectfully offer the following submission on behalf our Association and its members. We are a union run by and for the benefit of Psychologists and their service consumers. We regularly consult and represent the interests of over 800 affiliated Psychologists predominantly in South Australia but now including members in Queensland, New South Wales, Victoria, Tasmania and the Australian Capital Territory.

I would like to thank the committee for giving us the opportunity to address these important issues of concern to our members and their clients. We hope our submission will be of assistance to the committee. Should you have any questions or feel we could assist the committee by giving evidence or providing further information we would be keen to assist.

Your Sincerely

Quentin Couper Black
PASAB Secretary

## Executive Summary

**[A] The Government's 2011-12 Budget changes relating to mental health:**

- ✓ PASAB supports the utilization, expansion and introduction of evidence based mental health programs.

**[B] Changes to the Better Access Initiative, including:**

**(i) The rationalisation of general practitioner (GP) mental health services,**

- ✓ PASAB supports the calls by the RACGP and UGPA for the reversal of cuts to GP MBS items under the Better Access Programs;
- ✓ PASAB supports requests from other medical specialists such as Neurologists, Gastroenterologists, Obstetricians and Gynaecologists, Geriatricians, Oncologists; and Palliative Care and Ear Nose Throat specialists to have the capacity to directly refer to Psychologists under the Better Access Program;
- ✓ PASAB supports the creation of pathways to facilitate General Practitioners and medical graduates with relevant undergraduate training wishing to work in mental health to access PBA accredited post-graduate Psychology training programs.

**(ii) The rationalisation of allied health treatment sessions:**

- ✓ PASAB opposes the 45% reduction of MBS rebated evidence based treatment sessions;
- ✓ PASAB supports consumers with complex co-morbidities or conditions having access to an appropriate needs based number of rebated sessions under the MBS (see Tolkien 11 report);
- ✓ PASAB recognizes that specialist psychologists to not require the present detailed Mental Health Care plans which the Government could simplify to a request for assessment and treatment as currently available to both Psychiatrists and Paediatricians;
- ✓ PASAB recognizes those non-specialist Psychologists and others providing Focused Psychological Services need detailed Mental Health Care Plans which are reviewed by the referrer.

**(iii) The impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs:**

- ✓ PASAB recognizes that presently there are three tiers of funding currently available for the provision of CBT to those with mental health issues;
- ✓ PASAB supports the continuation of three tiers;
- ✓ PASAB recognizes that consumers who receive treatment from specialist psychologists and specialist medical practitioners (Psychiatrists) should be rebated commensurately;

- ✓ PASAB recognizes that consumers seen by generalist Psychologists and other regulated mental health clinicians should be rebated at a higher level than those who are not registered.

**(iv) 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:**

- ✓ PASAB does not accept the premise that services provided by Psychologists are solely or even mostly to consumers with mild & moderate mental illness;
- ✓ PASAB recognizes that there are consumers who require more than 10 or 18 sessions by the nature of their mental issues or existence of co-morbidity;
- ✓ PASAB recognizes that two independent reviews have demonstrated that Psychologists have appropriately and effectively used the existing 6+6+6 session regime to assist consumers;
- ✓ PASAB posits that the small number of consumers requiring the additional 8 sessions is evidence of appropriate and judicious use by the profession of this precious funding resource.

**(c) The impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;**

- ✓ These programs are inadequately funded and in some cases restrict the availability of more appropriate services being provided;
- ✓ PASAB recognizes the concerns of members that ATAP programs do not provide the equivalent interventions as provided by those by specialist Psychologists and Psychiatrists.

**(d) Services available for people with severe mental illness and the coordination of those services;**

- ✓ PASAB supports the needs of carers of consumers with extreme needs and severe mental illness to access appropriate support services;
- ✓ PASAB supports the extension of the existing funding of practice based mental health nurses to support the specialist Psychologist in coordinating with other support services.

