Submission to Senate Community Affairs Reference Committee inquiry into

Commonwealth Funding and Administration of Mental Health Services

This submission is from Professor Mark Creamer. Mark is a Professorial Fellow in the Department of Psychiatry at the University of Melbourne and a practicing clinical psychologist. He has around thirty years of experience in the provision of evidence based mental health treatment to people with diagnosable psychiatric conditions, as well as extensive experience in research, teaching, and policy.

The submission focuses on the importance of retaining a two tier system of remuneration for psychological services under Medicare in order to ensure that members of the community in most need continue to have access to the specialist mental health skills provided by clinical psychologists. It also addresses the recent cuts to rebated session numbers that directly impact on the most unwell and vulnerable members of the community. I will ensure that the submission is brief and to the point.

It is worth emphasising at the outset, however, the importance of an effective mental health care system. The recent Australian national mental health surveys have highlighted the prevalence of psychiatric disorder in our community, as well as the substantial burden of those disorders in terms of both cost and human suffering. The proportion of health funds devoted to mental health remains pitifully small, yet it is a false saving to fail to address these issues effectively at the earliest possible opportunity. Mental health conditions are the cause of massive losses in productivity, as well as the huge social costs generated by family breakdown, substance abuse, and suicide that often stem from psychiatric disorder. An increase in the mental health budget, while representing an up-front cost, has considerable potential for long term savings in addition to the amelioration of human suffering.

I respectfully urge the Committee to recommend an increase in the overall government expenditure on mental health services.

The Two-Tier System: The Work Value of Clinical Psychology

Psychology is a very broad area of study, encompassing all aspects of human behaviour. Psychology graduates are employed in a wide range of areas including advertising, human resources, ergonomic design, sports, education, health, forensic, and occupational settings. In the area of psychological health and well being, psychologists may come from generalist backgrounds, or have specialist training and experience in fields such as counselling, neuropsychology, or clinical psychology. It is meaningless to think of any one of these fields of endeavour as being better or worse than another. However, they are not the same.

The only one of these specialties that involves extensive training and supervision in mental health is clinical psychology. The course of study is at least two years, and routinely three

years, following completion of a honours degree in psychology. This must normally be followed by two years of supervised clinical experience before the person is eligible for membership of the College of Clinical Psychologists – around nine years of training and supervision following school. During this period of training and supervision, the practitioner develops skills in several key areas, including:

- Diagnosis and psychopathology: A thorough understanding of the nature, course, and specific presentations across the spectrum of psychiatric conditions. Accurate diagnosis is essential in driving the most appropriate treatment and is really the starting point in any mental health service delivery. A range of standardised tools may be used to assist in the process of assessment and diagnosis. Clinical psychologists are the only specialists who receive extensive training and experience in this area.
- Case formulation and treatment planning: While diagnosis is the first step, humans do not fall neatly into arbitrary diagnostic categories. Considerable skill is required to conceptualise the unique aspects of each case – the person's risk and protective factors, his/her strengths and vulnerabilities – in order to plan an appropriate approach to treatment. Such skills are of the utmost importance in more complex cases characterised by multiple comorbidity (several mental – and often physical – health conditions at the same time). It is these complex cases that are likely to demonstrate the most severe social and occupational impairment; it is these people that are in the greatest need for specialist treatment. Only clinical psychologists have specialist training in assessment, case formulation, and treatment planning of complex cases.
- Evidence based treatment of mental health conditions: There is now an overwhelming body of evidence to inform our understanding of which treatments are effective for specific conditions. Pharmacotherapy has an important role to play in many cases, but the treatment of choice for most of the high prevalence conditions (serious anxiety and depressive disorders) is usually a form of psychological therapy such as cognitive behavioural therapy (CBT). The limited amount of public sector mental health funds dictates that treatment should be of the most effective and efficient form available. General practitioners, mental health social workers, and generalist psychologists may receive some training in these therapies and are often able to manage the simpler cases adequately. Only clinical psychologists receive the extensive training and supervision required to become a specialist in these evidence based treatments, with a level of expertise appropriate for the management of complex cases.

Several test cases both here and overseas have demonstrated the additional work value provided by clinical psychologists (see, for example, the successful work value case for clinical psychology in Western Australia in 2001 heard by the Full Bench Hearing of the Industrial Relations Commission).

The real question is how we can ensure that these services are available to those members of the community who have more severe mental health needs. Many physical health conditions can be managed effectively be GPs and other generalist health providers, but there is no question that patients should be referred to medical specialists when required. To deny this

specialist service in mental health is to discriminate against those with psychiatric disorders – adding to the already significant stigmatisation of these conditions.

I respectfully urge the Committee to recommend retention of the two tier system in order to recognise the specialist mental health skills provided by clinical psychologists.

Number of rebatable sessions:

Over the last few years, the governments' mental health initiatives under Medicare have allowed psychologists to see patients for six sessions upon referral with a mental health care plan from a GP. Extending for another six sessions was relatively straightforward for those patients who required them. For the majority of cases presenting for treatment, these twelve sessions are sufficient. A substantial minority, however, will benefit from the additional six sessions that were available at the GP's discretion. The changes announced recently have seen that potential maximum of 18 sessions reduced to a maximum of 10.

Effective treatment is based upon an effective assessment. In complex cases, assessment, case formulation and treatment planning may take two or even three sessions. With a limit of 10, that leaves very little time left to deal with the complex mental health problems typical of these cases. In many cases, it may be possible to address only one aspect of many, with a resulting high risk of relapse. Even 18 sessions can be inadequate (for example, in those with a history of childhood abuse or neglect) but it is enough to make substantial inroads and set a path for longer term recovery. Again, the danger of not allowing this extended treatment is that we penalise the most unwell and disadvantaged members of the community.

I respectfully urge the Committee to recommend a return to the previous arrangements of six plus six plus six potential sessions of rebatable psychological treatment under Medicare.

With thanks for your consideration of the above issues, I wish the Committee well in their deliberations around these complex issues.

Yours sincerely,

Mark Creamer, PhD.