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Clinical Psychologist

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VIA ONLINE SUBMISSION TO:

Committee Secretary
Senate Standing Committees on Community Affairs

Dear Distinguished Committee Members,

As a clinical psychologist and lecturer in the field of clinical psychology at the postgraduate level, I am writing this letter to offer my informed opinion for consideration in your review of some aspects of the inquiry regarding mental health funding. I am also a Medicare Provider of clinical psychology specialist services in a small private practice. About 50% of the individuals to which I provide psychological services are diagnosed with serious mental illness ranging from moderate to severe in nature (e.g., psychotic illnesses, mood disorders, and personality disorder). A number of these individuals are receiving disability pensions. I have also worked within the public health system and know intimately the gap that exists between the public and private mental health services.

I would first like to say that it is evident that the needs of individuals with mental health illnesses are important to the Government and the Better Access Initiative (BAI) is part of its response. It is also clear that there is a Government imperative to demonstrate cost savings. The following points are offered:

- SESSION REDUCTION:
    - The proposed reduction in total sessions to 10 for those presenting with mild presentations of mental health illnesses are unlikely to be affected by this reduction. Further, an option might be offered to GPs that they may develop a mental health plan for 6 or 10 cases, as they deem appropriate. This would free up precious GP time – an important workload issue. However, that is a matter for GPs to advise the Government.
    - The significant gap in mental health service provision is available for those in the community presenting within the range of the moderate to most complex and severe presentations. The current number of sessions allocated for such individuals who fall in this gap is inadequate even at 18 sessions given the complex clinical presentations often including multiple diagnoses and associated social and occupational difficulties. Often such clients can only be offered services in public health when their functioning is extremely poor due to the impact of their mental illness. The provision of clinical psychological care earlier

can preclude the slide into such poor functioning thereby saving public health services. Eighteen sessions is precious little to provide services in such circumstances and should not be cut. Rather, 30 or more sessions per annum are sometimes required in the treatment of the moderate to severe range of mental illness. In this way, clinical psychologists should be treated as psychiatrists under Medicare as both independently diagnose and treat these client cohorts within the core business of their professional practices. This path may be problematic, however, I assert that it is appropriate and also argue that session numbers not be reduced for the specialist clinical psychologist Medicare items and therefore this cut be reversed immediately.

- TWO-TIERED REBATE STRUCURE:
    - Clinical Psychology: Clinically trained psychologists administering a variety of services to sufferers of mental illness should receive a higher rebate. For example, I can rely on my GP to provide a certain level of services regarding my health, but if I have cancer I want to rely on an oncologist for chemotherapy. Of course, my GP would continue to provide me with very important services regarding other aspects of my care. If my GP starts practicing oncology and is good at it, he would still not get the oncologists rebate nor should he. This would not matter whether or not a study had ever been done to compare whether or not motivated GPs and oncologists had similar survivor/mortality rates. The same values should apply to mental illness. Clinical psychologists have been trained to provide comprehensive assessment and treatment services to individuals that present with moderate to severe mental health illnesses and are required to maintain specific clinical competencies. Non-clinically trained psychologists who desire a higher rebate can continue their education and receive such training. This is a preferable outcome to telling our most vulnerable society members that we are relying on individuals who don't know what they don't know to determine whether or not they are qualified to offer specialist services they haven't been trained for.
    - Likewise, in ethical practice, I would not provide clinical forensic psychology services or clinical neuropsychology services as I am not recognised as having the training or the expertise to do so. I also assert that my colleagues in these and other specialist areas should also receive the higher rebate given that they are specialist trained and offer specialist psychological services.

- ALLIED HEALTH AND GENERAL PSYCHOLOGY PRACTITIONERS: These individuals bring expertise in areas that are important to many individuals, some of whom suffer from moderate to severe mental illness. Such services they provide should be focussed in their areas of non-clinical expertise and they can refer on individuals if clinical issues arise to an appropriately clinically trained professional.

- WORKFORCE SHORTAGES: This is an important issue and as a university lecturer, I can say that we are working very hard to produce highly skilled clinically trained psychologists who are also knowledgeable about research

and its application to private and public health settings. My colleagues in other areas, such as social work, are doing the same in their areas of expertise. However, the multi-disciplinary shortage is better served not by allowing untrained individuals to provide specialist services in other areas for which they have none or little formally recognised training, but by attracting individuals into such professions through provision of education support and career pathways in both private and public settings.

As for the other aspects of the Senate inquiry, I have no direct knowledge of these services and do not offer an opinion. Thank you for the opportunity to make a submission to the Committee.

Sincerely,

Janice Sabura Allen, PhD