**[e] Mental health workforce issues, including:**
**(i) the two-tiered Medicare rebate system for psychologists,**

- ✓ PASAB members believe there are improvements which could be made to this system;
- ✓ PASAB members recognize that differently trained individuals offer different and complementary skills sets;
- ✓ PASAB believes that all providers of publically funded mental health services must be registered, regulated, have ongoing relevant professional development supervision and insurance;

- ✓ PASAB believes that the lower tier funding should be reserved for professions where mental health is not their core training and therefore require detailed Mental Health Care Plans and highly structured and supervised practice;
- ✓ PASAB recognizes that registered non-specialist Psychologists should be funded at a higher level than professions where mental health is not the core training and at a lower level than specialist Psychologists, who should be funded at the same level as specialist medical practitioners;
- ✓ PASAB believes that all specialist categories of Psychologists should attract specialist rebates to provide appropriate mental health services;
- ✓ PASAB believes that specialist Psychologists should have the capacity to refer directly to Psychiatrists commensurate to this capacity in the public sector;
- ✓ PASAB recognizes Clinical Psychologists have specialist training which enhances them to provide higher level, individually tailored interventions for consumers with complex needs;
- ✓ PASAB acknowledges research studies have demonstrated experienced CBT clinicians have superior outcomes;

**(ii) Workforce qualifications and training of Psychologists, and**

- ✓ PASAB is supportive of the existing arrangements and standards; however, we recognize the ongoing need for these issues to be revisited in the light of existing skills shortages;

**(iii) Workforce shortages;**

- ✓ PASAB recognizes that there is overwhelming evidence in the Tolkien 11 report of a shortage of specialist Psychologists;

**(f) The adequacy of mental health funding and services for disadvantaged groups, including:**

**(i) Culturally and linguistically diverse communities:**

- ✓ PASAB recognizes the need for funding of specialist Psychology training places for persons with bilingual backgrounds;
- ✓ PASAB requests the government to provide funding to enable peak bodies such as PASAB & the APS to facilitate peer support, liaison & training opportunities.

**(ii) Indigenous communities:**

- ✓ PASAB recognizes the need for funding of specialist Psychology training places for persons with indigenous backgrounds;
- ✓ PASAB requests the government to provide funding to enable peak bodies such as PASAB & the APS to facilitate peer support, liaison & training opportunities;
- ✓ PASAB request funding for development of culturally appropriate Psychometric test materials.

**(iii) People with disabilities:**

- ✓ PASAB calls upon the government to assist the support needs of Psychologists working with consumers with disabilities.

**(g) Delivery of a national Mental Health Commission:**

- ✓ PASAB applauds the government's initiative to create a national Mental Health Commission;
- ✓ PASAB notes the successes of the Canadian National Mental Health Commission and the critical role of the senate standing committee in ensuring its successful foundation;
- ✓ PASAB believes applied and academic Psychologists, as the pre-eminent experts in the field of mental health, need to have an integral and central role in the national Mental Health Commission;
- ✓ Key independent stakeholders such as PASAB, APS and accredited tertiary training institutions must be consulted.

**(h) The impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups:**

- ✓ PASAB acknowledges the lack of specialist psychological services in Rural and Remote areas;
- ✓ PASAB acknowledges the difficulties of Psychologists working in Rural and Remote areas accessing supervision, professional development, peer support, psychometric testing materials and adequate facilities and support.
- ✓ PASAB acknowledges concerns of members who have attempted to provide specialist services that existing Commonwealth funded structures such as the Division of GP's and Headspace facilities, do not always offer support and make it difficult, and prohibitive to establish specialist services to the detriment of consumers;
- ✓ PASAB believes that a Practice Incentive Program needs to be implemented to assist specialist psychologists to establish independent specialist services in Rural and Remote areas.

**(j) Any other related matter**

## Preamble

Applied Psychologists as scientist practitioners not only work at the forefront of evidenced based research in medicine and mental health in academia but also at the 'coalface' with those persons in our society who are the most disadvantaged. Our members daily assist persons with acquired brain injury, intellectual disability, neurodegenerative disorders, Psychological disorders such as depression and anxiety disorders, personality disorders, Psychiatric disorders such as schizophrenia, and their families, perpetrators of abuse anger management, survivors of trauma and abuse, behaviour disorders, sleep and chronic pain syndromes, drug dependency and children with spectrum and learning disorders. Our members work as generalist Psychologists and across the nine categories of specialist psychologists recognised by the Psychology Board of Australia (PBA).

In a broader sense the work of our members can span beyond direct mental health to providing services to people with relationship problems, sexual dysfunction, organizations, business managers, elite athletes and persons from high stress occupations such as teachers, nurses, doctors, lawyers, retail workers, parliamentary staff and even politicians.

In broad terms we recognise and are supportive of the professional training and accreditation standards, college divisions and professional standards of practice as outlined by the national representative learned society being the Australian Psychological Society, which in turn reflects international standards and practice in the field of Psychology and mental health. We do, however, unashamedly represent the interests of Psychologists and consumers who are amongst those most disadvantaged in our community. We have a strong interest in equity issues and social justice especially those pertaining to gender, disability, multicultural and indigenous communities and mental health.

**Committee terms of reference:**

**[A] The Government's 2011-12 Budget changes relating to mental health;**
Whilst the public commentary in the immediate post budget period was largely positive regarding the government's proclaimed commitment to better mental health funding, it seems as always the devil is in the detail. In fact closer scrutiny of the available information reveals that much of the new funding is directed toward non-evidence based services or initiatives, which do not deliver hands on services.

**[B] Changes to the Better Access Initiative, including:**
In general we believe the government's changes whilst well intentioned are based upon false economies and a lack of broad based consultation with key stakeholders.

**(i) the rationalisation of general practitioner (GP) mental health services,**
The government's proposals to attaching a time base to mental heath care plans for GP's provides times which are incompatible with the general consulting arrangements in most general practices, creating a disincentive for GP's wishing to write a mental health care plan. The time is attached to the GP consult only and does not recognise the reality that many of the care plans are not written solely by the GP. In some cases they are written by the practice nurses, in other cases that we are aware of, they are written post hoc by mental health social workers to whom the patient has been referred. Most care plans are provided on pro-formas and contain little information of value. Specialist Psychologists receiving referrals do not require a care plan and referrals could be left in the same format as those by GP's to medical specialists simply stating their findings and requesting an assessment and appropriate treatment. On the other hand, persons providing focused psychological services are supposed to be providing highly specific interventions specified in the care plans, which in these cases are often lacking sufficient direction to ensure appropriate interventions occur in addition to appropriate review and supervision.

**(ii) the rationalisation of allied health treatment sessions,**
The cuts to the provision of psychological services is projected to save only 12.1 million dollars next year, yet dramatically reduces the capacity of Psychologists to assist consumers with complex needs or co-morbidities requiring more than 10 sessions. Previous government reviews such as Tolkien II report which provides a detailed analysis of the number of sessions required for different types of psychological problems has clearly indicated a need for greater than 10 psychological sessions per annum for a number of treatment categories.

**(iii) the impact of changes to the Medicare rebates and the two-tiered rebate structure for clinical assessment and preparation of a care plan by GPs, and**
There are in fact three tiers of Medicare rebates presently paid by the government for the delivery of cognitive behavioural or talking therapies. The MBS contains an item number for psychiatrists delivering CBT to consumers for up to 50 sessions per year. It

also contains a specialist clinical psychology services item number and a focused psychological services item number, both under the better outcomes mental health banner. Unlike the first tier mentioned, the latter two rather strangely draw from the same pool of appointments notwithstanding the fact that they offer a different level of service. It would be expected the psychological specialists such as clinical psychologists have a broader breadth of training in CBT than psychiatrists, generalist psychologists and other allied mental health providers. The former could be expected to provide an individually tailored therapeutic program and have greater expertise in creating programs suitable for consumers with complex needs and co-morbidities. Whilst generalist Psychologists with sufficient experience may develop a similar level of expertise, it is not an expectation of their training.

Whilst Psychiatrists would be expected to have access to a range of knowledge and expertise to deal with complex patients, their knowledge and practice of CBT would not be expected at the same level as psychological specialists with a broader grounding in the field of behavioural and cognitive sciences and yet they are able to access up to 50 sessions per annum compared with 10 for psychological specialists. Services by non-psychologists offering focused components of behavioural or cognitive interventions are recipe based or should be highly defined. Funding services at the second and third tier levels should not diminish the capacity of consumer to access specialist psychological services, as is presently the case under the Better Access program. Members have expressed concern that in a number of cases consumers have used their 12 to 18 available sessions doing little more than talking to an unregistered yet accredited Medicare counselor prior to being referred on to a specialist psychologist for appropriate treatment only to find they have no funded treatment available because the sessions are drawn from the same pool.

**(iv) 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;**
Even the language, which frames this term of reference, devalues and diminishes the role of Psychologists.

Firstly, the profession generally and our members do not accept or recognize the term "allied mental health services" as pertaining to Psychologists.
The Australian Standard Classification of Occupations dictionary (ASCO) published by the Australian Bureau of Statistics & The Department of Employment & Industrial Relations correctly identifies the occupation of Psychologist (2903) as a profession within the broader category of professionals. Which it defines as follows:

> "Professionals perform analytical, conceptual and creative duties requiring a high level of ability and a thorough understanding of an extensive body of theoretical knowledge. Most occupations in this group have a level of skill commensurate with a 3-4 year degree … with some occupations requiring a longer basic degree and/or a postgraduate qualification"

Whereas para-professionals were defined as:
"para-profesionals perform complex technical duties requiring the understanding of theoretical knowledge.
We understand the government's desire to remove the terms "para or semi professional" from usage given their acquired negative connotative meaning and its effect on the social desirability of a career in these occupations. However, it does change the level of training and skills sets required.

Psychologists and specialist Clinical, Forensic & Neuro Psychologists do not predominantly provide services under Medicare Benefits Schedule to persons with "mild and moderate mental illness".

Case managers and gate keepers such as GP's, counselors and social workers who often refer to specialist Psychologists would mostly describe their referrals as not having mild or moderate mental health problems as suggested but their more serious and difficult of their mental health caseload of clients.

**(c) the impact and adequacy of services provided to people with mental illness through the Access to Allied Psychological Services program;**
Prior to the Commonwealth taking responsibility in this area the problems with state based provision of public mental health had become so palpably bad that professionals such as Psychologists who have a natural aversion to public protest and victim roles were prepared to protest the state of mental health services in SA and similar campaigns were clearly evident in other states as the state public mental health system seemed in a state of near collapse.

In South Australia between the late 1960's to the late 1980's at a time of consumer oriented progressive ALP state governments who arguably led Australia in the area of health reform and consumer rights, Psychologists played an important and significant professional role in mental health reform. The old Psychiatric hospitals, which had been previously run by the Psychiatric profession from the 1920's had become overcrowded repositories and a facility of last resort for people with a wide range of cognitive impairments in addition to psychological problems and psychiatric illness. Clinical Psychologists were instrumental in the design and implementation of normalization policies, which saw persons with intellectual disabilities and acquired brain injury transit to community based care and a greater emphasis on community based care models for persons with chronic psychiatric conditions and community based treatment programs for patient's with psychological problems.

**(d) services available for people with severe mental illness and the coordination of those services;**

Clinical Psychologists were recognized in the state mental health system as primary therapists as were Psychiatrists. Clinical Psychologists would specialize in treatment of persons with depression, anxiety, personality and behavioural disorders whilst Psychiatrists provided the lead therapy role with persons with organic based disorders such as psychosis and bipolar disorder. The head of the South Australian mental health service was a Psychologist for much of this period described above. Recently socially regressive state governments of both persuasions have almost entirely regressed public mental health to the pre 1960's. The State Director of Mental Health now must be a medical practitioner and people with psychological issues are moving in and out of general hospitals with little or no meaningful intervention or useful interaction with community-based treating Psychologists or Psychiatrists with occasional tragic results.

**[e] mental health workforce issues, including:**

**(i) the two-tiered Medicare rebate system for Psychologists,**

We believe that specialist psychologists should be rebated under the same item number used for psychiatrists or medical specialists providing cognitive behavioural therapy. Further, that generalist psychologists should be rebated at the higher existing level, with the lower rebates reserved for non-psychologist intervention workers providing highly specific structured and supervised interventions. Further support programs available to medical specialist Psychiatrists in private practice should be made available to specialist Psychologists to support their practices.

In the period following the introduction of Medicare rebates, our organization in conjunction with the state division of general practice provided GP and consumer assist line to aid appropriate referrals and receive complaints about the implementation, receiving over 1500 calls throughout that period. During this period we received over 100 complaints about specific practitioners regarding service provision. Of these complaints, approximately 90% upon investigation were found not to be registered psychologists or psychiatrists but counselors and social workers, who gave the impression that they were psychologists or consumers assumed they were. Of the remainder there were seven complaints relating to psychiatrists relating to language difficulties, disputes regarding reports or involuntary treatment. There were four complaints, which ultimately related to psychologists, one was a three year trained psychologist, the other three were four year trained psychologists with two years supervised practice. Two of the psychologists had a vocational guidance background and in three of the cases the complaints centered upon psychologists with a lack of clinical expertise whilst one related to a disputed report for the family court system. It is worth noting that over the two-year period there was not a single complaint received regarding services provided by specialist psychologists. Most concerns raised by general practitioners to our organization related to their

expectation that all psychologists offered the same level of expertise or type of services. As GP's began to appreciate that different types of psychologists have different level of training and expertise, interests and experiences they began to make more discerning referrals and practical use of the available services, a trend which, our organization believes continues to improve with the passage of time.

**(ii) workforce qualifications and training of Psychologists, and**

We believe the profession in Australia has adopted high standards in terms of training and accreditation. This has led to applied Psychologists trained in Australia being well regarded overseas and within Australia. The profession owes much to the work on the Australian Psychological Society (APS) and APAC, our tertiary institutions and the people involved with the accreditation and training standards and professional development protocols. Whilst some of these responsibilities have in recent times transferred to the national registration authority (AHPRA) and the PBA our organization continues to recognise the role of the APS in determining training and accreditation standards in the best interests of the profession and Australian consumers.

**(iii) workforce shortages;**

There have been a number of significant reviews and studies such as Tolkien II, that have identified acute workforce shortages of specialist and generalist psychologists. We would recommend a move toward recognition of other specialist categories or psychologists such as clinical neuropsychologist, forensic and in appropriate circumstances, other specialist categories as being eligible to provide services rebated under the MBS item numbers for specialist clinical psychologists.

Members have expressed serious concerns and our organization has received complaints from consumers about services being provided by **Medicare accredited** but **unregistered**, **unregulated** and **uninsured** so-called mental health clinicians. This is not an appropriate way to resolve shortages and leaves consumers with no adequate recourse when they are adversely affected by service providers who have been accredited to provide tax payer funded services with little or inadequate training and expertise.

**(f) the adequacy of mental health funding and services for disadvantaged groups, including:**

**(i) culturally and linguistically diverse communities,**

**(ii) Indigenous communities, and**

**(iii) people with disabilities;**

Our organization recognises the need to support and foster the development of psychologists from bilingual and multicultural backgrounds. Without the capacity to use language and cultural familiarity the effectiveness of our interventions is severely impacted. There is a critical need for governments to support efforts to facilitate training places for persons from multilingual and indigenous backgrounds. There is also a lack of culturally appropriate psychological testing materials for use with indigenous Australians.

There exists inadequate funding for the provision of mental health services to persons with intellectual disabilities, acquired brain injury, spectrum disorders and neurodegenerative disorders. Specifically, psychologists working with intellectually and/or severely disabled persons often require a far greater input of time than the ten sessions allowed to attempt to achieve similar mental health outcomes for people within these categories. Our organization has on a number of occasions raised members issues relating to the need for item numbers to allow, for example, interviews with and training of carers, parents or guardians of children or intellectually disabled persons. Members have frequently expressed concern about the need for appropriate care to include some psychological assessment such as neuropsychological assessment, which is presently not rebatable.

**(g) the delivery of a national mental health commission; and**

The recent establishment of the Canadian National Mental Health Commission has provided a central focus for policy development and initiative coordination. The success of the Canadian intervention and model provide an excellent basis for a similar initiative in Australia. Our organization would note, however, that some of the achievements of the Canadian intervention have addressed issues, which to some extent have already been at least partially addressed in the Australian context. We believe that it is vital that any such initiative in Australia consult broadly with key stakeholders and develop in a way that recognises the utility of existing structures and initiatives without creating redundant duplication of devaluing existing, successful programs.

Also, that efforts should be made to ensure that psychologists from a range of backgrounds have the opportunity to have input into the development and evolution of the commission. We wish to emphasise this point because initiatives which should draw upon the expertise of the psychological profession frequently do not because of the difficulties involved with obtaining input from psychologists given the small number available compared with large number from other professional groupings such as doctors, nurses and social workers.

**(h) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups; and**

There are a number of successful online initiatives presently being developed or utilized, however there is an acute lack of specialist psychological services in Rural and Remote areas. Whilst this is improving with the passage of time, there is a distinct lack of support at the state level for Psychologists wishing to establish specialist services compared with other professions. Medical specialists and other visiting allied health providers can readily access public hospitals or community health facilities, which are inexplicably not available to specialist psychologists. In part, this results from a misperception by existing and entrenched counselling services and arrangements with divisions of general practice and NGO's such as Headspace offices which see specialist Psychologists as competing service providers rather than recognizing the potential benefits of the services which had

previously been unavailable. Members have expressed concerns about online assessments and treatment services and its adequacy in matching the support provided by face-to-face services. Also for Psychologists working in a rural or remote setting there are a number of important practical considerations such as a lack of peer support, professional development opportunities, testing materials, telemedicine facilities and rooms, which need to be addressed in a manner similar to the Governments solutions for medical specialist practitioners offering similar services.

**(j) any other related matter**